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| **MEETING DURATION:** | ***Scheduled Date:*** |  | ***Start:*** |  | ***End:*** |  | ***Continued Date:*** |  |  | **AUDIO RECORDING?** | **[ ]  YES**  | **[ ]  NO** |
| **[ ]  INTRODUCTION (IEP TEAM MEMBERS REQUIRED):** |       |  |
|  |       |  |
| **[ ]  REVIEW OF PARENTAL PROCEDURAL SAFEGUARDS/PARENT RIGHTS (FORM D/M 77)** | **[ ]  DEMOGRAPHIC/ PARENT OR GUARDIAN INFORMATION VERIFICATION (FORM D/M 68A)** |  |
| **PURPOSE OF MEETING** |  |
|  |       |  |
|  |  |
| **ASSESSMENTS TO DISCUSS (FORM D/M 68C)** |  |
|  | *\*VISION AND HEARING SCREENING (FORM D/M 68D) FOR INITIAL OR TRIENNIAL*       |  |
|  |  |
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| **ELIGIBILITY (INITIAL OR TRIENNIAL) (FORMS D/M 68A AND 68C)** |  |
|  | *\*OTHER RELEVANT FACTORS (HEALTH, ATTENDANCE)*       |  |
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|  | *\*REASON FOR DECISION*       |  |
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|  | *\*JUSTIFICATION*       |  |
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| **STUDENT STRENGTHS (FORM D/M 68B)** |  |
|  | *\*PARENT PRIORITIES FOR ENHANCING LONG-TERM EDUCATION (FORM D/M 68D)*       |  |
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| **TRANSITION GOAL(S)/PLAN, IF APPLICABLE (FORM D/M 68E)** |  |
|  |       |  |
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| **PROGRESS ON PRIOR GOALS** |  |
|  | *\*CONSIDERATION OF SPECIAL FACTORS (FORM D/M 68D)*       |  |
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| **EDUCATIONAL NEEDS IDENTIFIED (FORM D/M 68B)** |  |
|  |       |  |
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| **PRESENT LEVELS OF PERFORMANCE (FORM D/M 68F)** |  |
|  |       |  |
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| **GOALS AND OBJECTIVES (FUNCTIONAL AND ACADEMIC) (FORM D/M 68F)** |  |
|  | *\*REGULAR PROGRAM PARTICIPATION (FORM D/M 68C)*       |  |
|  |  |
| **SERVICES AND PLACEMENT (FORM D/M 68A)** |  |
|  | *\*SPECIALIZED TRANSPORTATION, IF APPLICABLE (FORM D/M 68A)*       |  |
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|  | *DISCUSS CONTINUUM OF SERVICES*       |  |
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| **ACCOMMODATIONS, MODIFICATIONS, SUPPORTS – GENERAL (FORM D/M 68D) ALSO INCLUDE IF APPLICABLE THE FOLLOWING** |  |
|  | *\*PARTICIPATION IN STATEWIDE (CST, CMA, and CAPA) OR DISTRICT ASSESSMENT(S) (FORMS D/M 68A AND 68L)*       |  |
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|  | *\*CONSIDERATION OF ASSISTIVE DEVICES AND SERVICES*       |  |
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|  | *\*PROMOTION / RETENTION*       |  |
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|  | *\*BEHAVIOR SUPPORT PLAN (IEP GOAL[S] LINKED TO BSP) (FORMS D/M 68D, 137 OR 138)*       |  |
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|  | *\*GRADUATION (FORM D/M 68A)*       |  |
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| **EXTENDED SCHOOL YEAR (ESY) PROGRAM AND SERVICES RECOMMENDED AND OFFERED (FORM D/M 68A)** |  |
|  |       |  |
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| **METHODS OF REPORTING PROGRESS (FORM D/M 68D)** |  |
|  |       |  |
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| **PARENT COMMENTS / CONCERNS** |  |
|  |       |  |
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| **FREE AND APPROPRIATE PUBLIC EDUCATION (FAPE) OFFER** |  |
|  |       |  |
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| **FOLLOW-UPS** |  |  |
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|  | **IF IEP is to be used as a Prior Written Notice (PWN) include:** |  |
|  | 1. **Description of proposed or refuted action**
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|  | 1. **Explanation of why LEA proposes or refuses to take action**
 |  |
|  | 1. **Description of each evaluation or assessment procedure, assessment, record, or report the LEA used as a basis for the proposed or refused action**
 |  |
|  | 1. **Description of other options considered and reasons for rejecting them**
 |  |
|  | 1. **Other factors relevant to the proposal or refusal**
 |  |
|  | 1. **Inform of protections under state or federal procedural safeguard provisions**
 |  |
|  | 1. **Other agencies to contact for questions**
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|  |  |  |