

TRANSLATED SUMMARY OF INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES AND ANNUAL GOALS

This translated summary describes the special education services and annual goals for your child that were developed and agreed upon at the IEP meeting. It is to supplement the IEP document that you received. Please contact your child's special education teacher if you need further clarification.

Student Name:	Birthdate:
Date of IEP:	Grade:
School:	Classification

Special Education and Related Services needed to achieve annual goals and advance in general curriculum

Special Education Services:	Location	Amount of Time	Frequency

Related Services:	Location	Amount of time	Frequency

Program modifications, supports for school personnel and/or supplementary aids and services in regular education programs:	Location	Amount of time	Frequency

Measurable Annual Goals

1.
2.
3.
4.
5.
6.
7.

Report of Progress on Annual Goals

Progress Code: 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (review goal)
 3. Not applicable this reporting period

Goal # (from above)	Date and Progress Code	Date and Progress Code	Date and Progress Code	Date and Progress Code	Date and Progress Code	Date and Progress Code
1.						
2.						
3.						
4.						
5.						
6.						

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. If any member of the team disagrees with the IEP content, the LEA representative should contact the District Special Education Office. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation and in conjunction with this meeting. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school or the Special Education Office at the District.

We are required to notify you that the school district may seek reimbursement from Medicaid for medically related services provided to your child. This will in no way affect any entitlements you may have through Medicaid of other insurance providers.

*Attach one copy to student's IEP
 Send one copy to the student's parent/guardian*