



## IEP Toolbox

# What to Bring to the IEP Meeting

### FOR THE SPECIAL EDUCATION TEACHER

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> A copy of the current IEP. <span style="float: right;">✕</span>                  |   |   |  |
| 1. Assessment Information/<br><i>Academic</i>   | Formal:   | <input type="checkbox"/> Criterion Referenced Testing<br><input type="checkbox"/> State or Alternative Assessment<br><input type="checkbox"/> District Level Assessments<br><input type="checkbox"/> Grades |  |
|   | Informal:   | <input type="checkbox"/> Functional Information<br><input type="checkbox"/> Developmental Information<br><input type="checkbox"/> Data Sheets<br><input type="checkbox"/> Teacher Observations              |  |
| 2. Assessment Information/<br><i>Behavioral</i>   | Formal:::   | <input type="checkbox"/> Behavior Checklist<br><input type="checkbox"/> Conduct Grades<br><input type="checkbox"/> Functional Behavioral Analysis   |  |
|   | Informal:   | <input type="checkbox"/> Teacher Observation<br><input type="checkbox"/> Data Sheets  |  |
| 3. Information re:<br>Present level of<br>Educational<br>Performance                                      | <input type="checkbox"/> LA<br><input type="checkbox"/> Math<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Reading<br><input type="checkbox"/> Science  | <input type="checkbox"/> Social Studies<br><input type="checkbox"/> Behavior<br><input type="checkbox"/> Electives |
| 4. Suggestions re:<br>IEP Goals   | <input type="checkbox"/> LA<br><input type="checkbox"/> Math<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Reading<br><input type="checkbox"/> Science  | <input type="checkbox"/> Social Studies<br><input type="checkbox"/> Behavior<br><input type="checkbox"/> Electives |
| 5. Information re:<br>Supplementary Aids<br>and Services  | <input type="checkbox"/> Adapted Tests: _____<br><input type="checkbox"/> Adapted Assignments: _____<br><input type="checkbox"/> Assistive Devices: _____   |   |  |
| 6. Information re:<br>critical needs related<br>to administration of<br>state test/district<br>assessment | <input type="checkbox"/> Individual administration _____<br><input type="checkbox"/> Small group administration _____<br><input type="checkbox"/> Oral responses _____<br><input type="checkbox"/> Use of typewriter/computer (writtencomp) _____<br><input type="checkbox"/> Oral administration _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |   |  |

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