

**Public Schools of Robeson County**

**Special Education Student Information Distribution**

Date: \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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 EC Case Manager will provide access to the student’s IEP. After you review, please sign and return this form to the EC Case Manager. You may also contact him/her with any questions and/or concerns you may have.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_/\_\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ Power School #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note the following specific information within the IEP:

\_\_\_\_\_Present level of educational performance

\_\_\_\_\_Goals and objectives to be addressed in the classroom

\_\_\_\_\_Information on goal monitoring and reporting to parents

\_\_\_\_\_Accommodations and modifications

\_\_\_\_\_Times of service

\_\_\_\_\_Behavior Intervention plan (BIP)

\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of General Education Teacher / Service Provider Date

**8/29/14**