



**Individualized Optional Education Plan (IOEP)**

IWAS Entry: \_\_\_\_\_

**Outreach Program**

<input type="checkbox"/> Chronic Truant
<input type="checkbox"/> Truant
<input type="checkbox"/> Potential Drop Out
<input type="checkbox"/> Drop Out

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

SIS # \_\_\_\_\_

School: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Outreach Specialist: \_\_\_\_\_

County: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Attendance Data                      Excused \_\_\_\_\_ Unexcused \_\_\_\_\_ Tardy \_\_\_\_\_                      Days Enrolled \_\_\_\_\_ % \_\_\_\_\_

Original Referral Date: \_\_\_\_\_

Goal #1: Student's attendance will have a positive change.                      Current: \_\_\_\_\_                      YR Review: \_\_\_\_\_

Goal #2: Student will demonstrate academic progress by promotion /credits earned.                      Current: \_\_\_\_\_ Goal: 100% YR Review: \_\_\_\_\_

Goal #3: Other \_\_\_\_\_                      Current: \_\_\_\_\_ Goal: \_\_\_\_\_ YR Review: \_\_\_\_\_

*Goals of the IOEP will be implemented by Truancy Outreach Specialist, school personnel, parents, and the student. Services to be available Academic Related: Academic Instruction, Academic Counseling, enrolled in Evening School Classes, Participation in Credit Recovery Program, enrolled in Summer School Classes, Use software provided by TAOEP Professional Development. Non-Academic Related: Court-Related Services, Home Visits, Personal Counseling, Referral for Social/Academic Services, Monitoring, Support Services for Student/Parents/Families. Career Related: Career Services, Work Experience.*

Additional Information: \_\_\_\_\_

I agree to cooperatively work towards successfully completing the goals of the IOEP.

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Outreach Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

**Case Management**

Date	Ex Ab	Un Ab	# Tardy	# Days Possible	% of Attend	Truancy Service	Comments/Observation
						<input type="checkbox"/> Court-Related <input type="checkbox"/> Home-Visit <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Referral for Social/Academic Services <input type="checkbox"/> Monitoring <input type="checkbox"/> Support Services for Families	
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