**CSEP**

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| --- |
| **School Year:** Click here to enter text. |
| **IEP Meeting Date:** Click here for drop-down calendar. |

**Student Data**

|  |  |
| --- | --- |
| **Student:** Click here to enter student name. | **Birth Date:** Click here to enter birth date. |
| **School:** Click here to enter school name. | **Grade:** Click here to enter grade. |
| **General Education Teacher:** Click here to enter Gen Ed Teacher Name. |
| **Resource Teacher:** Click here to enter your name. |

**Present Levels of Performance**

|  |  |  |
| --- | --- | --- |
| **Testing Date:** Click here for drop-down Calendar. | **Instrument:** Click here to enter text. | **Evaluator:** Click here to enter text. |
|  |
|  | **Grade Equivalency** | **Standard Score** | **Percentile Rank** |
| **Reading** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Mathematics** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Written Language** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| **Instructional Reading Level:** Click here to enter text. | **Instructional Math Level:** Click here to enter text. |
|  |
| **Relative Strengths:** Click here to enter text. |
| **Relative Weaknesses:** Click here to enter text. |

**Placement & Services**

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| --- |
| **Special Education Designation:** Click here to enter text. |
| **Range of Time** (minutes per week): Click here to enter text. |
| **A.** □ **Direct Services:** Click here to enter text if necessary.□ Goals attached |
| **B.** □ **Support Services:** Click here to enter text if necessary. □ Assisted Support: □ Supplemental Support: □ Goals attached |
| **C.** □ **Consultation Services:** Click here to enter text as necessary. |
| **D.** □ **General Education Accommodations & Modifications:** Click here to enter text as necessary.□ Accommodations/Modifications Sheet attached |
| **E. Additional Services:** Click here to enter text as necessary. |

**Consent:** I agree with this CSEP and the attached goals and objectives.

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Parent Signature Date Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date Resource Room Teacher Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Education Teacher Signature Date Other Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Principal Date Other Date