

INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES (RS)

Student: _____ ID#: _____ Grade: _____ DOB: _____ DATE: _____

RELATED SERVICES

RELATED SERVICES	SERVICE TYPE AND/OR DESCRIPTION A - Assessment C - Consultative D - Direct	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES
	Service Type: Description:	–		
	Service Type: Description:	–		
	Service Type: Description:	–		
	Service Type: Description:	–		
	Service Type: Description:	–		
	Service Type: Description:	–		

PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS

Indicate how the student will participate in statewide or district-wide assessments.	If the student will participate in an alternate assessment, explain why the student cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate	If the student will participate in a regular assessment, does the student require accommodations?
State Criterion-Referenced Test (CRT) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
End of Course Exams <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
College and Career Readiness Assessment <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
Other (List): <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes List Accommodation(s):

EXTENDED SCHOOL YEAR SERVICES

<p>Does the student require extended school year services?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If YES, IEP goals and benchmarks/short-term objectives and/or related services to be implemented in ESY must be identified.</p> <p>If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made: _____</p>
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