Arvin Union School District
737 Bear Mountain Boulevard
Arvin, CA 93203
661-854-6500

IEP Team Meeting Notes

(This page cannot be used alone. Attach to IEP being developed or to amendment)

Student _____ Summary of IEP? ☐ Yes ☐ No To be attached to IEP dated_____

Purpose of Meeting _____

_____

Date of Meeting _____

Comments/Additional Information _____

Signatures of parent and administrator/designee required. See previous page (R17) for additional participants.

_____ _____

Parent/Guardian/Surrogate Date Administrator Date