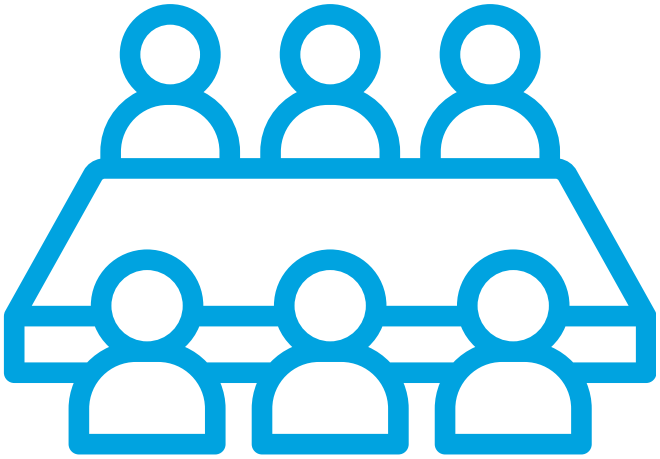
UNDERSTANDING MY IEP MEETING



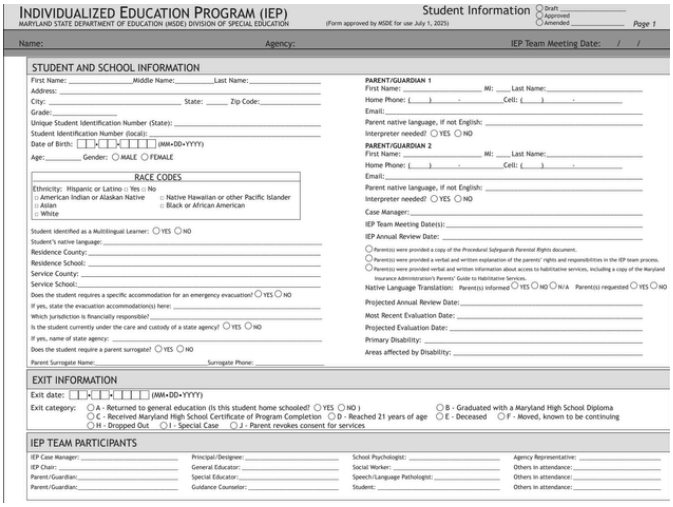
PURPOSE OF THE SOCIAL SCRIPT

This social script is to help you feel prepared and confident during your IEP meeting. The goal of this resource is to help you understand what will happen, practice what you want to say, and remind you that you are part of the team and everyone is there to support you.

General information, not legal advice. Rules differ by state; see your school's procedural safeguards notice. Reviewed October 2026.



I am going to my IEP meeting.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION

Student Information

(Form approved by MSDE for use July 1, 2025)

Page 1

Name: Agency: IEP Team Meeting Date: / /

STUDENT AND SCHOOL INFORMATION

First Name: Middle Name: Last Name:
Address:
City: State: Zip Code:
Grade:
Unique Student Identification Number (State):
Student Identification Number (local):
Date of Birth: (MM•DD•YYYY)
Age: Gender: MALE FEMALE

RACE CODES

Ethnicity: Hispanic or Latino Yes No
American Indian or Alaskan Native
Asian
White
Native Hawaiian or other Pacific Islander
Black or African American

Student identified as a Multilingual Learner: YES NO
Student's native language:
Residence County:
Residence School:
Service County:
Service School:
Does the student require a specific accommodation for an emergency evacuation? YES NO
If yes, state the evacuation accommodation(s) here:
Which jurisdiction is financially responsible?
Is the student currently under the care and custody of a state agency? YES NO
If yes, name of state agency:
Does the student require a parent surrogate? YES NO
Parent Surrogate Name: Surrogate Phone:

PARENT/GUARDIAN 1
First Name: MI: Last Name:
Home Phone: ( ) - Cell: ( ) -
Email:
Parent native language, if not English:
Interpreter needed? YES NO

PARENT/GUARDIAN 2
First Name: MI: Last Name:
Home Phone: ( ) - Cell: ( ) -
Email:
Parent native language, if not English:
Interpreter needed? YES NO

Case Manager:
IEP Team Meeting Date(s):
IEP Annual Review Date:
Parent(s) were provided a copy of the Procedural Safeguards Parental Rights document.
Parent(s) were provided a verbal and written explanation of the parents' rights and responsibilities in the IEP team process.
Parent(s) were provided verbal and written information about access to habilitative services, including a copy of the Maryland Insurance Administration's Parents' Guide to Habilitative Services.
Native Language Translation: Parent(s) informed YES NO N/A Parent(s) requested YES NO
Projected Annual Review Date:
Most Recent Evaluation Date:
Projected Evaluation Date:
Primary Disability:
Areas affected by Disability:

EXIT INFORMATION

Exit date: (MM•DD•YYYY)
Exit category:
A - Returned to general education (Is this student home schooled? YES NO)
B - Graduated with a Maryland High School Diploma
C - Received Maryland High School Certificate of Program Completion
D - Reached 21 years of age
E - Deceased
F - Moved, known to be continuing
H - Dropped Out
I - Special Case
J - Parent revokes consent for services

IEP TEAM PARTICIPANTS

IEP Case Manager: Principal/Designee: School Psychologist: Agency Representative:
IEP Chair: General Educator: Social Worker: Others in attendance:
Parent/Guardian: Special Educator: Speech/Language Pathologist: Others in attendance:
Parent/Guardian: Guidance Counselor: Student: Others in attendance:

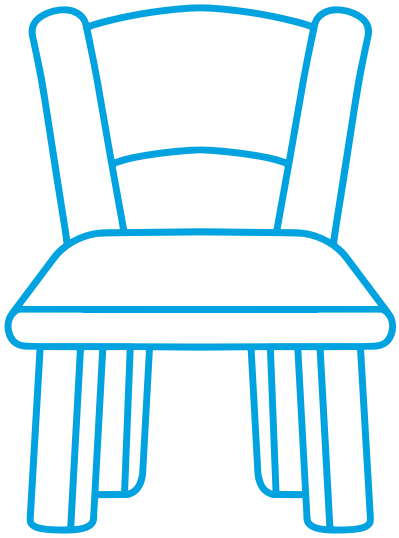
My IEP is my learning plan. It shows my teachers how to help me. We meet every year to check it.



I can get ready before the meeting. I can talk to my teachers or family about school. They can help me prepare.



My meeting will happen at school. My teacher and family will tell me the exact day and time.



When I walk into the meeting room, I will see an empty seat for me.



I will see many adults sitting at the table. My family and my teachers will be there. There might also be special helpers, translators, or invited guests.

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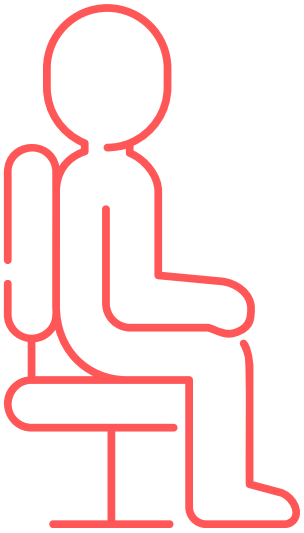


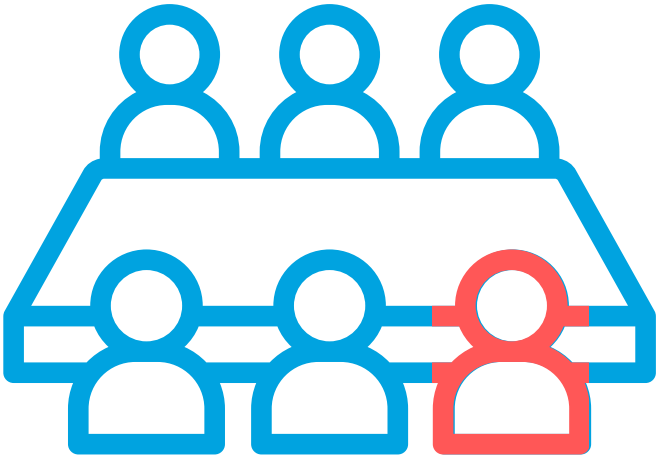
When I find my seat, I will sit down. I can greet the team by saying, "Hello everyone!"



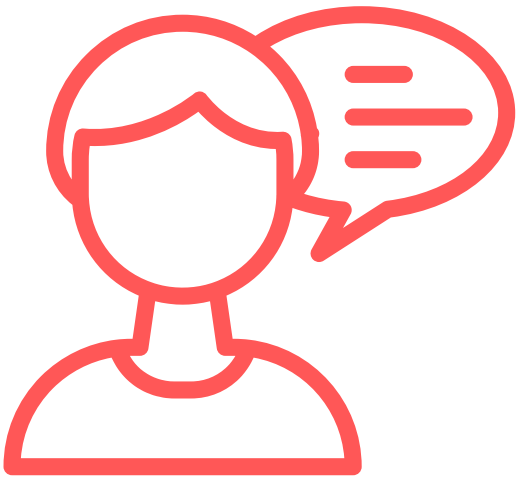
My teacher will start the meeting with introductions. When it is my turn, I will introduce myself. I can say, "Hello, my name is [Name], and I am in the [Number] grade."



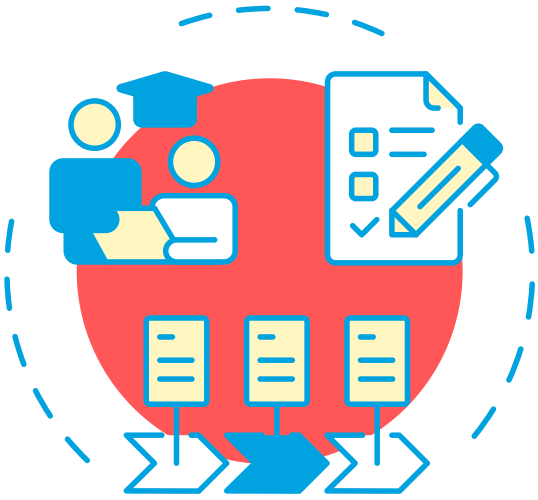
The adults will start talking about my schoolwork. I will listen quietly while they talk. If I want to speak, I can raise my hand.



In my meeting, people will talk about how I learn. My teachers and family will share what helps me. This helps my team understand me better.



I can also share what helps me learn. I can tell my team what I need. I can say, "It helps me when..."



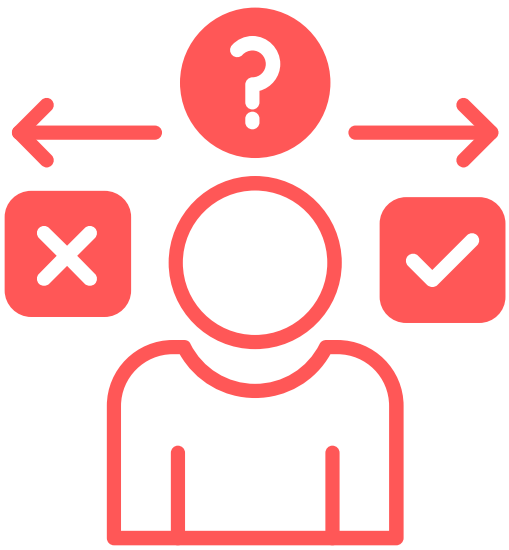
We will pick my goals together. We will write them down as a team. This is my new school plan.



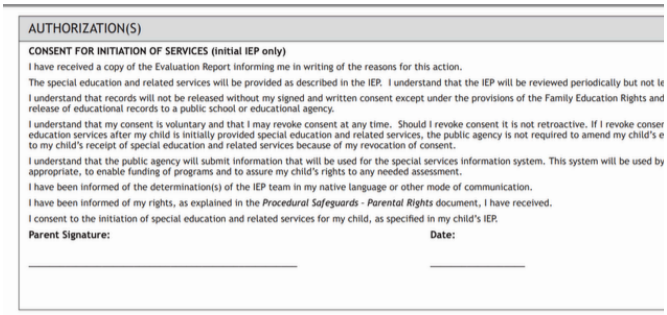
When it is my turn, I can ask questions or share my ideas. I can say:
"I like when..." or
"It is hard for me when..."
I can also say,
"It helps me when..."



Sometimes I might not understand what people are saying. When it is my turn, I can ask for help.
I can say,
"I do not understand," or
"Can you explain that?"



If I feel nervous, I can take a deep breath. I can ask for more time before I speak. I can say,
"I need some time to think about it."



AUTHORIZATION(S)

CONSENT FOR INITIATION OF SERVICES (initial IEP only)

I have received a copy of the Evaluation Report informing me in writing of the reasons for this action.

The special education and related services will be provided as described in the IEP. I understand that the IEP will be reviewed periodically but not le

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and release of educational records to a public school or educational agency.

I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent it is not retroactive. If I revoke conser education services after my child is initially provided special education and related services, the public agency is not required to amend my child's e to my child's receipt of special education and related services because of my revocation of consent.

I understand that the public agency will submit information that will be used for the special services information system. This system will be used by appropriate, to enable funding of programs and to assure my child's rights to any needed assessment.

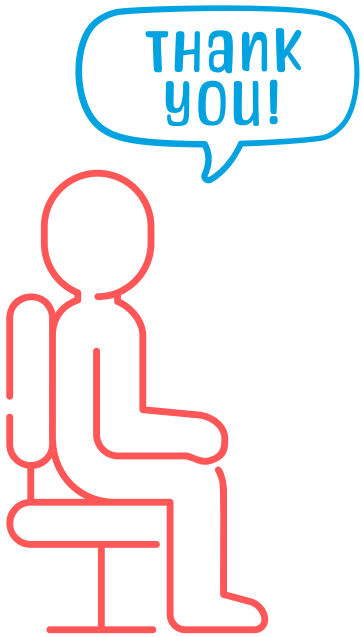
I have been informed of the determination(s) of the IEP team in my native language or other mode of communication.

I have been informed of my rights, as explained in the *Procedural Safeguards - Parental Rights* document, I have received.

I consent to the initiation of special education and related services for my child, as specified in my child's IEP.

Parent Signature: **Date:**

At the end, my caregiver will sign the draft of my IEP document or bring it home to review.



When the meeting is over, I can say, "Thank you." Then I will stand up and push in my chair.



My IEP meeting is finished. We made a plan to help me learn and succeed in school!