**2019-2020 Form**

**Request to Open Draft IEP**

1) Student Name & OSIS:

2) Student Gender: \_\_\_ female \_\_\_ male

3) Do you wish student specific sentence starters to be emailed to your team? \_\_\_ yes \_\_\_ no

4) Which of the following Periodic Assessments (**required 2x per year**) will be listed in the Evaluation Results?

\_\_\_ MAP Growth Reading \_\_\_ SANDI Reading

\_\_\_ MAP Growth Math \_\_\_ SANDI Math

5) How does the student get to school? \_\_\_ metro/walk \_\_\_ yellow bus

 (If yellow bus, is travel training / independent travel being considered? \_\_\_ yes \_\_\_ no)

6) Does IEP that is about to expire (i.e. current IEP) mandate any Related Services (**incl. Counseling**)? \_\_\_ yes \_\_\_ no

 **If yes, list the RS type(s) and name(s) of provider(s):**

7) Does IEP that about to expire (i.e. current IEP) indicate need for a Behavior Intervention Plan (BIP)? \_\_\_ yes \_\_\_ no

 Does the student have a 1:1 para according to the IEP that is about to expire? \_\_\_ yes \_\_\_ no

 If yes, list the type(s):

8) Who is the student’s PE Teacher? \_\_\_\_\_\_\_\_\_\_\_\_\_ (N/A for worksites)

9) Does the student take Dance? \_\_\_ yes \_\_\_ no

10) Does the student have an Independent Schedule/Program? \_\_\_ yes \_\_\_ no