

## IEP MEETING - Attendance

Student:	Date:	Time:
----------	-------	-------

Location:
-----------

<b><u>Meeting</u></b>	<input type="checkbox"/> Initial Evaluation Planning <input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Changes/Revisions to IEP <input type="checkbox"/> Other:	<input type="checkbox"/> Re-evaluation Planning <input type="checkbox"/> Initial or Annual IEP <input type="checkbox"/> Placement Determination/Change
-----------------------	--	--

<b><u>Documents given to Parents</u></b>	<input type="checkbox"/> IEP Placement Determination <input type="checkbox"/> Notification of Diploma Options	<input type="checkbox"/> A written description of each assessment tool listed on the parent permission <input type="checkbox"/> Disclosure Statement for Electronic Paperwork <input type="checkbox"/> Supported Decision Making Information (students 8 <sup>th</sup> grade and above)
--	--	---

### MEETING PARTICIPANTS

<b>PARENT(S)</b>	<u>Print name</u>	<u>Signature</u>
<b>Parent</b>		
<b>Parent</b>		

**PROCEDURAL SAFEGUARDS**     Accepted **OR**     Declined

I would like to receive my child's special education paperwork:     paper copy     electronic copy

email address: \_\_\_\_\_    Initials: \_\_\_\_\_

<u>Print name</u>	<u>Signature</u>
Student	
District Representative	
General Education Teacher	
Person Interpreting Evaluation	
Special Education Teacher	
Other	
Other	
Other	
Other	
Other	
Other	