

**Special Education Student Information Distribution**

Date sent:

This is to inform you and assist you in understanding your obligations for implementing the individualized education plan (IEP) for the student listed below. The student’s IEP may be accessed and read on the district student management system by selecting the IEP icon. Please take special note of the items checked below within the IEP. After you review please sign and return this form to the special education teacher. You may also contact them with any questions and/or concerns you may have.

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| --- | --- | --- | --- |
| Student name: |  | ID: |  |
| Date of birth: |  | School: |  |
| Grade: |  | Subject: |  |

Please note the following specific information within the IEP:

Present level of educational performance (PLEP)

Goals and objectives to be addressed in the classroom

Information on goal monitoring and reporting to parents

Accommodations and modifications

Complete IEP

Positive behavior intervention plan (PBIP)

Relevant health information

Other:

Special education teacher(s):

Contact information:

Email:       Phone:

Related services:

(Providers will receive a complete copy of the IEP)

Please sign below indicating you have received this information and understand your role in implementing the IEP.

Please return this form by:

Signature of general education teacher or related services provider Date

Teacher of record must provide this information to all relevant personnel within five (5) days of receiving this student.

Distribution:

Teacher of record