

IEP Meeting Notes

Student Name: Date:	
Meeting Participants:	
PLAAFP Parent Concerns:	
School Concerns:	
Strengths:	
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 ____ Standard ____ Scaffolded ____ Writing: Standard ____ Extended ____ Standard ____ Scaffolded ____ Math: Standard ____ Extended ____ Standard ____ Scaffolded ____ Accommodations:
Extended School Year:	Y _____ N _____ To Be Decided By _____
Special Factors:	
Non-Participation Justification:	Amount of Time: Reason for Removal:
Placement:	Options:
Next Steps:	