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| **MEETING DURATION:** | | | | | ***Scheduled Date:*** |  | | ***Start:*** |  | ***End:*** | |  | ***Continued Date:*** |  |  | **AUDIO RECORDING?** | **YES** | **NO** | |
| **INTRODUCTION (IEP TEAM MEMBERS REQUIRED):** | | | | | | |  | | | | | | | | | | | |  |
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| **REVIEW OF PARENTAL PROCEDURAL SAFEGUARDS/PARENT RIGHTS (FORM D/M 77)** | | | | | | | | | | | **DEMOGRAPHIC/ PARENT OR GUARDIAN INFORMATION VERIFICATION (FORM D/M 68A)** | | | | | | | |  |
| **PURPOSE OF MEETING** | | | | | | | | | | | | | | | | | | |  |
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| **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)* | | | | | | | | | | | | | | | | |  |
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| **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** | | | | | | | | | | | | | | | | | |  |
|  | 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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