

IEP	Sca	ven	ger	Hu	nt

Name:	

1.	Find the signature page of your IEP. Name two people who attended your last IEP meeting.
	a
)	b How many goals are in your IEP?
2. 3.	What are two accommodations that you have for
J.	testing?
	a
	b
4.	What are two accommodations that you have in the classroom?
	a
	b
5.	When was your last IEP meeting?
6.	What are two strengths of yours as listed in your current IEP?
	a
	b
7.	What are two strengths of yours you would add to your IEP?
	a b
8.	How many minutes a week do you receive special
.	education services as indicated on your IEP?
9.	How many minutes are in a school week?
10.	What subjects do you receive help in according to your IEP?

11.	What classes do you go to with no supplementary aids?				
12.	What classes do you have (if any) that you receive supplementary aids?				
13.	Do you receive any related services?a. If yes, which ones?				
14.	What was the purpose of your last IEP meeting?				
	a. Initial eligibilityb. IEP review/revision				
	c. Reevaluation				
	d. Transition				
	e. Review of data				
	f. Termination of placement g. Initial IEP				
	h. Other				
15.	What is your disability?				
	What do you think that means?				
17.	What is your expected date of graduation?				
18.	What is your resident school district?				
19.	Who was the LEA representative at your last IEP meeting?				
20.	Name two sections of the IEP.				
	a				
	h.				