STUDENT STATUS REPORT for IEP Team Meeting scheduled for'			
Student Name	DOB	School	Grade:
Completed by:	Title		Report Date
Your input is very important. Please complete this report for the IEP Team meeting scheduled for this student.			
Please return this report to:	a	t	no later than
STUDENT PROFILE AND PROGRESS			
Describe the student's strengths:			
Describe parent concerns for enhancing the student's education:			
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Describe the student's anticipated needs or other matters:			
List the student concerns and priorities for his/her education considering involvement and progress in the general curriculum (if age-appropriate):			
Describe the student's progress toward current IEP annual goals and objectives (omit for initial IEPT meeting):			
Describe the student's progre	ess in the general cu	rriculum, where appı	ropriate:
Describe how the student's disability affects his/her involvement and/or progress in general education curriculum, including physical education?			
Identify deficit area(s) resulting from	n student's disability whi	ch require(s) special edu	ucation and/or related services:
(For preschool child, as appropriat	e) Describe how disabili	ty affects child's particip	pation in appropriate activities.
	OTHER FACTORS		

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