

**MACOMB INFANT PRESCHOOL PROGRAM  
FINAL MIPP/EARLY ON TRANSITION ACTIVITY REPORT  
IEP REPORT OF SPECIAL EDUCATION PROGRAMS/SERVICES**

STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ Local ID: \_\_\_\_\_  
RESIDENT DISTRICT: \_\_\_\_\_ MIPP SITE: \_\_\_\_\_  
MIPP COORDINATOR: \_\_\_\_\_ TRANS. COORD: \_\_\_\_\_  
IEP DATE: \_\_\_\_\_ LAST DATE IN MIPP: \_\_\_\_\_

\*\*\*\*\*

**IEP DECISION**

**LOCAL DISTRICT CENTER PROGRAMS:**

\_\_\_ HI      \_\_\_ POHI      \_\_\_ MOCI

DISTRICT \_\_\_\_\_ SCHOOL \_\_\_\_\_

**LOCAL DISTRICT PROGRAM:**

\_\_\_ Speech/Language - Walk-in      \_\_\_ ECDD

DISTRICT \_\_\_\_\_ SCHOOL \_\_\_\_\_

**MACOMB ISD CENTER PROGRAMS:**

\_\_\_ AI      \_\_\_ MOCI      \_\_\_ SCI      \_\_\_ SXI  
\_\_\_ BOVENSCHEN      \_\_\_ PETERS      \_\_\_ BOZYMOWSKI

Please document specifics if no decision is made or no IEP meeting is scheduled.

\_\_\_\_\_  
\_\_\_\_\_

**Check all that apply:-\*\*\*\* In TIENET. If no check here can not go on or save**

☐ HEAD START    ☐ NURSERY SCHOOL    ☐ OTHER \_\_\_\_\_    ☐ UNKNOWN

***Note: Use TIENet to enter the Child Outcome Summary (COSF)***