**IEP Meeting Minutes**

**Date:** **Time Started:** **Time Finished:**

**People in attendance**

Parents/Carers:

Teacher/s:

Professional services:

**Performed**

In person Over the phone Via video conference

Via email communication (dates of emails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Meeting type**

Initial I.E.P. Review

**Parent concerns/hopes for their child by the end of the year**

**Goals/hopes for the future**

**Areas to monitor:**

**Additional notes:**