

NORTHWEST KANSAS EDUCATIONAL SERVICE CENTER

Individualized Education Program/Service Plan

Legal Name

First: _____ MI: _____ Last: _____

Sex: _____ DOB: _____ SS#: _____ Ethnic Code: _____

Parent/Guardian: _____ Other Parent/Guardian: _____

Address: _____ Address: _____

City: _____ City: _____

County: _____ State: _____ ZIP: _____ County: _____ State: _____ ZIP: _____

Home Phone: _____

Father's Work & Phone: _____

Mother's Work & Phone: _____

1. General Education Intervention(s) Date: _____ 2. Initial Referral of Special Ed. Date: _____
(not required for birth to entrance into kindergarten)

3. Vision Screening Date: _____ 4. Hearing Screening Date: _____

Comp Eval Complete: _____

IEP Meeting Date: _____

IEP Status Code: _____

Neighborhood School: _____ USD# _____

Attendance School: _____ USD# _____
(Do not fill in **Attendance School** if Neighborhood School is the same.)

Attendance School: _____ USD# _____

Primary Exceptionality: _____

Secondary Exceptionality (if any): _____

Grade Level: _____ Funding Code: _____

Primary Language Code of the Student: _____

SRS/JJA/Parental Placement: _____

Primary Language of Parents: _____

Exit Status Code: _____

Exit Date: _____