IEP/IIIP/IFSP Staffing Agenda

Date: _____ **Time:**_____

Student Name: _____

Parent(s)/Guardian(s) Name: _____

IEP Manager Name: _____

To Do

✔ _____

✔ _____

✔ _____

✔ _____

Agenda Topics

*Mandatory

- ❑ **Introductions and Overview**
- ❑ **Parent Comments/Concerns**
- ❑ **Teacher Comments/Concerns**
- ❑ **Progress Reporting**
- ❑ **Assessments**
- ❑ **Services (*Audiological Services, Interpretation Services, Mental Health Services, Nursing Services, Occupational Therapy, Personal Care Assistant Services, Physical Therapy, Special Transportation, Speech Language Therapy*)**
- ❑ **Least Restrictive Environment ***

IEP/IIIP/IFSP Staffing Agenda

- ❑ **Annual Goals/Objectives**

- ❑ **Extended School Year (ESY) ***

*Mandatory

- ❑ **Adaptations/Special Considerations**

- ❑ **Transition Planning (Mandatory for students 14 and older*)**
  (Guardianship, Post Secondary Ed., Home & Daily Living, Rec. Leisure, Vocational, Community Participation)

- ❑ **Assistive Technology ***

- ❑ **Third Party Billing ***

- ❑ **Behavior Intervention Plans (BIP)**

- ❑ **Required Signatures**

- ❑ **Other _____**

- ❑ **Other _____**

IEP/IIIP/IFSP Staffing Agenda

❑ **Other** _____

Notes: _____

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