

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT NAME: _____

DATE _____

IEP MEETING AGENDA

1. INTRODUCTIONS
2. PURPOSE OF MEETING:
3. REVIEW PARENTS RIGHTS
4. PARENT CONCERNS
5. REVIEW PRESENT LEVELS OF PERFORMANCE IN THESE AREAS:
 - a. academics
 - b. language/communication
 - c. social/ behavioral/ emotional
 - d. vocational/ self-help/ transition
 - e. health/ hygiene
 - f. psychomotor/ physical
 - g. cognitive
6. DETERMINE ELIGIBILITY AS AN IWEN.
7. WRITE AND REVIEW/ OR REVISE TARGET BEHAVIORS/ GOALS/ OBJECTIVES
8. DETERMINE PLACEMENT AND PARTICIPATION IN REGULAR CURRICULUM
9. DISCUSS DISTRICT ASSESSMENTS, STATEWIDE ASSESSMENTS AND/OR ALTERNATIVE ASSESSMENTS
10. GRADUATION REQUIREMENTS (IF APPLICABLE)
11. PLAN INDIVIDUALIZED TRANSITION PLAN (ITP) 14 YEARS, OR YOUNGER IF DETERMINED BY IEP TEAM.
12. DETERMINE TRIENNIAL ASSESSMENT NEEDS (IF APPLICABLE)
13. OBTAIN SIGNATURES