



CONFIDENTIAL

Department of Special Services
Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED

IEP Cover Page

Student Name		ID Number		Date of IEP Meeting	
Base School			Current Attending School		
Grade	Date of Birth		Family Home Language		LEP Level
Parent/Guardian		Home Phone		Work Phone	
		E-Mail:		E-Mail:	
Parent/Guardian		Home Phone		Work Phone	
		E-Mail:		E-Mail:	
Student Address					
Number and Street			Apartment Number	City and State	
				Zip Code	

Most Recent Eligibility Date		3-Year Reevaluation Date	
Area(s) of Eligibility			
Date of this IEP Meeting		Date this IEP will be Reviewed	
IEP Addendum		<input type="checkbox"/> ESY Services Included	Other
<input type="checkbox"/> with meeting	<input type="checkbox"/> without meeting		

IEP Team: Who participated in or provided input for this IEP?	Date
Parent/Guardian	
Parent/Guardian	
Student	
Principal/Designee	
Special Education Teacher	
General Education Teacher	
Other	
Other	
Other	

Title of Team Member Responsible for Sharing Information in the IEP with All Service Providers:

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.