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