



CONFIDENTIAL

Fairfax County Public Schools
Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED

IEP Cover Page

Student Name:		ID Number:	Date of IEP Meeting:	
Base School:		Current Attending School:		
Grade:	Date of Birth:	Family Home Language:		ELP Level:
Parent/Guardian:		Home Phone:	Work Phone:	
		E-Mail:	E-Mail:	
Parent/Guardian:		Home Phone:	Work Phone:	
		E-Mail:	E-Mail:	
Student Address:				
Number and Street		Apartment Number	City and State	Zip Code

Most Recent Eligibility Date:	3-Year Reevaluation Date:
Area(s) of Eligibility:	
Date of this IEP Meeting:	Date this IEP will be Reviewed:
<input type="checkbox"/> IEP Addendum with meeting <input type="checkbox"/> IEP Addendum without meeting <input type="checkbox"/> ESY Services Included	

IEP Team: Who participated in or provided input for this IEP?	Date
Parent/Guardian:	
Parent/Guardian:	
Student:	
Principal/Designee:	
Special Education Teacher:	
General Education Teacher:	
Other:	
Other:	
Other:	

Title of Team Member Responsible for Sharing Information in the IEP with All Service Providers:

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.