

Student Name: \_\_\_\_\_ Date of IEP Meeting: \_\_\_\_\_ Time: \_\_\_\_\_

I have received a copy of my Notice of Procedural Safeguards.

Parent/Guardian Signature: \_\_\_\_\_

\*Signature indicates attendance at the meeting.

_____	Parent (Required)
_____	Parent
_____	Student (Required for 9+)
_____	Special Ed Teacher (Required)
_____	Admin Designee (Required)
_____	Home School Representative
_____	Service Provider
_____	Service Provider

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Agreement Regarding IEP Team Member Attendance (Required team members cannot be excused)

I understand that \_\_\_\_\_ is/are not able to be in attendance at the team meeting. I agree to have the meeting without them.

\_\_\_\_\_ Content area of Excused member will not be discussed or modified at the IEP meeting.  
The District and Parent voluntarily agree that team member \_\_\_\_\_ does not need to attend the IEP meeting held on \_\_\_\_\_ because his/her area of the curriculum or related service is not being modified or discussed during the meeting.

**OR**

\_\_\_\_\_ Content area of excused member will be discussed or modified at the IEP meeting.  
The District and Parent voluntarily agree that team member \_\_\_\_\_ does not need to attend the IEP meeting held on \_\_\_\_\_ because he/she has provided or will provide the IEP team (including the Parent) with written input into the IEP before the meeting OR verbal input into the IEP during the meeting and before being excused.

The District and Parent further agree that the identified team member's absence or excusal from the meeting will not impact the student's right to a free and appropriate public education, the student's ability to benefit from his/her program of specialized instruction, nor the Parent's opportunity to meaningfully participate in developing the IEP.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Introductions

2. **Purpose of meeting** (develop annual IEP, review assessment results, progress, etc.)

a.

3. **Overview**

a. Identify student strengths

- i. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Parent and student input/concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Gen Ed/Sp Ed teacher input (include test scores/grades)

- i. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Outside service providers input/concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Identify disability, needs, services

- i. \_\_\_\_\_  
\_\_\_\_\_

f. Present Levels of Performance of all needs areas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. IEP Development

- a. Review front page
- b. IEP Goals to review/add/change

Goal 1:

Goal 2: \_\_\_\_\_

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

#### 5. Graduation Planning and Transition Planning Services & Agency Responsible (14+ or grade 9+)

a. Education/training: \_\_\_\_\_

b. Employment: \_\_\_\_\_

c. Independent living: \_\_\_\_\_

d. Rec/leisure: \_\_\_\_\_

e. Anticipated graduation date: \_\_\_\_\_

f. Transfer of parental rights: \_\_\_\_\_

g. Courses of study/credit summary (What is needed in order to graduate): \_\_\_\_\_

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

#### 6. Review of Service Minutes

Service	Frequency	Direct Min	Indirect Min	Spec Ed	Gen Ed
EBD/SLD/OHD					
School Social Worker					
Speech/Language					
Occupational Therapist					


**7. Federal Setting and Least Restrictive Environment**

Setting I (<21%) \_\_\_\_ Setting II (21-60%) \_\_\_\_ Setting III (>60%) \_\_\_\_ Setting IV (50-100% separate) \_

Explain when services will take place, what the child will miss, why they need to be away from typical peers: \_\_\_\_

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

**8. Transition to Home School**

- a. Estimated timeline: \_\_\_\_\_
- b. Skills needed to increase time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Needs**

- a. Child specific paraprofessional \_\_\_\_\_  
 \_\_\_\_\_
- b. Assistive Technology \_\_\_\_\_  
 \_\_\_\_\_
- c. Special Transportation \_\_\_\_\_  
 \_\_\_\_\_
- d. ESY \_\_\_\_\_  
 \_\_\_\_\_
- e. Additional needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. State and District Testing**

	No Accommodations	Accommodations	Modified	Alternate	Pass Individual
MCA Reading					

MCA Math					
MCA Science					
NWEA Reading					
NWEA Math					
GRAD					

### 11. Supplementary Aids/Services

- a. Is the student currently in or will be attending a school district extra-curricular or non-academic activity during the IEP? \_\_\_\_\_  
\_\_\_\_\_
- b. If yes, is the activity appropriate? Does the student have the prerequisite skills to attend? \_\_\_\_\_  
\_\_\_\_\_
- c. What supplementary aids and services are required for the student to access the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 12. Review Positive Behavior Support Plan

- a. Does the current information still apply?
- b. Antecedent: \_\_\_\_\_  
\_\_\_\_\_
- c. Alternate/Replacement skill(s) to be taught: \_\_\_\_\_  
\_\_\_\_\_
- d. How will the alternate/replacement skill(s) be taught: \_\_\_\_\_  
\_\_\_\_\_
- e. How will the alternate/replacement skill(s) be practiced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. How will the alternate/replacement skill(s) be reinforced: \_\_\_\_\_  
\_\_\_\_\_
- g. Consequence Interventions: \_\_\_\_\_  
\_\_\_\_\_
- h. Crisis Intervention Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

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