IEP TEAM MEETING NOTES

Student Name _____ ***Birthdate*** _____ ***Date*** _____

Addendum to IEP? ❒ No ❒ Yes To be attached to IEP dated _____

Purpose of Meeting _____

Comments _____

___ I have received and have been given an opportunity for a full explanation of the Procedural Safeguards

Parent/Guardian/Surrogate	Date	Parent/Guardian/Surrogate	Date
LEA Representative	Date	Regular Education Teacher	Date
Student (when appropriate)	Date	Special Education Specialist	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date

Parent requested a copy of IEP in primary language: ❒ No ❒ Yes

Primary Language _____