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Student Services Report
Individual Education Plan

School Year
2014/2015
IEP

IEP Date:

IEP Review Date:

Student Demographics

Name <i>(Legal: Last Name, First)</i>		PEN	
Gender	Grade	Birth Date	First Language
Home School		Case Manager	
Ministry Identification			

Parent/Guardian Information

Name <i>(Last Name, First Name)</i>	Home Phone
Address	Daytime Phone

Student Support Team

Recent Meeting Date:

Name	Title/Position

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Student History

Background Information:

Diagnosis/Medical Information

Previous Assessments

Parent / Guardian Consultation

Date:

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Student Profile

Strengths and Interests

-

Needs and Challenges

-

Current Assessments *(Latest assessments since last review)*

-

Current Services *(Latest services since last review)*

-

Adaptation	Type <i>(Curricular / Environmental)</i>

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Modification	Type (Curricular / Environmental)

Adjudications

Adjudication	Type

Annual Goals and Objectives

Goal (number)	Goal Area
1	
Goal Statement	
Current Level of Performance	

Objective 1.1	Position Responsible:
Strategies and Resources	
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Current Level of Performance

Method of Measuring Progress

Objective 1.2

Position Responsible:

Strategies and Resources

-

Current Level of Performance

Method of Measuring Progress