

# INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2012)

## Student Information

Draft  
 Approved  
 Amended

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

IEP Team Meeting Date: / /

### STUDENT AND SCHOOL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_

Unique Student Identification Number (State): \_\_\_\_\_

Student Identification Number (local): \_\_\_\_\_

Date of Birth: .. (MM\*DD\*YYYY)

Age: \_\_\_\_\_ Gender:  MALE  FEMALE

#### RACE CODES

Ethnicity: Hispanic or Latino  Yes  No

American Indian or Alaskan Native

Asian

White

Native Hawaiian or other Pacific Islander  
 Black or African American

Student identified as Limited English Proficient:  YES  NO

Residence County: \_\_\_\_\_

Residence School: \_\_\_\_\_

Service County: \_\_\_\_\_

Service School: \_\_\_\_\_

Which jurisdiction is financially responsible? \_\_\_\_\_

Is the student currently under the care and custody of a state agency?  YES  NO

If yes, name of state agency: \_\_\_\_\_

Does the student require a parent surrogate?  YES  NO

Parent Surrogate Name: \_\_\_\_\_ Surrogate Phone: \_\_\_\_\_

### EXIT INFORMATION

Exit date: .. (MM\*DD\*YYYY)

Exit category:  A - Returned to general education

D - Reached 21 years of age

E - Deceased

F - Moved, known to be continuing

H - Dropped Out

I - Special Case

J - Parent revokes consent for services

B - Graduated with a Maryland High School Diploma

C - Received Maryland High School Certificate of Program Completion

### IEP TEAM PARTICIPANTS

IEP Case Manager: \_\_\_\_\_

IEP Chair: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Principal/Designer: \_\_\_\_\_

General Educator: \_\_\_\_\_

Special Educator: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

School Psychologist: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Speech/Language Pathologist: \_\_\_\_\_

Student: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Others in attendance: \_\_\_\_\_

Others in attendance: \_\_\_\_\_

Others in attendance: \_\_\_\_\_