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
• Time parameters reviewed
• Procedural Safeguards discussed
• Copy of Agenda provided to all
• 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:

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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:

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