

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Rankin County School District

School Year: _____
Student's Name: _____

IEP Committee Meeting Date: _____ IEP Implementation Date *(Projected date services/programs will begin)*: _____
 Projected End Date: _____ Projected Date of Annual Review: _____

Student's Name: _____ Date of Birth: ~~XXXXXXXXXX~~ Age: ~~XXXXXX~~ Grade: ~~XXXX~~ Gender: _____
 MSIS #: _____ Ethnicity: _____ Home/Attending School: _____

Primary Eligibility Category: _____
 Secondary Eligibility Category: _____

Current Eligibility Date: _____ Projected Reevaluation Date: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Work: _____ Mobile: _____ Email: _____

IEP COMMITTEE PARTICIPANTS

<i>Annual IEP</i>	
Name	Position

This IEP meeting was recorded: __

EVALUATION(S)

Indicate plan(s) to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology or other evaluation(s)/follow up(s) to determine special education and related service needs:

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT

My rights and those of my child regarding procedural safeguards have been fully explained. I understand that my child has a disability and I know what that disability is; and I hereby give consent for my child to receive special education services based on his/her eligibility determination and his/her individualized education program.

Parent/Guardian Signature: _____ Date: _____

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

Signature: _____ Date: _____