

**Kern County SELPA - Individualized Education Program (IEP)**

**STUDENT INFORMATION PAGE**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Student _____	D.O.B. _____	Age _____	Grade _____	Sex _____	Meeting Date _____
Parent/Guardian _____	Social Worker _____	Meeting Purpose _____			
<input type="checkbox"/> Foster Parent <input type="checkbox"/> Surrogate <input type="checkbox"/> Group Home	Social Worker Phone _____	Secondary Purpose _____			
Address _____	Case Manager _____	District of Residence (DOR) _____			
Phone Hm _____ Cell _____ Work _____	Case Manager Phone _____	District of Service (DOS) _____			
E-mail _____	School Attending _____	Student ID # _____			
Secondary Contact _____	Home School _____	SSID # _____			
Address _____	Residency _____	Transcripts Provided (High School Only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Phone Hm _____ Cell _____ Work _____	Native Language _____	Credits Earned _____ Credits Expected _____			
E-mail _____	<input type="checkbox"/> EO <input type="checkbox"/> IFEP <input type="checkbox"/> EL (see ELD page)	<input type="checkbox"/> Eligible for Migrant Program			
	<input type="checkbox"/> RFEP Date _____ <input type="checkbox"/> N/A Pre-K				

<b>Dates</b> Initial Referral _____ Initial entry (0-22) _____ Initial IEP _____ Annual IEP _____ Exit Reason _____	Parent Consent _____ Previous IEP _____ Next Annual _____ Next Triennial _____ Exit Date _____	<b>Agency Services (outside of IEP)</b> <input type="checkbox"/> None <input type="checkbox"/> California Children's Services <input type="checkbox"/> Regional Center (RC) <input type="checkbox"/> Social Services <input type="checkbox"/> Mental Health (DMH) <input type="checkbox"/> Rehabilitation (DR) <input type="checkbox"/> Probation Dept. <input type="checkbox"/> Other Agency _____	<b>Ethnicity/Race</b> Hispanic/Latino _____ Race _____ _____ _____
--	--	---	--

<p align="center"><b>Eligibility (Check Primary)</b></p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Intellectual Disabilities</td> <td><input type="checkbox"/> Other Health Impairment</td> <td><input type="checkbox"/> Deafness (LI)</td> </tr> <tr> <td><input type="checkbox"/> Speech/Language Impairment</td> <td><input type="checkbox"/> Multiple Disability</td> <td><input type="checkbox"/> Visual Impairment (LI)</td> </tr> <tr> <td><input type="checkbox"/> Specific Learning Disability*</td> <td><input type="checkbox"/> Traumatic Brain Injury</td> <td><input type="checkbox"/> Orthopedic Impairment(LI)</td> </tr> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Emotional Disturbance</td> <td><input type="checkbox"/> Hard of Hearing (LI)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Established Medical Disability (3-4 Yrs old)</td> <td><input type="checkbox"/> Deaf/Blindness (LI)</td> </tr> </table> Secondary (If any) _____ Other (If any) _____                      Other (If any) _____ * SLD Eligibility Summary Page attached for Initial and Triennial IEPs LI = Low Incidence – must be listed as either primary or secondary to – Use Least Restrictive Environment page for specialized equipment <input type="checkbox"/> Not Eligible – Initials Only (explanation/comments): _____ _____	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Deafness (LI)	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Visual Impairment (LI)	<input type="checkbox"/> Specific Learning Disability*	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Orthopedic Impairment(LI)	<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Hard of Hearing (LI)		<input type="checkbox"/> Established Medical Disability (3-4 Yrs old)	<input type="checkbox"/> Deaf/Blindness (LI)	<p align="center"><b>Health / Behavior</b>      <input type="checkbox"/> N/A</p> <input type="checkbox"/> Specialized Physical Health Care Service(s) <input type="checkbox"/> Emergency Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> Behavior Intervention Plan      Date _____ <input type="checkbox"/> Functional Behavior Analysis      Date _____
<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Deafness (LI)														
<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Visual Impairment (LI)														
<input type="checkbox"/> Specific Learning Disability*	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Orthopedic Impairment(LI)														
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Hard of Hearing (LI)														
	<input type="checkbox"/> Established Medical Disability (3-4 Yrs old)	<input type="checkbox"/> Deaf/Blindness (LI)														
	<p align="center"><b>Current Year - Special Transportation</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible, But Declined Service <input type="checkbox"/> Walk <input type="checkbox"/> Parent <input type="checkbox"/> Bus-Provider _____ Special Requirements: <input type="checkbox"/> Travel Chair <input type="checkbox"/> Safety Seat <input type="checkbox"/> Wheelchair <input type="checkbox"/> Curb-to-Curb <input type="checkbox"/> Electric Chair <input type="checkbox"/> Walker <input type="checkbox"/> Safety Vest <input type="checkbox"/> Seat Belt <input type="checkbox"/> Harness <input type="checkbox"/> Other: _____															

<p><b>In General Education</b> _____ Percent of time that the student is in general education classroom/setting (ages 3-22)</p> <p align="center"><b>Physical Education</b></p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Adapted</td> </tr> <tr> <td><input type="checkbox"/> Modified General</td> <td><input type="checkbox"/> Exempt</td> </tr> <tr> <td><input type="checkbox"/> Specially Designed</td> <td><input type="checkbox"/> N/A</td> </tr> </table>	<input type="checkbox"/> General	<input type="checkbox"/> Adapted	<input type="checkbox"/> Modified General	<input type="checkbox"/> Exempt	<input type="checkbox"/> Specially Designed	<input type="checkbox"/> N/A	<p align="center"><b>Current - Physical Education Testing</b></p> <input type="checkbox"/> Medical Excuse <input type="checkbox"/> Accommodations for Testing <hr/> <p align="center"><b>20__ - 20__ -- Physical Education Testing</b></p> <input type="checkbox"/> Medical Excuse <input type="checkbox"/> Accommodations for Testing	<p align="center"><b>20__ - 20__ - Special Transportation</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible, But Declined Service <input type="checkbox"/> Walk <input type="checkbox"/> Parent <input type="checkbox"/> Bus-Provider _____ Special Requirements: <input type="checkbox"/> Travel Chair <input type="checkbox"/> Safety Seat <input type="checkbox"/> Wheelchair <input type="checkbox"/> Curb-to-Curb <input type="checkbox"/> Electric Chair <input type="checkbox"/> Walker <input type="checkbox"/> Safety Vest <input type="checkbox"/> Seat Belt <input type="checkbox"/> Harness <input type="checkbox"/> Other: _____
<input type="checkbox"/> General	<input type="checkbox"/> Adapted							
<input type="checkbox"/> Modified General	<input type="checkbox"/> Exempt							
<input type="checkbox"/> Specially Designed	<input type="checkbox"/> N/A							