Information Needed to Initiate iePoint Use

(Please send prior to IEP meeting)

Fax to LCSSU -815/842-3170, Attention: Kathy Legner

Child's Name: _____

(last) (first) (middle)

Child's Date of Birth: _____/_____/_____ (mm/dd/year)

Child's Home Address: _____

Child's Father/Guardian:_____

Home Address:_____

Child's Mother/Guardian:_____

Home Address:_____

Child's Home Phone Number_____/_____/_____

(area code)

Child's Resident School District: _____

Language Used in the Home _____

Additional Information:

Your Name/Title: _____

Contact Phone Number: _____ /_____/_____

(area code)

Form revised 9/2010