

 Southern Plains Education Cooperative 201 East 3rd Street Fairmont MN 56031-2829	Information Provided by Absent Team Member
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Student Name: Sample Student

Date of Meeting: _____

Team Member: _____

Student strengths/current functioning

Accommodations being provided to support participation in the general curriculum

Suggested changes to the IEP

Additional comments regarding the student

I understand it is my responsibility to be part of the Individualized Education Program (IEP) team and will share additional information as requested.

IEP Team Member unable to attend the IEP meeting

Date