Seventh-day Adventist Education, British Columbia

IEP MEETING NOTES

Student: _____ **Grade:** _____ **Date:** _____

School: _____ **Minute Taker:** _____

Meeting Time Frame: _____

IN ATTENDANCE:

☐ Case Manager:	☐ Parents(s)/Guardian:
☐ Classroom Teacher(s):	☐ Classroom Teacher(s):
☐ Teaching Assistant(s):	☐ Counselor:
☐ Principal:	☐ Special Education Coord.:
☐ Vice Principal:	☐ Social Worker:
☐ Student:	☐ Other:

STUDENT STRENGTHS:

STUDENT NEEDS:

Seventh-day Adventist Education, British Columbia

IEP MEETING NOTES

PLAN OF ACTION:	PERSON RESPONSIBLE

SERVICES IN PLACE:

☐ Psychologist	☐ Counsellor	☐ Teacher Assistant	☐ Physiotherapist
☐ Speech Language Path.	☐ Occupational Therapist	☐ Child/Youth Care Worker	☐ R.C.M.P.
☐ MCFD – Foster Parent	☐ Vision Resource Teacher	☐ Hearing Resource Tchr.	☐ Key Worker
☐ MCFD – Social Worker	☐ Behaviour Specialist	☐ Tutor _____	☐ Other: _____

☐ **MINISTRY CATEGORY:** _____

☐ **MEDICATION:** _____

☐ **SAFETY PLAN**

☐ **POSITIVE BEHAVIOUR SUPPORT PLAN**

IEP REVIEW DATE / NEXT MEETING IS SCHEDULED FOR (DATE):