

Individualized Education Plan

School/Placement:	_Grade:
Case Manager Contact Info:	
Child Study Team Attendees: (Who was at the meeting/who would I the meeting) **Think about inviting the principal**	like to see at
Classification:	
IEP Start Date IEP End Date:	
Extended School Year: Yes or No	
Initial Referral (If applicable):	
Initial Eligibility Determination (If applicable):	

Summary of Special Education Programs and Related Services:
List all therapies (OT, PT and or Speech):
What type of classroom setting?
Special Transportation: Yes or No – Explain:
List of Accommodations/Modifications (page 9 in the IEP):
List of Supplementary Aids and Services (page 9 in the IEP):
Transition Services *Starting at age 14* (pages 4-7 in the IEP):
What do I want the Team to know?:
Outcome of meeting:
Date of Next meeting:
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Resources:

- The Arc of New Jersey Family Institute IEP Go Bag: bit.ly/iepgobag
- New Jersey Department of Special Education: <u>www.nj.gov/education/specialed</u>

• Parental Rights in Special Education (PRISE):

o English -

www.nj.gov/education/specialed/form/prise/prise.pdf

o <u>Spanish</u> -

www.nj.gov/education/specialed/form/prise/prise_s.p df

o <u>Arabic</u> -

www.nj.gov/education/specialed/form/prise/prise_ar. pdf

o Chinese -

www.nj.gov/education/specialed/form/prise/prise_ch. pdf

o Portuguese -

www.nj.gov/education/specialed/form/prise/prise_por .pdf

• Statewide Parent Advocacy Network:

www.spanadvocacy.org