

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764
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CONFERENCE DATES

1. _____ 3. _____
2. _____ Reeval. _____

INDIVIDUALIZED EDUCATION PROGRAM (CONFERENCE SUMMARY REPORT)

DATE OF MOST RECENT EVALUATION: ____/____/____ DATE OF NEXT REEVALUATION: ____/____/____

PURPOSE OF CONFERENCE (Check all that apply)

- | | | | | |
|--|---------------------------------------|--|--|---|
| <input type="checkbox"/> Review of Existing Data | <input type="checkbox"/> Reevaluation | <input type="checkbox"/> IEP Review/Revision | <input type="checkbox"/> Manifestation Determination | <input type="checkbox"/> Termination of Placement |
| <input type="checkbox"/> Initial Eligibility | <input type="checkbox"/> Initial IEP | <input type="checkbox"/> Transition | <input type="checkbox"/> Graduation | <input type="checkbox"/> Other (e.g. FBA/BIP) _____ |

STUDENT IDENTIFICATION INFORMATION

STUDENTS NAME

CASE MANAGER

STUDENT'S ADDRESS (Street, City, State, Zip Code)

STUDENT'S DATE OF BIRTH

SIS ID NUMBER

- ☐ MALE
☐ FEMALE

ETHNICITY

LANGUAGE/MODE OF COMMUNICATION
USED BY STUDENT

CURRENT GRADE LEVEL

ANTICIPATED DATE OF HS
GRADUATION

PLACEMENT (To be completed after placement determination)

☐ YES ☐ NO Placement is in Resident School

DISABILITY(S)

MEDICAID NUMBER

RESIDENT DISTRICT

SERVING DISTRICT

RESIDENT SCHOOL

SERVING SCHOOL

PARENT/GUARDIAN INFORMATION

(1) PARENT'S NAME ☐ Educational Surrogate Parent

(2) PARENT'S NAME ☐ Educational Surrogate Parent

(1) PARENT'S ADDRESS (Street, City, State, Zip Code)

(2) PARENT'S ADDRESS NAME (Street, City, State, Zip Code)

(1) PARENT'S TELEPHONE NUMBER (include Area Code)

(2) PARENT'S TELEPHONE NUMBER (Include Area Code)

(1) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT(S)

☐ YES ☐ NO Interpreter

(2) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT(S)

☐ YES ☐ NO Interpreter

PARTICIPANTS INFORMATION

Signature Indicates attendance. Check appropriate boxes to indicate which meetings were attended. Anyone serving in a dual role should indicate so on the following lines. If a required participant participates through written input or is excused from all or part of the IEP meeting, the required excusal and written report, as necessary, is attached

ELIG REVIEW IEP (ER)		Date	Date
<input type="checkbox"/>	<input type="checkbox"/> Parent/Guardian		
<input type="checkbox"/>	<input type="checkbox"/> Parent/Guardian		
<input type="checkbox"/>	<input type="checkbox"/> Student		
<input type="checkbox"/>	<input type="checkbox"/> LEA Representative		
<input type="checkbox"/>	<input type="checkbox"/> General Education Teacher		
<input type="checkbox"/>	<input type="checkbox"/> Special Education Teacher		
<input type="checkbox"/>	<input type="checkbox"/> School Psychologist		

ELIG REVIEW IEP (ER)		Date	Date
<input type="checkbox"/>	<input type="checkbox"/> School Social Worker		
<input type="checkbox"/>	<input type="checkbox"/> Speech-Language Pathologist		
<input type="checkbox"/>	<input type="checkbox"/> Bilingual Specialist		
<input type="checkbox"/>	<input type="checkbox"/> Interpreter		
<input type="checkbox"/>	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/>	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/>	<input type="checkbox"/> Other (specify)		

If the parent(s) did not attend the IEP meeting, document the attempts to contact the parent(s) prior to the IEP meeting.

PROCEDURAL SAFEGUARDS

Explanation of Procedural Safeguards were provided to/reviewed with the parent(s) on _____

Transfer of Rights - Seventeen-year old student informed of his/her rights that will transfer to the student upon reaching age 18.

☐ YES ☐ NA

Parent(s) were given a copy of the:

- | | |
|--|---|
| <input type="checkbox"/> Evaluation report and eligibility determination | <input type="checkbox"/> IEP |
| <input type="checkbox"/> District's behavioral intervention policies | <input type="checkbox"/> District's behavioral intervention procedures (initial IEP only) |