STUDENT NAME:_____   DATE OF MEETING: _____

INDIVIDUALIZED EDUCATION PROGRAM (CONFERENCE SUMMARY REPORT)

DATE OF MOST RECENT EVALUATION: DATE OF NEXT REEVALUATION:

PURPOSE OF CONFERENCE (Check all that apply)

☐Review of Existing Data   ☐Reevaluation   ☐IEP Review/Revision   ☐FBA/BIP   ☐Graduation   ☐Other:

☐Initial Evaluation/Eligibility   ☐Initial IEP   ☐Annual Review   ☐Manifestation Determination   ☐Secondary Transition

STUDENT IDENTIFICATION INFORMATION

STUDENT'S ADDRESS (Street, City, State, ZIP Code)		STUDENT'S DATE OF BIRTH	SIS ID NUMBER
☐MALE ☐FEMALE	ETHNICITY	LANGUAGE/MODE OF COMMUNICATION USED BY STUDENT	CURRENT GRADE LEVEL	ANTICIPATED DATE OF HIGH SCHOOL GRADUATION
PLACEMENT (To be completed after placement determination)	DISABILITY(S)		MEDICAID NUMBER
RESIDENT DISTRICT		RESIDENT SCHOOL	

PLACEMENT

SERVING DISTRICT	SERVING SCHOOL

PARENT INFORMATION

(1) PARENT'S NAME ☐EDUCATIONAL SURROGATE PARENT	(2) PARENT'S NAME ☐EDUCATIONAL SURROGATE PARENT
(1) PARENT'S ADDRESS (Street, City, State, ZIP Code)	(2) PARENT'S ADDRESS (Street, City, State, ZIP Code)
(1) PARENT'S EMAIL ADDRESS	(2) PARENT'S EMAIL ADDRESS
(1) PARENT'S TELEPHONE NUMBER (Include Area Code)	(2) PARENT'S TELEPHONE NUMBER (Include Area Code)
(1) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT	(2) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT

INTERPRETER SERVICES

☐Yes ☐No   Did the parent request, or otherwise indicate, that an interpreter was necessary to ensure meaningful parental involvement for this meeting?

☐Yes ☐No   If "Yes," was an interpreter provided for the meeting?

☐Yes ☐No   If "Yes," in what language was the interpretation provided? _____
Did the parent request that the interpreter serve no other role in the meeting?

If "Yes," was this request granted? Explanation:
_____

PROCEDURAL SAFEGUARDS

Explanation of Procedural Safeguards were provided to/reviewed with the parent(s) on _____

Language in which the Procedural Safeguards were provided to parent: _____

Transfer of Rights - Seventeen-year old student informed of his/her rights that will transfer to the student upon reaching age 18. ☐Yes ☐ N/A

Parent(s) were given a copy of the:

☐ Evaluation report and eligibility determination
Language in which the written materials were provided to parent:

☐ Three-Day Draft: The parent/guardian was provided copies of all written materials that will be considered by the IEP team via _____ on _____

Language in which the written materials were provided to parent:

☐IEP
Language in which the written materials were provided to parent:

☐District's behavioral intervention policies

☐ *Understanding PUNS: A Guide to Prioritization for Urgency of Need for Services*

☐ District's behavioral intervention procedures (initial IEP only)

STUDENT NAME:_____ **DATE OF MEETING:** _____

PARTICIPANT'S INFORMATION	

Signature indicates attendance. Check appropriate boxes to indicate which meetings were attended. Anyone serving in a dual role should indicate so on the following lines. If a required participant participated through written input or was excused from all or part of the IEP meeting, a written report or excusal should be attached, as required.

ELIGIBILITY REVIEW	IEP		ELIGIBILITY REVIEW	IEP	
☐	☐	_____ *Parent*	☐	☐	_____ *School Social Worker*
☐	☐	_____ *Parent*	☐	☐	_____ *Speech-Language Pathologist*
☐	☐	_____ *Student*	☐	☐	_____ *Bilingual Specialist*
☐	☐	_____ *LEA Representative*	☐	☐	_____ *Interpreter*
☐	☐	_____ *General Education Teacher*	☐	☐	_____ *School Nurse*
☐	☐	_____ *Special Education Teacher*	☐	☐	_____ *Other (specify)*
☐	☐	_____ *School Psychologist*	☐	☐	_____ *Other (specify)*

If the parent(s) did not attend the IEP meeting, document the attempts to contact them prior to such meeting:

☐ Yes   ☐ No   The meeting was scheduled at a mutually agreed on time and place

       Explanation: