



Itinerant Services Office

1104 N. Main Street
Lombard, IL 60148-1362

Natalie Heinrich
Administrator

Mary M. Furbush, Ed.D.
Executive Director

630-629-2600, Relay Service 711
Fax 630-629-2601

ACCEPTANCE OF EXISTING IEP

*This section should be completed only for students who move into a district with a current IEP and services in the areas of hearing, vision, O & M, or interpreter services. A copy of the current IEP and eligibility must be attached. Please include most recent Ocular and/or Hearing Examination report.

Student Name _____ Birth Date _____ Gender Male Female

Parent(s)/Guardian(s) Name _____ Phone (____) _____

Address _____

Student's Primary Language _____ Grade _____ Joint Agreement _____

Resident District # _____ Resident School _____ Phone (____) _____

Attending District# _____ Attending School _____ Phone (____) _____

Move-in Date: _____

Special Education program student is currently in _____

Special Education Administrator _____ Phone (____) _____

Teacher _____ Phone (____) _____

Disability(ies) _____

Annual Review Date: _____ Three Year Reevaluation Date _____

Date of last Audiological Evaluation _____ Date of last Ocular Evaluation _____

Minutes per Week / Direct or Consult

- Vision Itinerant Services _____
- Hearing Itinerant Services _____
- Physical Itinerant Consult _____
- Interpreter _____
- Orientation and Mobility _____
- Other _____

Equipment or material used or needed? _____

Authorizations/Signatures:

Referring Person _____ Title _____ Date _____

District Special Education Administrator _____ Date _____

Joint Agreement Director _____ Date _____