

# Exceptional Student Education

Teacher/Service Provider Input – IEP/EP/SP



Developmental Research School  
at the University of Florida

Student:	Grade:	Date:
<input type="checkbox"/> EP Team Meeting	<input type="checkbox"/> IEP Team Meeting	<input type="checkbox"/> SP Team Meeting
Teacher/Service Provider:		
Class/Subject/ESE Services		
Notes/Comments		
1. Describe the strengths of this student		
2. Describe this student's performance/progress (Please include your classroom data sources such as observations, work samples, and age appropriate transition assessments, if applicable.)		
3. Describe the areas of need for this student to ensure continued academic gains.		
4. Additional comments an/or concerns regarding this student:		
Student's current goal		
5. Recommendations for goals, support services, etc., if applicable:		

Teacher/Service Provider's Signature:

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