Education Specialist Credential Candidate Observation of Individualized Education Program Meeting

Observation Setting Data:

Teacher Candidate: ___________________________ 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:
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**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:
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**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:
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**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:
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Candidate strengths/competencies demonstrated during meeting:
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Cooperating Teacher or other IEP Team Professional Observations/Comments:
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Verification of IEP Competency Signatures:

<table>
<thead>
<tr>
<th>Credential Candidate/Print Name</th>
<th>Credential Candidate Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinating Teacher/Print Name</td>
<td>Coordinating Teacher Signature</td>
<td>Date</td>
</tr>
<tr>
<td>University Supervisor/Print Name</td>
<td>University Supervisor Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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

Date_______
Time_______

Specific administration and delivery steps and competencies to be addressed:
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