

Summary of Proposed IEP Meeting Revised January 2018

Initial Review Re-evaluation Info. Share Transition (Circle One)

Student's Name _____ DOB _____ School _____ Date _____

Parent's Name _____ Address _____ Phone _____

IEP Liaison _____ Phone _____ Disability _____

Student Strengths/Interests:

Parent/Team Concerns:

Team/Student Vision 1-5 years:

Testing, observations and intervention results (District Assessments/MCAS/Disability and impact on access)

Accommodations needed to access the general education curriculum (PLEP A and PLEP B):

Major goal areas to be addressed based on data:

Goal	A-Consult, B-Inclusion, C-Direct Service	Provider	Frequency

OVER

MCAS or MCAS alt and justification.

Out of general education classroom justification.

At risk for bullying or to be bullied?

Medical concerns?

If on the Autism spectrum (should be considered for all students):

- a. Verbal and non verbal communication
- b. Social interaction skills
- c. Unusual responses to sensory experiences
- d. Resistance to environmental change
- e. Engagement in repetitive activities and stereotyped movements
- f. Positive behavior interventions, strategies and supports
- g. Other needs that may impact progress in the general curriculum including social and emotional
- h. Bullying of peers or at risk of being bullied

Summer Services required to prevent regression (Extended Year Services): Yes/No
If yes, what evidence supports recommendation?

Specialized Transportation: Yes/No

Transitional goals/vision for students 14 and older. (complete TPF)

If student is 17 or 18 then complete age of majority paperwork.

Additional Information: Include anticipated graduation date, interagency involvement, need for transitional services. Include any information not found elsewhere that would assist the present and future service providers.

Next steps for the team to take?

Signature (Provided copy of team minutes)
