



Public Schools of Robeson County

Exceptional Children's Program

IEP Team Meeting Minutes

Meeting Date: _____

Student Name: _____ Date of Birth: _____

School: _____ *LEA Rep: _____

*Regular Ed Teacher: _____ *Special Ed Teacher: _____

Parent: _____ Student: _____

Additional Titles & Signatures: _____

Meeting held to discuss the following:

<input type="checkbox"/> Ways to meet the educational need of your child	<input type="checkbox"/> Develop or change the IEP	<input type="checkbox"/> Exit
<input type="checkbox"/> Evaluation Results	<input type="checkbox"/> Change in Educational Placement/Category	<input type="checkbox"/> Discipline
<input type="checkbox"/> Develop/Change the transition component	<input type="checkbox"/> Re-evaluation	<input type="checkbox"/> Eligibility
<input type="checkbox"/> Annual review of the IEP, including placement	<input type="checkbox"/> Re-evaluation results	<input type="checkbox"/> Other

Persons invited to the meeting but did not attend include the following:

The parent(s) gave permission to continue the meeting without the above persons.

Parent/Guardian Signature

