



CONFIDENTIAL

Fairfax County Public Schools
Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED

Information Related to Present Level of Educational Performance:

Student Name _____ ID # _____ Date of IEP Meeting _____

Record additional important information about the student including, but not limited to:

- **Parent/family concerns about the student's education**
- **Current academic, behavioral, environmental, social/emotional, and/or medical issues**
- **Strengths and interests in the home, school, and community**
- **Discussion related to the consideration of evaluations for IEP**

DRAFT

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.