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Education Specialist Credential Candidate Observation of Individualized Education Program Meeting

Observation Setting Data:

Intern: _____ **Date/Time of Mtg.:** _____
School Name: _____ **District:** _____
Observer Name/Position: _____

Type of meeting: ≤ Initial ≤ Annual ≤ Triennial ≤ Other Type/Specify: _____

IEP Team Attendees (List names / positions of each):

- _____
- _____
- _____

Introduction & Agenda Details Observed (as handled by candidate):

Introductions of all and description of purpose of meeting described Copy of Agenda provided to all
 Time parameters reviewed Procedural Safeguards discussed Copy of assessment results available for parent(s)
 Reviewed page 1 w/parent(s) /teachers for accurate information Used jargon-free language throughout
 Maintained eye contact w all members of IEP team Interpreter seated next to parent(s) to translate as needed

Observations/Recommendations:

- _____
- _____
- _____

Meeting Component Delivery Observations (as handled by candidate):

Assessment Review Present levels of performance reviewed and interpreted w/o jargon. Assessments described and interpreted for understanding by all
 Questions regarding assessment process encouraged/answered

Comments/Recommendations:

- _____
- _____
- _____

Recommendations Developed by Team Description of Supplementary aids and services as needed Measurable annual goals established and agreed upon by all present. Benchmarks and/or progress monitoring methods established Student inclusion discussed in areas of general education inclusion extracurricular activities non-academic activity recommendations

Comments/Recommendations:

- _____
- _____
- _____

Service Delivery Model & Placement Assessment accommodations provided/described if needed Supplemental Aids/assistive technology described/provided if needed Other supplemental services described as needed Group decision regarding placement Clear descriptions of services provided in specific placement options All information in IEP accurately explained Checked for parental understanding throughout meeting Parent(s) part of IEP Team discussion, not spectator(s)

Comments/Recommendations:

- _____
- _____
- _____

Next Steps & Closing Signatures Description of timeline for service delivery to begin; where and how managed Team Meeting Notes read back to parent(s) prior to obtaining signatures Offer of FAPE included and documented in Team Meeting Notes page All signatures obtained at close of meeting Parent(s) provided copy of IEP documents at close of meeting (not next day)

Comments/Recommendations:

- _____
- _____
- _____

Overall IEP Team Meeting Administration & Management Observations:

Facilitation of meeting confidence level knowledge of material professional demeanor sensitivity to confidential concerns Handled ethical points of concern appropriately Placed IEP team members at ease

Comments/Recommendations:

- _____
- _____
- _____

Candidate strengths/competencies demonstrated during meeting:

- _____
- _____
- _____

Cooperating Teacher or other IEP Team Professional Observations/Comments:

- _____
- _____
- _____

Verification of IEP Competency Signatures:

_____	_____	
Credential Candidate/Print Name	Credential Candidate Signature	Date
_____	_____	
Intern Support Provider/Print Name	Intern Support Provider Signature	Date
_____	_____	
University Supervisor/Print Name	University Supervisor Signature	Date

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***Next Observation of IEP Meeting as required by School or Supervisor:** Date_____

Time_____

Specific administration and delivery steps and competencies to be addressed:

- _____
- _____
- _____
- _____
- _____
