



3.15 IEP Meeting Minutes Template

School Name: _____ Address: _____ Phone #: _____ Fax #: _____
Date of Meaningful Consultation and IEP Meeting with Parents: _____ Student's Name: _____ Date of Birth: _____ Grade: _____ Classroom Teacher(s): _____ IST: _____
Attendees: _____ _____ _____

Strengths:

-
-

Stretches:

-
-

Planning Tool Results (if Planning Tool applicable for designation)

-
-

Current Level of Performance

-
-

Performance Review of Last Objectives

-

Transition (if applicable)

-
-



Informal/Formal Assessments and Results	Interventions/supports currently in place	Student response to interventions

1-3 core competency facets selected by student and/or family:

- 1.
- 2.
- 3.

Core Competency Goal #1: *(Note: Choose 3-5 I can goal statements)*

I can....

Core Competency Goal #2:

I can....

Core Competency Goal #3:

I can....

If applicable:

Action - list immediate action first	Person Responsible	Review Date
1.		
2.		
3.		
4.		

Schedule IEP Review Date: