



IEP Meeting Summary Sheet

Name: _____

Meeting Date: _____

- Eligibility
 Initial IEP
 Annual
 Reevaluation
 Transition
 Addendum

Grade: _____ Case Manager: _____ Teacher: _____

Exceptionality: _____

Strengths:

Needs:

Goals Developed:

- Reading
 Math
 Writing
 Behavior
 Adaptive
 Speech/Language
 Functional
 Motor
 Social
 Pragmatics

Services:

- | | |
|---|--|
| <input type="checkbox"/> Inclusion _____ | <input type="checkbox"/> PT _____ |
| <input type="checkbox"/> Resource _____ | <input type="checkbox"/> OT _____ |
| <input type="checkbox"/> CoTeach _____ | <input type="checkbox"/> Collaborative _____ |
| <input type="checkbox"/> Self Contained _____ | <input type="checkbox"/> Speech/Language _____ |

Notes:
