

IEP Meeting Notes

Student Name: Date:	
Meeting Participants:	
PLAAFP Strengths:	
School Concerns:	
Parent Concerns:	
Impact of Disability:	

Academic Present Level Notes:	
Goal Areas:	Reading Y ___ N ___ Time: ___ Speech Y ___ N ___ Time: _____
	Writing Y ___ N ___ Time: ___ Social Skills: Y ___ N ___ Time: _____
	Math Y ___ N ___ Time: ___ Behavior: Y ___ N ___ Time: _____

Goal Area Notes:	
Accoms and Mods:	

State Testing: District Testing:	Reading Standard ____ Extended ____ S ____ Sc ____ Writing Standard ____ Extended ____ S ____ Sc ____ Math Standard ____ Extended ____ S ____ Sc ____ Accommodations:
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Extended School Year:	Y _____ N _____
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Special Factors:	
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Non-Participation Justification:	Amount of Time: Reason for Removal:
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Placement:	Options:
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Next Steps:	
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