

# Barnstable Public Schools

## IEP Team Meeting Summary

Student's Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Type of Meeting: ☐ Initial ☐ Re-evaluation ☐ Review # ☐ Revision

### ELIGIBILITY:

The Team determined that your child is eligible for special education due to the following educational disability: \_\_\_\_\_

The team further determined that your child's disability is adversely affecting progress in the general curriculum and that he/she requires specialized instruction &/or related services.

### Services Recommended:

Goal Focus Area	Type of Service	Frequency of Service	Grid A: Indirect Services	Grid B: In Gen Ed Setting	Grid C: In Other Setting

### GOAL AREAS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ The Team discussed child's vulnerability to teasing, harassment, and/or bullying because of his/her educational disability. Action needed? Y or N \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Completed By: \_\_\_\_\_  
Signature Role

\*I have received a copy of the IEP Team Meeting Summary:

\_\_\_\_\_  
Parent/Guardian Signature Date