

# CENTER BASED PROGRAM PLANNING & IEP DEVELOPMENT FOR 3-YEAR OLDS

Student's name:

DOB:

District/Bldg:

Parent's name(s):

Meeting Date:

EIP Case Manager:

Center Based Teacher:

Intro & Purpose:

☐ Confirm parent contact info

☐ Team members sign in

☐ Procedural Safeguards

☐ 3<sup>rd</sup> party billing forms

Background Info, Strengths/Concerns reported by parents:		
Medical Info (including vision & hearing):		
Current Developmental Level of Functioning <small>*Address ALL areas*</small>	Strengths	Needs
Cognition		
Communication		
Adaptive Behavior		
Motor (fine & gross)		
Social/Emotional		

- Explain difference between IFSP/IEP

School contact name \_\_\_\_\_

Phone \_\_\_\_\_

	Current	New Setting	Who organizes/ documents on IEP?
<b>Goals/Objectives to be addressed in new plan</b>			Present levels/Need statement: B-3  New Goals/Obj: 3-5
<b>Modifications/Adaptations</b>			B-3 & 3-5
<b>Assistive Technology</b>			B-3 & 3-5
<b>Services</b> District Staff present program options (class offerings, typical classroom schedule, how services delivered, LRE, Transportation, District required forms)			3-5
<b>LRE/Federal Setting</b> Discuss with team in regard to interactions with typical peers, hours in daycare, etc			3-5
<b>Progress Monitoring</b> How does district report progress monitoring for peers? Frequency?			3-5
<b>Related Services</b>			3-5
<b>ESY Discussion</b> Yes/no/more data needed			B-3 & 3-5
<b>District Assessments</b>			3-5
<b>Outcomes</b>			B-3 OR 3-5
<b>PWN for Services</b>			B-3 OR 3-5
<b>Transition Visit</b> Schedule a visit to the center-based program – set date and time, who will set up? Who will attend?			B-3 & 3-5
<b>Notes:</b>			

Who will deliver IEP & PWN to parents?

by (date):

