

Tangipahoa Parish School System

Pre-Conference IEP Form

Student: _____

Preconsult Date: _____

School: _____

Related Service Provider: _____

Teacher: _____

Name: _____

STUDENTS TOTAL INSTRUCTION DAY (Minutes) 0 1

	Date to Begin	Duration	Ind/ Group	Location/Minutes per Day/Sessions per Week		
				Regular	Community	Special
Special Education Instruction				/	/	/
DIRECT SERVICES						
Speech/Language Therapy				/	/	/
Adapted Physical Education				/	/	/
RELATED SERVICES						
Speech/Language Therapy				/	/	/
Physical Therapy				/	/	/
Occupational Therapy				/	/	/
				/	/	/
				/	/	/
SPECIAL TRANSPORTATION	NO	YES (Describe)		Total Number of Minutes in Special Setting per Week		

Comments

_____ services to begin upon receipt of current doctor's orders.