

Student Name: _____

IEP Meeting Date: _____

IEP Team Considerations
(The child's IEP must reflect these considerations.)

What are the strengths of the child?
How have the child's strengths been utilized to address the child's needs on the IEP?
What are the parents' concerns, if any, for enhancing the education of their child?
How are the parents' concerns for the education of their child addressed on the IEP?
Are there any potential harmful effects of the recommended placement on the student and/or the quality of services for the student? (Do the positive effects of the placement outweigh the potential harmful effects?)
Will the child participate in regular physical education or does the child require specially designed adapted physical education? (Children with disabilities only.)
Are extended school year services necessary since the benefits accrued to the child during the regular school term will be significantly jeopardized as a result of a break in educational programming? (Children with disabilities only.)

<p align="center">IEP Team Consideration of Evaluation Results and Special Factors</p>		<p align="center">If yes, where is this need addressed in the IEP?</p>
<p>Have the needs of the child which were identified in the most recent evaluation of the child, including observed needs and the child's performance on general State and district-wide assessments, been considered in the development of the child's IEP?</p>	<p align="center">Yes No</p>	
<p>Does the child's behavior impede his or her learning or that of others?</p>	<p align="center">Yes No</p>	
<p>If the child is blind or visually impaired, does evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), indicate that instruction in Braille or the use of Braille is appropriate for the child? (Children with disabilities only.)</p>	<p align="center">Yes No</p>	
<p>Does the child have limited English proficiency?</p>	<p align="center">Yes No</p>	
<p>Does the child have any special communication needs?</p>	<p align="center">Yes No</p>	
<p>If the child is deaf or hard of hearing, does the child have any special communication needs relating to opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, or opportunities for direct instruction in the child's language and communication mode? (Children with disabilities only.)</p>	<p align="center">Yes No</p>	
<p>Does the child require any assistive technology devices or services in order to be involved, and to progress in the general curriculum or to be educated in a less restrictive environment? (Children with disabilities only.)</p>	<p align="center">Yes No</p>	