



IEP AGENDA

STUDENT NAME: _____ DATE: _____

AGENDA RECEIVED

PURPOSE OF MEETING PRESENTED: _____

REVIEW TESTING IS APPLICABLE: _____

DISCUSSION OF PRESENT LEVELS OF PROGRESS: _____

PROPOSED IEP GOALS SHARED: _____

DETERMINE CHILD'S ACCOMMODATIONS: _____

STATE/REQUEST CHILD'S TEST INFORMATION: _____

DETERMINE SCHEDULE OF SERVICE & CLASSROOM PLACEMENT: _____

SUMMARIZE MEETING IN EMAIL: _____