

P352X The Vida Bogart School for All Children

IEP Meeting Notes/Minutes

Conference Date: _____

Student Name: _____ Disability: _____

ID Number: _____

Current D75 Program/Special Class	Status (Continue, Terminate, Modify)

Related Service	Mandate	Provider	Status (Continue, Terminate, Modify)

Medical Alerts/Dietary Needs: _____

Concerns:

Academic: _____

Social: _____

Physical: _____

Activities for Daily Living: _____

All Parents are entitled to Parent Counseling and Training: Parent Workshops are held throughout the school year to support parents. They are run by our school and the district. These workshops are listed as a Related Service. Are there any topics you would like to suggest? _____

Is the Student attending Summer School: **YES NO**

All students are YES on the IEP even if the parents do not plan to send them.

REVIEW GOALS: Were previous goals met? **YES NO** DISCUSS NEW GOALS: Is there anything Parent wants to add?
