

Student's Name:	District ID:	State ID:	Grade:	Sex:
Native Lang:	Ethnicity:	Birth Date:	Age:	
District: Idaho Falls School District 91		School:		

1. IEP SERVICES

Service	Position Responsible	Location	Freq.	M Code	Total Service per Week		Start Date	Anticipated Duration
					Hrs	Min		
Emotion/ Behavior Intervention	Special Education Teacher	02	01	M Code is not needed		640	09/08/16	09/07/17
Community Based Rehabilitation Services (CBRS)	Special Education Teacher	02	01	XXX	30		09/08/16	09/07/17
School Health Services	School Nurse	02	01	XXX	11	30	09/08/16	09/07/17
School Nurse Services	School Nurse	02	04	XXX		20	09/08/16	09/07/17

Location Codes: 01 Gen Ed Classroom 02 Sp Ed Classroom 03 Home 04 Hospital 05 Community 06 Therapy Room	Frequency Codes: 01 Daily 02 Weekly 03 Bi-Weekly 04 Monthly 05 __ Times Per ____ 06 __ Times Per ____	Medicaid (M) Codes: IN = Individual HQ = Group HO = Professional HM = Parapro TD = Reg Nurse LP = LPN
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Statement of Service Delivery:

Emotion/Behavior Intervention may be provided by a professional and/or paraprofessional under the supervision of a professional, in an individual or group setting based on the needs of the student.

Emotion/Behavior Intervention may be provided by a paraprofessional under the supervision of a professional in an individual or group setting based on the needs of the student.

Behavior consultation can be provided, as needed as determined by the IEP team, based on the needs of the student.

CBRS will be provided by a CBRS professional under the supervision of a licensed behavior health professional, in an individual or group setting based upon the needs of the student.

School Health Services - Personal Care Services will be provided by a professional or paraprofessional under the supervision of a professional to increase or maintain independence and a monthly or quarterly (please choose one) health check will be conducted.

School Nurse Services - Nurse Health Check will be provided by an RN monthly or quarterly (please choose one).

Service times may be impacted secondary to absences, holidays, and other school related conflicts. Services will be provided as needed to support the IEP on field trips.

2. OTHER CONSIDERATIONS

- A. Special transportation is considered a related service. The student requires Regular Special No transportation. Describe if necessary: *Student is being provided transportation due to student being provided services in a program that is not at their home school. (You will need to add this if the child is a preschool student or in a special program.)*
- B. Are extended school year (ESY) services required for this student? Yes No TBD.
If Yes, complete 1 – 6 below.
If TBD, when: _____, and amend IEP by specified date.
1. What are the skills this student will lose as a result of an interrupted educational program and will be unable to recoup so as to make reasonable progress toward achieving the goals and benchmarks/objectives in the IEP?
 2. What skills are emerging that require ESY services in order to make reasonable gains?
 3. What acquisition of a critical life skill that aids the student's ability to function independently would be threatened by an interruption in services?
 4. In what way are the above skills critical to the overall progress of the student?
 5. Specify which goals and objectives/benchmarks should be part of the IEP for ESY services.
 6. Begin and end dates of ESY: _____. Hours per week: _____
- C. Does the student have limited proficiency in English? Yes No. If yes, what native language? _____. Explain what considerations are necessary:
- D. If hearing impaired/deaf, is hearing aid monitoring required? Yes No Not hearing impaired/deaf. If yes, explain what considerations are necessary:
- E. If visually impaired/blind, is Braille required? Yes No Not visually impaired/blind. If yes, explain what considerations are necessary: