

## IEP Team Meeting Minutes

Student: \_\_\_\_\_ School: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Team Members: \_\_\_\_\_ Note Taker: \_\_\_\_\_

Parents Rights Given to Parent at Meeting **Yes No N/A**

Copy of IEP or Revisions Given to Parent at meeting **Yes No N/A If No date it will be given to Parent (mm/dd/yyyy)**

Copy of Evaluation Reports and Eligibility Form Given to Parent at Meeting **Yes No N/A If No date it will be given to Parent (mm/dd/yyyy)**

Copy of Prior Written Notice(s) Given to Parent **Yes No N/A If No date it will be given to Parent (mm/dd/yyyy)**

Copy of Meeting Minutes Given to Parent at Meeting **Yes**

Issue Discussed	Team Action	By Whom	By When

Student Name \_\_\_\_\_

Meeting Date \_\_\_\_\_

Issue Discussed	Team Action	By Whom	By When

Student Name \_\_\_\_\_

Meeting Date \_\_\_\_\_

Issue Discussed	Team Action	By Whom	By When

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Meeting Date \_\_\_\_\_

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Meeting Date \_\_\_\_\_

Issue Discussed	Team Action	By Whom	By When

Student Name \_\_\_\_\_

Meeting Date \_\_\_\_\_