

IEP Meeting Overview

Student: _____

Date: _____

Area of Disability: _____

<p>Strengths:</p> <p>Weaknesses</p>
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<p><u>Accommodations</u></p>

<p><u>Annual Goals</u></p> <ol style="list-style-type: none">1.2.3.4.

<p><u>Special Ed. Minutes per Week</u></p>

<p>NOTES:</p>

