



**Ionia County Intermediate School District**

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**Itinerant Staff IEP Worksheet**

*(This worksheet is to be completed by all projected special education service providers and presented to the person responsible for the IEP Implementation at least 2-3 days prior to the student's IEP)*

**Student** \_\_\_\_\_ **Scheduled IEP Date** \_\_\_\_\_

**Present Level of Academic Achievement and Functional Performance**– in understandable terms: explain the data, areas of need, and how the disability affects his/her involvement and progress in the general education curriculum (or participation in appropriate activities for preschool students).

**Recommendations for proposed services:**

Supplementary Aids/Services/Support	Amount of Time/Frequency/Conditions	Location

—OR—

(requires goals and objectives)

Special Ed. Programs/Services Rule Number	Frequency/Duration	Provider Name (registry purposes only)	Location

**Annual Goal:** \_\_\_\_\_

Short-Term Objectives (at least two per goal)	Evaluation	Criterion	Schedules
1.			
2.			
3.			

**Special Education Provider:** \_\_\_\_\_ **Title:** \_\_\_\_\_