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| **Macintosh HD:Users:admin:Desktop:Screen Shot 2020-09-07 at 1.29.57 PM.png** | **2020-2021 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 \_\_\_\_ N/A)

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

**If yes, complete the following:**

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Does IEP that about to expire (i.e. current IEP) indicate need for a Behavior Intervention Plan (BIP)?

\_\_\_ Yes, and the recommendation is to continue the BIP.

\_\_\_ Yes, but the recommendation will be to discontinue the BIP.

\_\_\_ No, but the recommendation will be to conduct a Functional Behavior Assessment (FBA)

\_\_\_ No, the student does not need a BIP.

8) Does the student have a 1:1 para according to the IEP that is about to expire? \_\_\_ Yes \_\_\_ No

**If yes, indicate all that apply:**

\_\_\_\_ Behavior Support \_\_\_\_ Health \_\_\_\_\_ Transportation (Behavior Support) \_\_\_ Transportation (Health)

9) Who is the student’s PE Teacher? \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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