REMOTE INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETINGS

During COVID-19 related school closures, IEP meetings will continue remotely, such as over video chat or phone. Here are some tips for families and professionals on how to prepare for and manage a remote IEP meeting.

For Families:

- Confirm meeting date, time, and type of invitation, e.g. Microsoft Teams or Google Classroom. These platforms are compliant with FERPA (Family Educational Rights and Privacy Act). Both of these platforms give parents the option to call in using a telephone number and PIN, as well as the option to join remotely with video.

- If you are joining the meeting through a video platform, you may want to email the team and ask them to set up the screen, so you can see the IEP pages during the meeting. If desired, you can also request a Parent Member 72 hours before the meeting.

- You can elect to have special education records sent to you electronically via email. Special education records include any meeting notices, prior written notices, IEPs, assessments, progress reports, or other materials that you are requesting. Once you have these records, review them before the meeting, so that you can write down questions that you may want to ask during the meeting.

- Use the Parent Survey (https://bit.ly/2xXvZvp) tool to preview the kinds of questions that will be discussed at the meeting. This will help you participate during the meeting.

- Review last year’s IEP, including goals and progress notes, or contact each provider for an update. This will prevent you from being caught off guard by any changes to recommendations they might be suggesting.

- Talk with your child to determine what is helping and what isn’t. Work together on the student survey (https://bit.ly/3aTdKGd) to ensure your child’s voice is part of the IEP. If your child is 14 or older, ask them to attend. Use the survey to have a pre-meeting with your child to prepare.

- At the meeting, listen for understanding rather than listening to respond. Keep the surveys handy to help you (and your student) focused. Ask the team to share their screen with the draft IEP as they go through each page so that you can see it and ask questions as needed.

- When the meeting is over, ask for a copy of the program recommendation page to confirm your understanding of what has been recommended. Ask when the IEP will be available and how it will be shared with you.

- As with any meeting, if there are problems that were not resolved, plan for further discussion.
For Schools:

- The IEP team must arrange for families, teachers and/or services providers to participate. All IEP attendees will be notified 7 days prior to the date of the meeting. The invite should include the date, time, phone number and access code for each meeting. Explain the process simply and encourage parents to try it. Attach a link to the NYS Procedural Safeguards to the email, so they have it to reference as needed.

- Inform all participants that they should be present for the entire duration of the meeting and that they will be actively participating throughout the meeting.

- Provide any new evaluation material to all team members 7 days prior to the meeting.

- Establish the online video conferencing connection several minutes before the meeting start time and test the dial-in phone number and PIN for the meeting before the conference call (15 minutes are recommended).

- Find a quiet location, minimizing external noise, and dedicate uninterrupted time for the duration of the meetings. The space should be quiet and free from distractions. Ensure that the background of the location is appropriate and professional for all video conferences. Present in the same professional manner as if it were a face-to-face meeting. Offer to share your screen as you go through each part of the IEP, so that everyone is following along.
PARENT SURVEY

Child’s name: ____________________________  Child’s Class: ____________________________

Name of Parent/Guardian who is completing this survey: ________________________________

How is your child with activities of daily living (basic self care tasks such as feeding,
toileting, grooming, etc.)?
____________________________________________________________________________
____________________________________________________________________________

Does your child have any chores or responsibilities at home? If so, what are they?
____________________________________________________________________________
____________________________________________________________________________

What is your child’s learning style?
____________________________________________________________________________
____________________________________________________________________________

Please share your child’s academic interests, preferences, and strengths:
____________________________________________________________________________
____________________________________________________________________________

What are some of the academic concerns that you have regarding your child? What do you
feel that your child struggles with academically?
____________________________________________________________________________
____________________________________________________________________________

Please share your child’s social strengths and weaknesses (Do they struggle to make friends?/
Do they make friends easily? Is he/she sensitive or shy? Is he/she very outgoing? etc.)
____________________________________________________________________________
____________________________________________________________________________

Do you have any concerns about your child’s social development?
____________________________________________________________________________
____________________________________________________________________________

Please share about your child’s physical development (motor and sensory development,
health, vitality, physical skills or limitations which can impact the learning process):
____________________________________________________________________________
____________________________________________________________________________

Does your child wear prescription eye glasses?  yes   no
*Does your child have any allergies? _______________ If yes, what are they? _______________

Does your child have asthma?  yes   no

Do you have any concerns about your child’s physical development?
____________________________________________________________________________
____________________________________________________________________________
Name: ________________________           Class: ___________________________

What are you interested in outside of school? Hobbies, interests, etc.
____________________________________________________________________________
____________________________________________________________________________

Do you struggle with any activities of daily living, such as personal hygiene, dressing, and eating?
____________________________________________________________________________
____________________________________________________________________________

Do you have any chores or responsibilities at home? If so, what are they?
____________________________________________________________________________
____________________________________________________________________________

What is your learning style/How do you learn best?
____________________________________________________________________________
____________________________________________________________________________

What are your academic interests, preferences, and strengths:
____________________________________________________________________________
____________________________________________________________________________

What is your favorite subject, and what is your favorite thing about school?
____________________________________________________________________________
____________________________________________________________________________

What are some of the academic concerns that you have? What do you feel that you struggle with academically?
____________________________________________________________________________
____________________________________________________________________________

What do you think teachers could do to help you in areas where you are struggling?
____________________________________________________________________________
____________________________________________________________________________

What are your social strengths and weaknesses (Do you feel that you struggle to make friends? / Do you make friends easily? Are you sensitive or shy? Are you very outgoing? etc.)
____________________________________________________________________________
____________________________________________________________________________

What are your physical strengths and weaknesses? (Are you athletic? What sports do you enjoy participating in? What other physical activities do you enjoy? Are there activities that are physically difficult for you?)
____________________________________________________________________________
____________________________________________________________________________

Do you wear prescription eye glasses?  yes       no
*Do you have any allergies? ________ If yes, what are they? _____________________

Do you have asthma?  yes       no