

Baltimore City Public School System

Individualized Education Program (IEP)

Check if Interim Service
 Check if Service Plan

Meeting Date / /

Student	Pupil Number (PIF) / Social Security Number	Date of Birth (M/D/Y)
School Number School Name		Grade
Parent/Guardian/Surrogate Surrogate	Phone Number	
Address (Street, Apartment Number)	City, State, Zip Code	

Race:

- African American (not of Hispanic origin)
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Hispanic
- White (not of Hispanic origin)

Sex: Female
 Male

Limited English Proficiency Yes No

Primary Language (other than English): _____

Home Language (other than English): _____

Case Manager (Title) _____ FCI Code, Disability: _____

PART F PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Parent's concerns for enhancing child's education were considered. yes no

AREA	STRENGTHS	NEEDS
Reading		
Mathematics		
Written Language		
Perceptual Motor Functioning		
Cognitive		
Speech/Language/Communication		
Emotional Status		
Physical Factors		
Adaptive Behavior		
Career/Vocational		
Other:		