

Mt. Diablo Unified School District
IEP TEAM MEMBER INPUT INTO THE DEVELOPMENT OF THE IEP

Date ____ / ____ / ____

Team Member Name: _____ Title: _____

An IEP meeting is scheduled for {INSERT STUDENT NAME} to be held on {INSERT DATE} at {INSERT TIME} in {INSERT LOCATION}. **You are expected to attend this meeting. If you are not able to attend your written input is required before the IEP meeting.**

Please complete and return this form to {INSERT NAME}, by {INSERT DATE}.

- Present grade in class:
- Are there any missing assignments or tests? No Yes If yes, specify:

- Is the student making progress in the general education curriculum? Yes No Describe:

- If the student has accommodations or modifications, are they working? Yes No If no, explain:

- Attendance:

- Is the student making progress on annual goals? Yes No Describe:

- Behavior:

- Work habits appropriate to student's level:
 - Follows directions:

 - Stays on task:

 - Works independently:

- Additional Comments: