

Name:

DOB:

Meeting Date:

<p>Unique Educational Needs and Characteristics #</p>	<p>Provide a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will enable the child:</p> <ul style="list-style-type: none"> • to advance appropriately toward attaining the annual goals • to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and , • to be educated and participate with other children with disabilities and non disabled children.
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<p>Services, Aids & Modifications:</p>		
<p>Frequency:</p>	<p>Duration:</p>	<p>Location:</p>

<p>PLEP (Present Levels of Educational Performance):</p>

<p>Benchmark #1</p>	<p>Marking Period:</p>
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<p>Benchmark #2</p>	<p>Marking Period:</p>
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<p>Benchmark #3</p>	<p>Marking Period:</p>
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<p>Benchmark #4</p>	<p>Marking Period:</p>
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<p>Annual Goal</p>

<p>Therapist Signature:</p>	<p>Date:</p>	<p>(For Medicaid Cost Recovery)</p>
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