

Sonoma County SELPA
INDIVIDUALIZED EDUCATION PROGRAM
Eligibility

Last Name _____ First Name _____ IEP Date _____

Last IEP _____ Next IEP _____ Original SpEd Entry Date _____

Last Eval _____ Next Eval _____

Purpose of Meeting Initial Annual Triennial Transition Pre-Expulsion Interim
 Expanded IEP Other _____

Birthdate _____ Age _____ Gender _____ Grade _____ Migrant Yes No

Native Language _____ EL Yes No Redesignated Interpreter Yes No

Student ID _____ SSID # _____

Residency Parent/Guardian Foster _____ LCI _____
 Adult Student Other _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Work Phone _____
_____ Cell Phone _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Work Phone _____
_____ Cell Phone _____

District of Residence _____ Residence School _____

Ethnicity (Select one) Hispanic or Latino Not Hispanic or Latino

Race (Select one or more, regardless of ethnicity)
 American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander
 Black or African American White

INDICATE DISABILITY/S (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

_____ 210 MR _____ 220 HH * _____ 230 Deaf* _____ 240 SLI _____ 250 VI*
_____ 260 ED _____ 270 OI* _____ 280 OHI _____ 290 SLD _____ 300 DB*
_____ 310 MD _____ 320 AUT _____ 330 TBI _____ 281 Est. Med. Dis. (0-5)

* Low Incidence Disability Severe Non-Severe
_____ Not Eligible for Special Education _____ Exiting from Sp. ED. (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities)

<p><u>Triennial (3 Year) Re-evaluation</u></p> <p><input type="checkbox"/> Triennial Re-evaluation NOT due prior to next IEP review date.</p> <p><input type="checkbox"/> Triennial Re-evaluation DUE prior to or on next IEP review date.</p> <p><input type="checkbox"/> Summary of Progress and Current Educational Performance</p> <p><input type="checkbox"/> Full Re-evaluation</p> <p><input type="checkbox"/> Other _____</p>	<p><u>For initial placements only</u></p> <p>Has the student received IDEA Coordinated Early Intervening Services (CEIS) in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Initial Referral for Special Education Services _____</p> <p>Person Initiating the Referral for Special Education Services _____</p> <p>Date District Received Parent Consent: _____</p> <p>Date of Initial Meeting to Determine Eligibility _____</p>
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