

Individualized Education Program (IEP)

State of Delaware

Student Name:	
Student ID#:	D.O.B.:
Address:	Current Grade:
District of Residence:	
Attending Building:	
Disability Classification:	
Parent* 1:	
Address (if different):	
Email Address:	
Home Phone:	
Work Phone:	

IEP Status

Meeting Date		Most Recent Evaluation Summary Report Date	
IEP Initiation Date		IEP Meeting History:	
IEP End Date			

Temporary Placement	
Agency Representative:	
Parent:	
Date:	
Within 60 days, an IEP meeting must be held.	

Meeting Participants

Role	Name	Signature
Parent* 1		
Student		
General Education Teacher		
Special Education Teacher		
Administrator/Designee		

* Parent includes legal guardian, educational surrage parent and relative caregiver