**How Did IEP Meeting Go?**

**After your child’s IEP meeting is over, look at the following checklist to decide if the**

**meeting went well.**

|  |  |  |  |
| --- | --- | --- | --- |
| Was everyone listed on the meeting invitation at the meeting? | **YES** | **or** | **NO** |
| Were you introduced, as well as each team member? | **YES** | **or** | **NO** |
| Were you given the chance to ask questions? | **YES** | **or** | **NO** |
| Were your questions answered in a way that was easily understood? | **YES** | **or** | **NO** |
| Did the other team members seek your input on decisions or changes in the IEP? | **YES** | **or** | **NO** |
| Were you able to share things that you/your child would like to accomplish throughout the school term? | **YES** | **or** | **NO** |
| Did the team address and include your plans and/or concerns? | **YES** | **or** | **NO** |
| Does your child's IEP have goals and objectives that you think are important? | **YES** | **or** | **NO** |
| Does your child's IEP say when goals should be completed? | **YES** | **or** | **NO** |
| Are you satisfied with your child's IEP? | **YES** | **or** | **NO** |

If you checked **YES** to most of the questions on this list, you and the rest of your child’s IEP team have done a great job setting educational goals for your child☺

**BUT**

If you checked more than **2 NO’s**, you may need to talk to a member of your child’s IEP team. Or you can contact your county’s Parent Mentor for assistance.

Effingham County School District

Parent Mentor

Amy Ambrose

405 N. Ash St.

Springfield, GA 31329

912-754-5623 ext. 1152

Date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please return by May 20th.**