

IEP INFORMATION SHEET

Child's Name:	Classification:
Date of last IEP meeting:	Date of next meeting (estimate):
School:	Type of school:
Reading level:	Math level:

Description of student's school strengths:

Description of student's school challenges:

Classroom setting:

Related services:

Testing accommodations:

Promotion criteria and explanation:

Special Education Transportation:

Transportation Accommodations:

School Contact for IEP Name: Title:	Education Specialist Name:
Phone Number:	Phone Number:
E-mail Address:	E-mail Address: