

Student Name: _____

Date: _____

IEP Date: _____

Team Members Participating

General Education Teacher: _____

Ancillary Staff/Others: _____

Special Education Teacher: _____

Building Administrator: _____

Parent(s): _____

Student Support Specialist: _____

Other: _____

Student's Areas of Need (relative to the eligibility area):

Academic Needs	Data	Opportunities Needed/Solutions	Person(s) Responsible
Reading			
Math			
Writing			
Other/Comments			

Social Needs	Data	Opportunities Needed/Solutions	Person(s) Responsible
Behavioral Needs	Data	Opportunities Needed/Solutions	Person(s) Responsible

Participation in General Education:

Independent Activities:	Amount of Time:	Person(s) Responsible
Supported Activities:	Amount of Time:	Person(s) Responsible
Additional Specialized Instruction:	Amount of Time:	Person Responsible