

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART IX: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
B. Special Education Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
C. Related Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y

_____ District and parent agree to waive the 5 day initiation requirement.