

### 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

- |                          |                            |       |
|--------------------------|----------------------------|-------|
| <input type="checkbox"/> | Vision Itinerant Services  | _____ |
| <input type="checkbox"/> | Hearing Itinerant Services | _____ |
| <input type="checkbox"/> | Physical Itinerant Consult | _____ |
| <input type="checkbox"/> | Interpreter                | _____ |
| <input type="checkbox"/> | Orientation and Mobility   | _____ |
| <input type="checkbox"/> | Other                      | _____ |

Equipment or material used or needed? \_\_\_\_\_

#### Authorizations/Signatures:

Referring Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

District Special Education Administrator \_\_\_\_\_ Date \_\_\_\_\_

Joint Agreement Director \_\_\_\_\_ Date \_\_\_\_\_