

IEP Checklist

<input type="checkbox"/> IEP distributed within 5 school days
<input type="checkbox"/> IEP not distributed within 5 school days

Please return this form with your corrected IEP for distribution

To		From	
RE		Date	

Page 1 ~ Cover Page

<input type="checkbox"/>	Current School/Home School/Next Yr
<input type="checkbox"/>	Grade
<input type="checkbox"/>	H.S. Credits
<input type="checkbox"/>	Most Recent Eval/Reeval Date
<input type="checkbox"/>	Next Reeval Date
<input type="checkbox"/>	Reason(s) for meeting (grade 9 up transition)
<input type="checkbox"/>	Primary Disability (just one)
<input type="checkbox"/>	Next Projected PPT Meeting
<input type="checkbox"/>	Next Annual Review Meeting
<input type="checkbox"/>	Eligible as Student with a Disability
<input type="checkbox"/>	Amendment (must have ED634)
<input type="checkbox"/>	Attendees in proper location

Page 2 ~ List of PPT Recommendations

<input type="checkbox"/>	PPT Recommendations (Required)
<input type="checkbox"/>	Summary (Optional)

Page 3 ~ Prior Written Notice

<input type="checkbox"/>	Actions Proposed, Reasons, Evaluation Procedures
<input type="checkbox"/>	Actions Refused (if applicable)
<input type="checkbox"/>	Implement Date (min 5 school days)
<input type="checkbox"/>	Evaluations, procedures, etc (dated the day they were conducted)
<input type="checkbox"/>	Row ____/Column ____ incomplete
<input type="checkbox"/>	Exit Data (if applicable) all 3 spaces
<input type="checkbox"/>	Procedural Safeguards (check only 1)

Pages 4 and 5 ~ Present Levels

<input type="checkbox"/>	Parent & Student Input/Concerns
<input type="checkbox"/>	Current Performance
<input type="checkbox"/>	Strengths
<input type="checkbox"/>	Concerns/Needs (must have a goal)
<input type="checkbox"/>	Age Appropriate Skills (if applicable)

Page 6 ~ Transition Planning

<input type="checkbox"/>	1. N/A if not going to grade 9-12
<input type="checkbox"/>	2. All Others Check Box 2
<input type="checkbox"/>	2. a) If applicable: Student Must be Invited
<input type="checkbox"/>	b) Did Student Attend?
<input type="checkbox"/>	c) How preferences/Interests are Noted
<input type="checkbox"/>	3. Age Appropriate Trans Ass & Date Adm
<input type="checkbox"/>	4. Agency Part.- Check Y or N. If N Reason
<input type="checkbox"/>	5. PSOGS and Trans. Services (All Students Must Have at Least 2 Goals- Post Secondary Ed/Training and Employ) Check Boxes and Write Goals
<input type="checkbox"/>	6. You must select first box and include an academic goal.
<input type="checkbox"/>	7. Must check a box
<input type="checkbox"/>	8. Specific Date for Summary of Performance

Page 7~ Goals & Objectives

<input type="checkbox"/>	For Transition Goal Associated with Education- Check only one box for each area (must have separate goals)
<input type="checkbox"/>	15+ - Check box (must complete pg 6)
<input type="checkbox"/>	Reporting Dates (MM/YY)
<input type="checkbox"/>	Eval Procedure/Performance Crit/ % Trials, etc/

Page 8 ~ Accommodation & Modifications

<input type="checkbox"/>	Sites and Durations
<input type="checkbox"/>	Bottom Box for consult, support

Page 9 ~ Testing Accommodations

<input type="checkbox"/>	Grade test is Scheduled
<input type="checkbox"/>	Checklist attached, if applicable

Page 10 ~ Special Factors

<input type="checkbox"/>	Check Appropriate Box Special Factors
<input type="checkbox"/>	Check Appropriate Box Progress Reporting
<input type="checkbox"/>	Check Appropriate Box Exit Criteria

Page 11 ~ Services

<input type="checkbox"/>	Start Date (5 days from IEP)
<input type="checkbox"/>	End Date (1 year from IEP or Annual Rev)
<input type="checkbox"/>	Both Responsible Staff & Implementer
<input type="checkbox"/>	Site
<input type="checkbox"/>	Description of participation Gen Ed
<input type="checkbox"/>	Total school hours (rec/sum/next rec)
<input type="checkbox"/>	SPED Hours (rec/sum/next rec)
<input type="checkbox"/>	TWNDP (rec/sum/next rec)

Page 12 ~ Placement Summary

<input type="checkbox"/>	3-5 Placement
<input type="checkbox"/>	Education Placement Location (from pg 11)
<input type="checkbox"/>	Reason for Placement (usually PPT)
<input type="checkbox"/>	If not home, where is student living
<input type="checkbox"/>	Projected graduation

LRE Checklist

<input type="checkbox"/>	Appropriate Boxes Checked
<input type="checkbox"/>	Administrator 's Signature Needed

Other Pertinent Forms (Must be attached to IEP)

<input type="checkbox"/>	Consent For Placement (ED626)
<input type="checkbox"/>	Consent for Testing (ED625 or ED627)
<input type="checkbox"/>	Reading Worksheet (ED630) for all testing
<input type="checkbox"/>	Math Worksheet (ED631) for all testing
<input type="checkbox"/>	Multidisciplinary Eval (ED629)
<input type="checkbox"/>	SED Worksheet
<input type="checkbox"/>	Attendance Waiver (ED633)
<input type="checkbox"/>	Amendment without a PPT (ED634)
<input type="checkbox"/>	Summary of Performance (ED635)