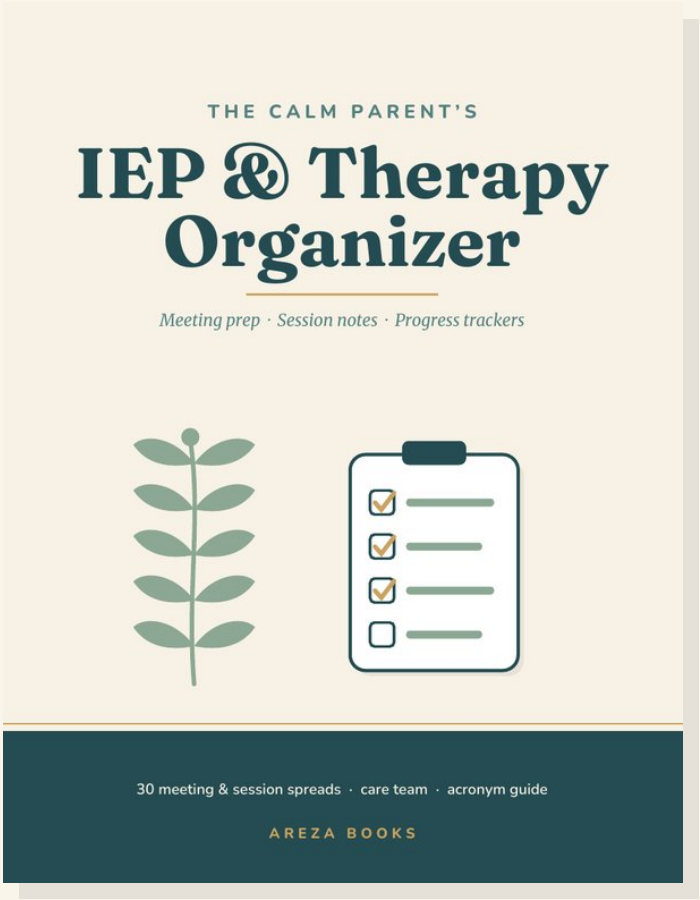

The Calm Parent's IEP & Therapy Organizer

Meeting prep, notes & trackers · Parents of children with special needs

IN THIS SAMPLE · PRINT AND ENJOY

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Acronym Cheat Sheet

IEP	Individualized Education Program: a written plan for special education services and supports for an eligible student.
IFSP	Individualized Family Service Plan: the early intervention plan for infants and toddlers (birth to 3).
504 Plan	A plan under Section 504 of the Rehabilitation Act that provides accommodations for students with disabilities.
IDEA	Individuals with Disabilities Education Act: the U.S. federal special education law.
FAPE	Free Appropriate Public Education: every eligible child's right under IDEA.
LRE	Least Restrictive Environment: learning alongside non-disabled peers as much as appropriate.
PLAAFP	Present Levels of Academic Achievement and Functional Performance: where your child is now (sometimes "PLOP" or "PLEP").
SDI	Specially Designed Instruction: teaching adapted to your child's needs.
ESY	Extended School Year: services during school breaks to prevent significant regression.
FBA	Functional Behavior Assessment: a process to understand why a behavior happens.
BIP	Behavior Intervention Plan: a plan to teach new skills and reduce challenging behavior, often based on an FBA.
PWN	Prior Written Notice: the school's written explanation when it proposes or refuses a change.
IEE	Independent Educational Evaluation: an evaluation by someone outside the school district.
LEA	Local Education Agency: the school district; its representative attends IEP meetings.

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SPREAD 1 OF 30

Pre-Meeting Priorities & Wins

Date: _____ With: _____

☐ IEP ☐ OT ☐ Speech ☐ ABA ☐ PT ☐ Doctor ☐ Other

MY TOP 3 PRIORITIES

1 _____

2 _____

3 _____

RECENT WINS TO SHARE

_____

_____

_____

QUESTIONS TO ASK

_____

_____

_____

_____

CONCERNS

_____

_____

_____

BRING ☐ Reports ☐ Work samples ☐ Last notes ☐ Questions list ☐ Calendar

NOTES

_____

_____

_____

_____

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Session Notes & Home Practice

WHAT WE WORKED ON / KEY POINTS

PROGRESS I HEARD ABOUT

NEXT STEPS · WHO DOES WHAT · BY WHEN

HOME PRACTICE PLAN

Activity	How often	M	T	W	T	F	S	S
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

Follow-up date: _____ **How I feel after:** ☐ calm ☐ okay ☐ stressed

NOTES

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