INSERT SOP NAME

INDIVIDUALIZED EDUCATION PROGRAM

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current level of academic, developmental, and functional performance with explanation of assessment data:**

**A statement of how the child’s disability affects the child’s involvement and progress in the general curriculum:**

For preschool age, describe how the disability affects the child’s participation in appropriate activities.

**Strengths of the student:**

**Parent and student input:**

CONFIDENTIAL