Keystone Learning Services
500 E. Sunflower
Ozawkie, KS 66070
(785) 876-2214

# Individualized Education Plan

**Legal Name:** _____, _____ __

**KSDE KIDS ID:**

**First Parent:** _____ _____

**Birthdate:**

**Phones:** Home Phone:(___) ___-____ Work Ph#1(mom):(___) ___-____ Work Ph#2(dad):(___) ___-____

**Age at IEP:**

**Address:** _____

**Grade:**

_____ __ _____

**Comp Evaluation:**

**Email Address:** _____

**IEP Meeting:**

**Second Parent:**

**Initiation:**

**Phones:**

**Email Address:**

**Other:**

**Phones:**

**Email Address:**

**Neighborhood School:** **Attendance Building:**

## Participants

**Participants in the IEP Team Meeting to develop this IEP.**

| Name | Position | Date |
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