

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART I STUDENT INFORMATION

Student's Full Name _____

Annual Review Date _____

School _____

Date of Birth _____

Parent(s)/Guardian(s) _____

Grade _____ IEP Grade _____

Address _____

WVEIS# _____

City/State/Zip _____

Telephone _____

Reevaluation Due Date _____

Exceptionality _____

Meeting Type:

Initial Annual Review

Reevaluation Restart the Annual Review Yes No

Other _____ Restart the Annual Review Yes No

Transferred From: _____

Transferred Date: _____

PART II: DOCUMENTATION OF ATTENDANCE

Name	Signature	Position
_____	_____	Parent/Guardian
_____	_____	Parent/Guardian
_____	_____	Student
_____	_____	General Education Teacher
_____	_____	Special Education Teacher
_____	_____	Chairperson
_____	_____	
_____	_____	
_____	_____	

The following people participated in the IEP team meeting via an alternate method:

Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____