



## IEP REPORT FORM

Date: \_\_\_\_\_

Student:	Date of Birth:
Parent/Guardian:	Phone:
Address:	
Resident School:	
IEP Team Contact Person	Phone:

### Documentation of Disability

“Child with a disability” means a child between the ages of 6 and 18 whose parent or guardian seeks exemption from compulsory school attendance under ORS 339.030(1)(c) or (1)(d) and who meets eligibility criteria for a specific disability category under OAR 581-015-0051.

Please attach a current Statement of Eligibility for Special Education from \_\_\_\_\_ School District.

### Individualized Education Program (choose one)

IEP team members have evaluated the progress of this student and determined that satisfactory progress, appropriate to age and disability has been made during the most recent school year ending August 15<sup>th</sup>.

Date: \_\_\_\_\_

IEP team members have evaluated the progress of this student and determined that satisfactory progress, appropriate to age and disability has **NOT** been made during the most recent school year ending August 15.

Date: \_\_\_\_\_

**Signatures of Educational Team:**

Parent:	Date:
Student (as appropriate):	Date:
Special Education Teacher/Provider:	Date:
Individual Interpreting Evaluations:	Date:
District Representative (Person Knowledgeable of availability of district resources, general curriculum and qualified to provide or supervise special education):	Date:
Other – please include title:	Date:
Other – please include title:	Date: