

Student Led IEPs

(Form to prepare students to begin IEP Meetings)

Student Lead Information and Preparation

STUDENT NAME:		
Parents:		
Teachers:		
Counselor:		
Transition Specialist:		
Date of IEP:		
Date of Graduation:		
CHECKLIST		
<input type="checkbox"/>	Student is ready to introduce IEP Team (List team members from above).	
<input type="checkbox"/>	What is the student good at? What does the student enjoy doing?	
<input type="checkbox"/>	What is the students Post High School Transition Goal?	
<input type="checkbox"/>	Student challenges and how he/she is overcoming challenges	
<input type="checkbox"/>	Student current classes to meet transition goals	
<input type="checkbox"/>	Is the student using AT (Assistive Technology)? If so, what AT?	
<input type="checkbox"/>	Is the student enrolled in a CTE Program? If so, which program?	
<input type="checkbox"/>	Any other important information?	