

## STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) INFORMATION

<p><b>STUDENT/PARENT INFORMATION</b></p> <p>Student: _____ Sex: _____</p> <p>Birthdate: _____ Grade: _____ Student ID #: _____</p> <p>Student Primary Language: _____</p> <p>Student English Proficiency Status: _____</p> <p>Federal Placement Code: _____</p> <p>Federal Student Ethnicity Code: _____</p> <p>Address: _____</p> <p>Student Phone: _____</p> <p>Parent/Guardian/Surrogate: _____</p> <p>Parent Phone (Home): _____ (Work): _____</p> <p>Optional: Cell: _____ Email: _____</p> <p>Primary Language Spoken at Home: _____</p> <p>Interpreter or Other Accommodations Needed: _____</p> <p>Emergency Contact/Phone Number: _____</p> <p>Current School: _____ Zoned School: _____</p>	<p><b>ELIGIBILITY CATEGORY</b></p> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Deaf/Blind</p> <p><input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Emotional Disturbance</p> <p><input type="checkbox"/> Health Impairment</p> <p><input type="checkbox"/> Hearing Impairment/Deaf</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Multiple Impairment</p> <p><input type="checkbox"/> Orthopedic Impairment</p> <p><input type="checkbox"/> Specific Learning Disability</p> <p><input type="checkbox"/> Speech/Language Impairment</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Visual Impairment/Blind</p> <p>ELIGIBILITY DATE: _____</p> <p>ANTICIPATED 3-YR REEVALUATION: _____</p>	<p><b>MEETING INFORMATION</b></p> <p>DATE OF MEETING: _____</p> <p>DATE OF LAST IEP MEETING: _____</p> <p>PURPOSE OF MEETING:</p> <p><input type="checkbox"/> Interim IEP</p> <p><input type="checkbox"/> Initial IEP</p> <p><input type="checkbox"/> Annual IEP</p> <p><input type="checkbox"/> IEP Following 3-Yr Reevaluation</p> <p><input type="checkbox"/> Revision To IEP Dated</p> <p><input type="checkbox"/> Exit Exit Code: _____</p> <p><input type="checkbox"/> IEP Revision Without A Meeting</p> <p>At the request of: <input type="checkbox"/> Parent or <input type="checkbox"/> School District</p> <p><input type="checkbox"/> Other</p> <p>IEP SERVICES WILL BEGIN: _____</p> <p>ANTICIPATED DURATION OF SERVICES: _____</p> <p>IEP REVIEW DATE: _____</p> <p>COMMENTS: _____</p>
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### IEP PARTICIPATION

<p>Parent/Guardian/Surrogate*: _____</p> <p>Student**: _____</p> <p>LEA Representative*: _____</p> <p>Special Education Teacher*: _____</p> <p>Regular Education Teacher***: _____</p> <p>School Psychologist: _____</p>	<p>Speech/Language Therapist/Pathologist/Specialist: _____</p> <p>School Nurse: _____</p> <p>Interpreter: _____</p> <p>Other (name and role): _____</p> <p>Other (name and role): _____</p> <p>Other (name and role): _____</p>
<p>* Required participant.</p> <p>** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate).</p> <p>*** The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment)</p>	

### PROCEDURAL SAFEGUARDS

<p><input type="checkbox"/> I have received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.</p> <p>Parent Signature: _____ <input type="checkbox"/> Parent attended via telephone conference.</p>
<p>AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18.</p> <p><input type="checkbox"/> Not applicable. Student will not be 18 within one year, and the student's next annual IEP meeting will occur no later than the student's 17th birthday.</p> <p><input type="checkbox"/> The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.</p>