

# FOR THE RELATED SERVICE PROVIDER: What to Think About Before the IEP Meeting

<p>1. Assessment Information/ Academic and Behavioral for This Student</p>	<p>Formal:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Developmental Scales</li> <li><input type="checkbox"/> Physical Measures (Range of motion, Manual muscle)</li> <li><input type="checkbox"/> Medical Assessment (Hearing, Vision, Medical, Neurological)</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p>Informal:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observations</li> <li><input type="checkbox"/> Anecdotal Records- Clinic Notes</li> <li><input type="checkbox"/> Data Sheets</li> <li><input type="checkbox"/> Assistive Technology</li> <li><input type="checkbox"/> Behavioral Checklist</li> <li><input type="checkbox"/> Checklists of Activities for Daily Living</li> <li><input type="checkbox"/> Other: _____</li> </ul>	
<p>2. Information Regarding Present Level of Educational Performance (PLEP)</p> <p><b>Consider the individual's disability, and its impact on access to the general curriculum.</b></p>	<p>Present Level of Educational Performance relative to related services.</p>	
<p>3. Suggestions Regarding IEP Goals</p> <p><b>Consider what will make the biggest difference for this student.</b></p>	<p><input type="checkbox"/> Specific Goal Focus: _____</p> <p><input type="checkbox"/> Current Performance: _____</p> <p><input type="checkbox"/> Goal: _____</p> <hr/> <p><input type="checkbox"/> Specific Goal Focus: _____</p> <p><input type="checkbox"/> Current Performance: _____</p> <p><input type="checkbox"/> Goal: _____</p> <hr/> <p><input type="checkbox"/> Specific Goal Focus: _____</p> <p><input type="checkbox"/> Current Performance: _____</p> <p><input type="checkbox"/> Goal: _____</p>	
<p>4. Information Regarding Supplementary Aids and Services for This Student</p>	<p><input type="checkbox"/> Classroom Supports (aides/related service providers/SPED providers): _____</p> <p><input type="checkbox"/> Teacher Supports (consultation/training): _____</p> <p><input type="checkbox"/> Assistive Devices (word processor/tape recorder): _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p>5. Information Regarding Administration of State and District-Wide Assessment for This Student</p>	<p><input type="checkbox"/> Take Test as Any Other Student Would</p> <p><input type="checkbox"/> Take Test With Accommodations- list currently used test-taking accommodations: _____</p> <p><input type="checkbox"/> Alternate Assessment</p>	

**\*\* Think About What's Best for This Student.\*\***