



Exceptional Student Education
IEP/EP Data Entry Form

New: IEP EP

Amendment to: IEP EP Dated: _____ IEP Manager: _____

Student Name: _____ Other ID: _____ Date of Birth: _____

Education Plan:

EP/IEP Meeting Date (*date meeting was held*): _____ End Date (*for EP/IEP*): _____

Start/Initiation Date (*when services begin*): _____ Current Evaluation Date: _____

IDEA Educational Environment (*check one box*):

- (A) Home (3-5)
- (B) Special Education Program in Residential Facility (3-5)
- (C) Correction Facility
- (D) Separate School
- (F) Residential Facility
- (H) Home/Hospital
- (J) Service Provider (3-5)
- (K) Early Childhood Program (3-5)
- (L) Special Education Program in School or Community (3-5)
- (M) Early Childhood Program Services Outside Classroom (3-5)
- (P) Private Schools (6-21)
- (S) Special Education in Separate School (3-5)
- (Z) None of the Above (all others 6-21)

Extended School Year (*check one box*):

- (Y) The student is eligible to receive extended school year services in accordance with an IEP team decision.
- (N) The IEP team determined that ESY services were not necessary or will be determined at a later date.
- (Z) The student is not identified as a student with a disability. (Gifted only)

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ESE Exceptionalities:

Primary Exceptionality: _____

Additional Exceptionalities: _____ Areas of Related Service: _____

If making a change to the student's program(s)/services (adding or discontinuing), please explain here:

ESE Cost Factor (*Matrix of Services*):

_____ Doman A _____ Domain B _____ Domain C _____ Domain D _____ Domain E

Special Considerations: None +13 +3 +1 Cost Factor: _____

ESE Minutes (*enter all zeros for gifted only students*):

Total School Minutes (*specify from bell to bell*): _____

ESE Minutes/Week: _____

Minutes/Week with Non-Disabled Peers (*subtract ESE minutes from total minutes*): _____

Alternative Assessments (*check one*):

- Alternate Assessment (FSAA) administered
 - (D) Student will be assessed using the FSAA Datafolio
and parent signed the "Parental Consent Form/Prior Written Notice: Instruction in the State Standards Access Points Curriculum and Florida alternate Assessment Administration.
 - (P) Student will be assessed using the FSAA Performance Task
and parent signed the "Parental Consent Form/Prior Written Notice: Instruction in the State Standards Access Points Curriculum and Florida alternate Assessment Administration.
- Student will take statewide FSA and other districtwide assessments or student is in a grade where FSA is not administered

Waivers Granted: <input type="checkbox"/> ELA <input type="checkbox"/> Alg. I EOC <input type="checkbox"/> Online Course
