

PSSP – Signature Field on IEP Notice Page

When you open a new IEP document, you will not see a signature line under “Signatures” on the “Notice Regarding Provision of Special Education” section.

STUDENT INFORMATION

Student: Jane WISD-Data student sg AAAASample Date of IEP Team Meeting: 01/01/1996
 Birthdate: 01/01/1996 Resident District for Purpose of FAPE: Milan
 Age: 25-3 Student Primary Language: English
 Grade: Special Education Transition Language in the Home:

PURPOSE

This notice is a result of the individualized Education Program (IEP) Team meeting that was held on the date listed above for the following purpose(s):

Primary Purpose: Annual Review Additional Purpose:

NOTICE FOR PROVISION OF PROGRAMS AND SERVICES

You are receiving this notice because, based upon the most recent IEP Team meeting, Jane remains eligible for special education programs/services. Upon district signature, this notice and Jane's IEP constitute the districts offer of a Free Appropriate Public Education (FAPE).

All programs/services/supplementary aids will start on:
 The following person will assure implementation of this IEP:

OPTIONS CONSIDERED

The IEP Team Report describes the assessment/evaluation procedures and data used during the IEP Team meeting. The following options were considered but not selected for the reason(s) indicated below:

	Considered Options	Reasons Not Selected

Other relevant factors to the districts proposal or refusal: (if none, enter "None")

RESOURCES FOR PARENTS

The Procedural Safeguards that you received describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:

- MICHIGAN ALLIANCE FOR FAMILIES, 1819 South Wagner Road, PO Box 1406, Ann Arbor, MI 49106; 1-800-552-4821; www.michiganallianceforfamilies.org
- MICHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mde
- MICHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org

SIGNATURES

When you select Initial as the “Purpose of the IEP Team Meeting” on the Participants and Profile section, a Parent signature is required.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM REPORT

Date of IEP: 01/01/1996 Date of IEP Offer of FAPE: Date of Most Recent Evaluation IEP: Team Meeting:

Student Name: Jane WISD-Data student sg AAAASample Home Phone: 111-111-1111 State: Michigan Zip Code: 48161
 Student's Address: 11032 Doty Rd. Maybee Resident District for Purpose of FAPE:
 County: Language in the Home: Grade: Special Education Transition
 Student Primary Language: English Age: 25-3

PURPOSE

Purpose of IEP Team Meeting: Additional Purpose:

PARTICIPANTS

Guidance: Indicate all IEP Team members in attendance by first selecting the checkboxes in front of titles. If the staff member listed is different than the one attending, make corrections using the lookup links.

<input type="checkbox"/> Student <input type="checkbox"/> General Ed Teacher <input type="checkbox"/> Special Ed Provider <input type="checkbox"/> Eval Team Rep <input type="button" value="👤"/> <input type="button" value="👇"/> <input type="button" value="👤"/> Other/Title <input type="button" value="+"/> Add New Row	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School District Rep <input type="checkbox"/> Other/Title
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Guidance: Prior consent from the parent must be obtained for required IEP Team members to be excused.

These IEP Team members were absent, but submitted their input to the Team in writing:

General Ed Teacher: School District Rep:
 Special Ed Provider: Special Ed Provider:
 Other/Title: Other/Title:

STUDENT PROFILE AND ELIGIBILITY

In determining both eligibility and need for special education programs/services, the IEP Team must consider each of the following:

Student Strengths

On an Initial IEP, a signature line will appear for both the District and Parent.

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SIGNATURES

DISTRICT COMMITMENT

The school district superintendent/designee assures that the least restrictive environment has been fully considered and assigns this student to the following: (Select one)

The resident district
 An operating district

Building/Program:

Resident District Superintendent/Designee: Date:

District Commitment and FAPE date must occur within seven (7) days of the IEP Meeting Date ().

PARENT/GUARDIAN/STUDENT

Parent consent is required for the initial provision of special education programs and/or services. (We as parent/guardian/student: (Select One))

Give consent to the initial provision of special education programs/services
 Decline to give consent to the initial provision of special education programs/services
 Consent was not received within 10 school days

Parent/Guardian/Student: _____ Date:

If Annual Review or Reevaluation is selected as the meeting purpose, a signature line for the District only will appear.

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