



IEP CHECKLIST FOR MEETING

RICHMOND HILL HIGH SCHOOL | ISS DEPARTMENT
T. Alamarie Principal | J. Singh AP ISS

STUDENT NAME:	DATE OF MEETING:
CHECK IF APPLICABLE: <input type="checkbox"/> ENL <input type="checkbox"/> Alternately Assessed <input type="checkbox"/> Paraprofessional	

<input type="checkbox"/> Briefly summarize teacher reports & Failing classes
<input type="checkbox"/> Ask for Academic Concerns
<input type="checkbox"/> Ask for Social Concerns
<input type="checkbox"/> Ask for Physical Concerns/health
<input type="checkbox"/> Discuss: Grades/Attendance/Credits/Regent Exams/Graduation Track
<input type="checkbox"/> Compensatory Services
<input type="checkbox"/> Parent Survey refer to Transition Survey (<i>verify contact information</i>)
<input type="checkbox"/> Special Education Program
<input type="checkbox"/> Testing Accommodations
<input type="checkbox"/> Related Services
Additional Notes: