

FOR THE SPECIAL EDUCATOR:

What to Think About Before the IEP Meeting

<p>1. Assessment Information/ Academic and Behavioral for This Student</p>	<p>Formal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criterion Referenced Testing <input type="checkbox"/> State or Alternative Assessment <input type="checkbox"/> District Level Assessments <input type="checkbox"/> Grades <input type="checkbox"/> Progress Report <input type="checkbox"/> Behavioral Checklist <input type="checkbox"/> Functional Behavioral Analysis <input type="checkbox"/> Other: _____ <p>Informal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Teacher Observation <input type="checkbox"/> Data Sheets <input type="checkbox"/> Developmental Information <input type="checkbox"/> Other: _____ 	
<p>2. Information Regarding Present Level of Educational Performance (PLEP)</p> <p>Consider the individual's disability, its impact on each of these areas, and the possible need for accommodations and specially designed instruction.</p>	<p>A: General Curriculum</p> <ul style="list-style-type: none"> <input type="checkbox"/> English Language Arts <input type="checkbox"/> History and Social Sciences <input type="checkbox"/> Science and Technology <input type="checkbox"/> Mathematics <input type="checkbox"/> Other Curriculum Areas: _____ _____ 	<p>B: Other Educational Needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Behavior <input type="checkbox"/> Social/Emotional Needs <input type="checkbox"/> Non-academic/Extra-curricular Activities <input type="checkbox"/> Transition Needs <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Braille Needs <input type="checkbox"/> Communication/Language Needs <input type="checkbox"/> Other: _____
<p>3. Suggestions Regarding IEP Goals</p> <p>Consider what will make the biggest difference for this student.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Specific Goal Focus: _____ <input type="checkbox"/> Current Performance: _____ <input type="checkbox"/> Goal: _____ <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Specific Goal Focus: _____ <input type="checkbox"/> Current Performance: _____ <input type="checkbox"/> Goal: _____ <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Specific Goal Focus: _____ <input type="checkbox"/> Current Performance: _____ <input type="checkbox"/> Goal: _____ 	
<p>4. Information Regarding Supplementary Aids and Services for This Student</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Classroom Supports (aides/related service providers/SPED providers): _____ <input type="checkbox"/> Teacher Supports (consultation/training): _____ <input type="checkbox"/> Assistive Devices (word processor/tape recorder): _____ <input type="checkbox"/> Other: _____ 	
<p>5. Information Regarding Administration of State and District-Wide Assessment for This Student</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Take Test as Any Other Student Would <input type="checkbox"/> Take Test With Accommodations- list currently used test-taking accommodations: _____ <input type="checkbox"/> Alternate Assessment 	

** Think About What's Best for This Student. **