Box Elder School District Annual Individualized Education Plan (IEP) Meeting Agenda (AGES 14-22) FILE COPY

| Student Name: | _ Grade: | _ Date: | | |
|---|-----------------------|-------------------|--------------------------------------|-----|
| The IEP Meeting Checklist is to be used as a guide for the IEP tea CAPS represent the areas of non-compliance that are addressed faction Plan and Program Improvement Plan. Check off required the front of the students' IEP for review. | or targeted impi | rovement in Bo | x Elder School District's Corrective | |
| □ Introductions: Each member introduces themselves and | their role in th | e meeting. | | |
| Parent/Special Education Teacher/REGULAR EDU | CATION TEAC | HER/LEA Rep | resentative/Student | |
| Other: | | · | | |
| □ Procedural Safeguards: Provide a copy for the parents a | – nd briefly revie | ew each requir | ed area. See the back of this p | age |
| for a summary of the Procedural Safeguard Summary. | • | • | • | Ü |
| Confidentiality | | | | |
| Discipline | | | | |
| Due Process | | | | |
| Carson-Smith Scholarships | | | | |
| Complaint Procedures | | | | |
| □ Review current IEP and progress made towards goal. | | | | |
| ☐ Develop statement(s) of needed transition services; | | | | |
| Student's course of study | | | | |
| Age of Majority (BEFORE STUDENT'S 17 TH BIRTH | IDAY) | | | |
| Complete Transition Plan (section 8 of Goalview) | | | | |
| ☐ Review graduation requirements and determine whether | | aduation subst | titutions/requirements will be | |
| amended. IEP MUST DOCUMENT ANY MODIFICATION REQUIREMENTS. | _ | | | |
| ☐ Review results of recent evaluation and student assessment | ents. | | | |
| ☐ Develop Present Levels of Academic Achievement and F | unctional Perfo | ormance (PLA | AFP) statements based on curre | nt |
| assessment data with parental input indicating how the stu | ident's ability a | affects his/her | l) involvement in and 2) progr | ess |
| in the general education curriculum. | | | | |
| ☐ Consider special factors: behavior, language, Braille, cor | nmunication, a | nd/or assistive | e technology. | |
| □ DEVELOP MEASURABLE GOALS that address each area | of need indica | ted in the PLA | AFP statement(s) INCLUDING | |
| CONDITIONS. | | | | |
| ☐ Develop short-term objectives. (Required for student w | ho take the Dy | ynamic Learnir | ng Maps or DLM) | |
| ☐ Determine what special education services will be provided | | | | |
| curriculum, advance toward attaining his/her goals, and be and typically developing children. | | | | ies |
| Determine how progress will be monitored and reporte | d to narents | | | |
| Consider appropriate program modifications, supports f | • | annal and/ar | cumplementant aids and comics | |
| that would provide an opportunity for the student to according | • | | • • | :5 |
| behavior, nursing, English Language Learner or ELL support | | | | |
| Determine the need for accommodations for district and | _ | | ting adaptations, etc.). | |
| DETERMINE AND DISCUSS THE AMOUNT OF TIME T | | | IDATE IN THE CENEDAL | |
| EDUCATION ENVIRONMENT DURING THE SCHOOL D | AY. | | | |
| DETERMINE IF STUDENT QUALIFIES FOR EXTENDED | SCHOOL YEA | R SERVICES. $($ | FOLLOW PROCEDURES | |
| PROVIDED IN THE ESY PACKET) | | | | |
| □ REVIEW AND DOCUMENT ALL WRITTEN PRIOR NO | FICE COMPON | NENTS. | | |
| Determine placement based on the student's needs in the MAINTAIN OR CHANGE PLACEMENT) | e LEAST RESTI | RICTIVE ENVII | RONMENT (LEA). (INITIAL, | |
| ☐ In an INITIAL PLACEMENT or coming from another dis | trict/state into | BESD Special E | Education, obtain consent from | |
| parent as to whether or not the District can seek Medicaid | reimbursemer | nt for services p | provided to their student. | |
| ☐ Sign IEP at the conclusion of the meeting. Ensure that pa | rents receive a | signed copy of | of documents. | |
| | | | | |