

LaSalle/Putnam County Educational Alliance for Special Education

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INDIVIDUAL SERVICES PLAN REPORT

Name of Student	Last	First	Middle	Birthdate	Age
Name of Parent/Guardian	Relationship			Date of Meeting	Present Grade
Address			Phone Number	District of Residence	District Responsible for Services
Address			Phone Number	School Attending	

PURPOSE OF CONFERENCE

- | | |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Initial Eligibility Determination | <input type="checkbox"/> Change District of Responsibility |
| <input type="checkbox"/> Re-evaluation | <input type="checkbox"/> Develop Initial ISP |
| <input type="checkbox"/> To Consider Continuation of Services | <input type="checkbox"/> Annual ISP Review |
| <input type="checkbox"/> To Consider Change of Services | <input type="checkbox"/> Educational Setting Change |
| <input type="checkbox"/> To Consider Termination of Services | <input type="checkbox"/> Program Services Change |
| <input type="checkbox"/> Manifestation Determination | <input type="checkbox"/> Transition Planning |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Graduation |
| | <input type="checkbox"/> Transfer IEP to ISP |

Disability Requiring Special Education

Primary: _____
 Secondary: _____
 Secondary: _____

From Eligibility Determination

Dated: _____
 (If eligibility is being determined, complete at end of the Determination)

LANGUAGE (Information available from referral)

Language(s) used by child: _____
 Language used for evaluation: _____
 Mode of Communication used by student: _____

Language(s) spoken in the home: _____
 Cultural background: _____
 Interpreter for parent communication: Yes No

Special Education Services: IF THE STUDENT WILL BE RECEIVING SPECIAL EDUCATION SERVICES, COMPLETE THE FOLLOWING SECTIONS AT THE END OF THE CONFERENCE.

Special Ed/L.R.E. Setting(s): _____
 Case Manager(s): _____
 Location: _____

(*FOR DISTRICT COMPLETION) SPECIAL EDUCATION FUNDING AND CHILD TRACKING SYSTEM (FACTS)
 (See codes on reverse side)

(1) *SEX	(2) *ETHNIC ORIGIN	(3) *LANGUAGE -Primary	(4) *RELATED & OTHER SERVICES	(5) *TERM	(6) *BEGIN DATE

(FOR L.E.A.S.E. OFFICE USE ONLY)

(7) FUND	(8) DISABILITIES (MAX OF 2)	(9) EE	(10) RBP	(11) SECTION 14-7.03 ELIG		
				T	P	G

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