

Resident: <u>3231 Johnston</u>	Building: <u>8010 Preschool2</u>				
Domicile: _____	Building: _____				
Attending: <u>3231 Johnston</u>	Building: <u>8010 Preschool2</u>				
Basis for Enrollment: ____	Gender: <u>M</u>	Ethnicity: ____	Grade: <u>PK</u>	Served Status: ____	Disabilities: _____
Teacher/Service Provider: <u>John Doe</u>					
Duration of this IEP - From: <u>01/15/2009</u> To: <u>01/14/2010</u> Reeval is due: <u>01/14/2012</u> Alt Assessment: <u>G</u>					
<input type="checkbox"/> Behavior Assessment/Plan	<input type="checkbox"/> Communication Plan (Deaf/HH)	<input type="checkbox"/> Shortened School Day			
<input type="checkbox"/> Assistive Technology (F)	<input type="checkbox"/> Extended School Year Services	<input type="checkbox"/> Special Transportation			
<input type="checkbox"/> Health Plan	<input type="checkbox"/> Specially Designed PE				
Special Considerations (Page B):					
<input type="checkbox"/> Behavior	<input type="checkbox"/> Communication	<input type="checkbox"/> Braille	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Limited English	<input type="checkbox"/> Health

G = District-wide assessment is not given at this grade level

I = The student is incarcerated in an adult correctional facility.