

IEP Team Action Page

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This job aid provides guidance on the Team Action and the Team Action Additional Information forms to record key elements of an IEP Meeting.

Follow the steps below to complete the Team Action form.

- Navigate to the student record.
- Open the Team Action form for the current event group.

TEAM ACTION

TEAM ACTION ADDITIONAL INFORMATION

<p style="text-align: center;">San Diego Unified School District EUGENE BRUCKER EDUCATION CENTER 4100 Normal Street, San Diego, CA 92103-2882 (619) 725-7600</p> <p style="text-align: center;">INDIVIDUALIZED EDUCATION PROGRAM - TEAM ACTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>STUDENT'S LAST NAME</td> <td>FIRST NAME</td> <td>MI</td> <td>BIRTH DATE</td> <td>AGE</td> <td>GRADE</td> <td>STUDENT ID</td> </tr> </table> <p style="text-align: center;">TEAM ACTION DATE: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Topic</th> <th style="width: 25%;">Explanation</th> <th style="width: 25%;">Action</th> <th style="width: 35%;">Responsible for Follow-up</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Recurrence</td> <td></td> <td>Date _____ Time _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 2. Additional Assessments</td> <td></td> <td>Location</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3. Referral(s) to agencies</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4. Additional item(s) (please specify):</td> <td></td> <td><input type="checkbox"/> Additional Information</td> <td></td> </tr> <tr> <td colspan="4" style="height: 100px;"></td> </tr> </tbody> </table> <p><input type="checkbox"/> 5. _____ Date: _____</p> <p><input type="checkbox"/> 6. Parent/Guardian/Student did not consent to the following portions of the IEP:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> 7. District response:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> 8. The following people were in attendance at the IEP (name/title) although their signatures do not appear on page 2 of the IEP.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center; font-size: small;">DISTRIBUTION: CONTAINER PARENT/GUARDIAN 1</p> <p style="text-align: center;"> <input type="button" value="Save and Print"/> <input type="button" value="Save in Place"/> <input type="button" value="Save and Close"/> </p>	STUDENT'S LAST NAME	FIRST NAME	MI	BIRTH DATE	AGE	GRADE	STUDENT ID	Topic	Explanation	Action	Responsible for Follow-up	<input type="checkbox"/> 1. Recurrence		Date _____ Time _____		<input type="checkbox"/> 2. Additional Assessments		Location		<input type="checkbox"/> 3. Referral(s) to agencies				<input type="checkbox"/> 4. Additional item(s) (please specify):		<input type="checkbox"/> Additional Information						<p style="text-align: center;">San Diego Unified School District EUGENE BRUCKER EDUCATION CENTER 4100 Normal Street, San Diego, CA 92103-2882 (619) 725-7600</p> <p style="text-align: center;">Individualized Education Program - Team Action Additional Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>STUDENT'S LAST NAME</td> <td>FIRST NAME</td> <td>MI</td> <td>BIRTH DATE</td> <td>AGE</td> <td>GRADE</td> <td>STUDENT ID</td> </tr> <tr> <td>ETHNICITY</td> <td>STUDENT LANGUAGE</td> <td>HOME LANGUAGE</td> <td>OPF</td> <td>GRADE</td> <td colspan="2"></td> </tr> <tr> <td>SCHOOL OF ATTENDANCE</td> <td>MARKING LOCATION</td> <td>SCHOOL OF RESIDENCE</td> <td colspan="4"></td> </tr> </table> <p style="text-align: right;">DATE: _____</p> <p><i>Please specify additional information relating to the IEP team action.</i></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div> <p style="text-align: center;"> <input type="button" value="Save and Print"/> <input type="button" value="Save in Place"/> <input type="button" value="Save and Close"/> </p>	STUDENT'S LAST NAME	FIRST NAME	MI	BIRTH DATE	AGE	GRADE	STUDENT ID	ETHNICITY	STUDENT LANGUAGE	HOME LANGUAGE	OPF	GRADE			SCHOOL OF ATTENDANCE	MARKING LOCATION	SCHOOL OF RESIDENCE				
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TEAM ACTION FORM

RECONVENE (an IEP Meeting)

Topic	Explanation	Action	Responsible for Follow-up
<input type="checkbox"/> 1. Reconvene		Date _____ Time _____ Location _____	

- **Explanation** - brief overview of what will be covered/discussed at the follow-up meeting
- **Action** - the tentative date, time and location for the follow-up meeting
- **Responsible for Follow-up** - state the job title of the person(s) responsible for the follow-up

ADDITIONAL ASSESSMENTS

Topic	Explanation	Action	Responsible for Follow-up
<input type="checkbox"/> 2. Additional Assessments		See drop down list below	

- **Explanation** – state the **type** of assessment the IEP Team is requesting
- **Action** – select the appropriate area that the assessments will address from drop down

- Academic Achievement
- Language/Speech/Communication Development
- Intellectual Development and Processing
- Social/Emotional/Adaptive Behavioral
- Motor Development
- Health
- Additional Assessments

- **Responsible for Follow-up** - state the job title of the person(s) responsible for the follow-up

REFERRAL(S) TO AGENCIES

Topic	Explanation	Action	Responsible for Follow-up
<input type="checkbox"/> 3. Referral(s) to agencies			

- **Explanation** – state the name of the agency to which the referral will be made.
- **Action** – i.e., "Contact will be made to ___ within ___ (time) and referral paperwork/application will be submitted."
- **Responsible for Follow-up** - state the job title of the person(s) responsible for the follow-up

ADDITIONAL ITEM(S) (PLEASE SPECIFY)

Topic	Explanation	Action	Responsible for Follow-up
<input type="checkbox"/> 4. Additional item(s) (please specify):		<input type="checkbox"/> Additional Information	

- **Topic/Explanation** – i.e., "Team reviewed and discussed OT assessment."
- **Action** – i.e. "IEP Team determined services are needed—OT 2 hrs/month"
- **Responsible for Follow-up** - state the job title of the person(s) responsible for the follow-up

The Team Action must state the purpose/reason on all supplemental IEPs.

* If additional space is needed check the box for **Additional Information**. Continue to follow the 'Topic/Explanation', 'Action', 'Responsible for Follow-up' format on the Team Action Additional Information page.

WRITTEN NOTICE DROP DOWN

<input type="checkbox"/> 5. <input type="text"/>	Date: _____
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- Written notice regarding initial identification of a student.
- Written notice regarding evaluation of a student.
- Written notice regarding educational placement of a student.
- Written notice regarding designated instruction and services for a student.
- Written notice regarding equipment and/or materials for a student.
- Written notice regarding training activities.

When Applicable –

- Select the appropriate Written Notice from drop down list and enter date sent.
- Indicate in Section 4 Additional Items the date the copy of Prior Written Notice was sent home.
- State: *"Copy of Prior Written Notice is filed in the container."*

PARENT/GUARDIAN/STUDENT CONSENT CONCERNS

<input type="checkbox"/> 6. Parent/Guardian/Student did not consent to the following portions of the IEP: <input type="text"/>

- This section is completed when full agreement to an IEP does not occur.
Be specific about portions of the IEP in agreement and in disagreement. List the following portions (with explanations) from the Signature Page:
 - Eligibility
 - Goals
 - Primary services
 - Related services
 - Implementation of IEP

DISTRICT RESPONSE

7. District response:

- State: *"District's offer of FAPE is ____"*
- State: *"District's response ____"* to identified portions of disagreement in # 6 above.

8. The following people were in attendance at the IEP (name/title) although their signatures do not appear on page 2 of the IEP.

List members of the IEP Team present that did not sign the signature page.