

# IEP Meeting

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Meeting Type: ☐ Initial ☐ Review ☐ Transition

## Attendees

Parent/Guardian(s): \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Admin: \_\_\_\_\_

Counsellor: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Others: \_\_\_\_\_

## Strengths / Interests

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## Areas of Need / Challenges

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## **Supports & Strategies**

Classroom Supports: \_\_\_\_\_

Learning and Behavioural Supports: \_\_\_\_\_

Social and Emotional Supports: \_\_\_\_\_

Other: \_\_\_\_\_

## **Goals**

1.

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2.

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3.

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## **Accommodations / Modifications**

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### Additional Notes / Next Steps

[illegible]

## Action Items

[illegible]
