Florence Unified School District
P.O. Box 2850 Florence, Arizona 85132
(520) 866-3500 Fax (520) 868-2302

Student: Brody Chacon Date: 05/02/2025 **Time of Meeting:** 2:00-3:30

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) MEETING AGENDA

Meeting Norms:

- **Be courteous and respectful**
- **Speak one at a time**
- **Everyone has the opportunity to participate**
- **Share and be open to the ideas and views presented**
- **Honor time limits and stay on task**

1. Welcome (review , purpose(s) meeting norms and the agenda)
2. Introductions (including roles and responsibilities)
3. Procedural Safeguards given
4. Review Meeting Notice
5. IEP Cover Page & Signature Participation Page
6. Present levels of academic achievement and functional performance (PLAAFP)
7. Transition Plan
8. IEP Consideration Page (consideration of special factors)
9. Measurable annual Goals
10. IEP Accommodations
11. AT Consideration Page
12. Review ESY eligibility
13. IEP Assessments (State test or alternate test, district assessments, and accommodations)
14. Services
    a. Special Education Services
    b. Related Services
    c. Supplementary aids and Services
    d. Supports for school personnel
15. LRE statement (to what extent is the student participating in gen ed and justification)
16. Conclusion (review any requests and decisions made or any areas that need clarification)
17. Parking Lot
18. Adjournment of Meeting

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*Parking Lot Date/Time to discuss Parking Lot (if not at the end of the meeting: _____

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Person Requesting	Request	Response	Reason