

**SIERRA COUNTY OFFICE OF EDUCATION POST  
OFFICE BOX 157 SIERRAVILLE, CA 96126**

**NOTIFICATION OF INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

Student IEP Information  
Teacher and Regular Education Report

Page \_\_\_ of \_\_\_

An IEP is scheduled for \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

at the following location: \_\_\_\_\_

To help us meet the needs of this students, please fill out this information sheet and return it to \_\_\_\_\_

In which class do you have this student? \_\_\_\_\_

Do you wish to be present at the IEP meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

P L E A S E  C I R C L E	COMES TO CLASS DAILY		always	usually	seldom		
	THE STUDENT IS ON TIME DAILY	always	usually	seldom			
	BRINGS REQUIRED ITEMS TO CLASS		always	usually	seldom		
	MAKES GOOD USE OF CLASS TIME		always	usually	seldom		
	COMPLETES CLASSROOM ASSIGNMENTS		100%	75%	50%	25%	
	COMPLETES HOMEWORK ASSIGNMENTS	always	usually	seldom			
	STUDENT NEEDS HELP TO COMPLETE TASKS		100%	75%	50%	25%	seldom
	STUDENT WORKS INDEPENDENTLY		100%	75%	50%	25%	seldom
	ATTENDS TO TASK		always	usually	seldom		
	BEHAVIOR APPROPRIATE OR ACCEPTABLE		always	usually	seldom		
	ASKS FOR HELP WHEN NEEDED	always	usually	seldom			
	GETS ALONG WELL WITH PEERS	always	usually	seldom			
	PERFORMS SUFFICIENTLY TO MEET COURSE REQUIREMENTS	always	usually	seldom			
	THE CURRENT GRADE IS		improving	holding	going down		

CURRENT GRADE: \_\_\_\_\_

TEACHER SIGNATURE: \_\_\_\_\_

COMMENTS/CONCERNS: \_\_\_\_\_

Have Accommodations or Modifications for this student been implemented as define by the IEP and/or Notification of Teacher Responsibility for Accommodations or Modifications?  Yes  No *If No, Explain:*

\_\_\_\_\_

\_\_\_\_\_

Describe any suggestions, or other accommodations/modifications implemented on behalf of this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_