### General Student Information

**HOMEBASED SCHOOL:**

**OTHER SCHOOL:**

**IEP TYPE:**

**INDIVIDUAL EVALUATION / WAIVER DATE:**

<table>
<thead>
<tr>
<th>Primary / Other</th>
<th>Exceptionality</th>
<th>Detail(s)</th>
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<tbody>
<tr>
<td>Primary</td>
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<tr>
<td>Other</td>
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**IEP Participants**

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<tr>
<th>IEP Participants</th>
<th>Name</th>
<th>IEP Participants</th>
<th>Name</th>
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Include initial or most recent evaluation information, strengths, parental concerns, district or statewide assessment results, student interests, health concerns, pertinent social emotional information, and input from regular education teachers.

**General Information about the Student including Student Interests:**

**Strengths:**

**Parent Concerns:**

**Evaluation / Reevaluation Results:**

**Input from Regular Teacher:**

**Statewide Assessment Results:**

**Pertinent social emotional information, including behavior concerns:**

**Section 504 Plan**

(Attach if student requires accommodations and/or modifications.)

Educational Needs:

- [ ] Academic and/or Enrichment
- [ ] Social

Copies must be provided to Teacher(s), Parent(s), and Central Office.
Instructional Plan

EDUCATIONAL NEED AREA: ___________________________ CONTENT AREA: ___________________________

Present Level of Academic Achievement and Functional Performance

Measurable Academic / Functional Goal

Method of Measurement: ___________________________ Date Achieved: ____________

Additional Methods of Measurement: ___________________________

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

☐ Special Education Teacher ☐ Regular Education Teacher ☐ Parent ☐ Student ☐ Other (List)
## Services / Placement

<table>
<thead>
<tr>
<th>Service</th>
<th>Date to Begin</th>
<th>Duration</th>
<th>Individual / Group</th>
<th>Regular Class</th>
<th>Community</th>
<th>Special Class</th>
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**STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes):**

- Student attends school [ ] days per week.

**Total Number of Minutes in Special Setting per Week:**

## Placement/Service Determination Checklist

- [ ] Receives majority of hours of special education and related services in the regular early childhood program.

## Program Services

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<tr>
<th>Special Transportation</th>
<th>No</th>
<th>Yes - Describe</th>
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## Progress Report

The LEA assures that the program and services described in the IEP will be provided. The schedule for describing the progress towards achievement of the academic and functional annual goals will be every [ ] weeks, current with the issuance of report cards.

### Age of Majority

- [ ] Beginning at least one year before reaching the age of majority, I (my child) have been informed that my (his or her) rights under the act will transfer to me (my child) on my (his or her) reaching the age of majority.

### Parent/Student Consent for Services

- [ ] I have received a copy of the "Louisiana Educational Rights of Gifted/Talented Children in Public Schools", and was given an opportunity for an oral explanation.
- [ ] I have given consent for the initial provision of special education and related services.
- [ ] I understand that if I disagree with any services or the placement described on the IEP, I can pursue a solution to my complaint through the written dispute resolution option procedures established by the state.
- [ ] Parent / Student did not attend the Review IEP Team meeting.

**SIGN:**

**PARENT/GUARDIAN/SURROGATE PARENT/COMPETENT MAJOR/STUDENT**

**SIGN:**

**OFFICIALLY DESIGNATED REPRESENTATIVE OF LOCAL EDUCATION AGENCY**

*Signature is only required for the initial provision of services.*