SCHOOL: _____ TEACHER: _____

Please complete the grid below and fax back to me within 3 days – Fax # 728-5640.

- Do not "project" the individual evaluation date or meeting date – copy exactly what is on the IEP, UNLESS the student has a classification of Developmental Delays – then project the reevaluation date by his/her 9th birthday – put this date in parentheses beside the individual evaluation date that came off the IEP.
- Add any students' names of students who may have transferred to your school and who you believe may be special education students, even if you do not have a current IEP at this time. Star (*) those students who you need special education records for and I will attempt to get them from his/her previous school.

Thanks,
Sharon Claxton, IEP Facilitator

STUDENT NAME	GRADE	IEP MEETING DATE	INDIVIDUAL EVALUATION DATE