EARLY CHILDHOOD

**IEP CHECKLISTS**

Vermilion Association for Special Education

15009 Catlin-Tilton Road, Suite B

Danville, IL 61834

(217) 443-8273

(217) 443-0217 (fax)

Kristin Dunker, Director

[dunkerk@vase.k12.il.us](mailto:dunkerk@vase.k12.il.us)

Sarah Imhoff, Assistant Director

[imhoffs@vase.k12.il.us](mailto:imhoffs@vase.k12.il.us)

Shelly Nale, Technical Assistant for EC

[nales@vase.k12.il.us](mailto:nales@vase.k12.il.us)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN MEETING-INITIAL EVALUATION**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days Requirement to hold meeting (if applicable)

□ Parent/Guardian Excusal of an IEP Team Member (attach written reports of excused members if appropriate)

□ Conference Summary Report (Includes Demographics Page and Attendance Sheet)

□ Parent/Guardian Notification of Decision Regarding a Request for an Evaluation

(attach **WRITTEN** Parent Request for Evaluation if available)

**If evaluation deemed appropriate, please add:**

□ Parent/Guardian Consent for an Initial Evaluation – (Includes parent signature for evaluation and **Domain Matrix)**

□ Additional Notes

□ Were Parental Rights Reviewed? Date:\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

REQUESTED INITIAL EVALUATION - NO MEETING HELD

**EVALUATION NOT APPROPRIATE**

*Parent/Guardian Notification of Decision Regarding A Request For An Evaluation*

*(Attach* ***Written*** *Parent Request for Evaluation)*

**Note:** If a written request is unavailable, please assist the parent in writing a request to attach.

Copies sent to:

Parent

Case Manager

Home School District

Original sent to VASE on \_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN + ELIGIBILITY IEP**

**WITH NO ADDITIONAL DATA NEEDED**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice

□ Parent/Guardian Excusal of IEP Team Member (attach written report of excused member if appropriate)

□ Conference Summary Report (Includes Demographics Page and Attendance Sheet)

□ Parent/Guardian Notification of Decision Regarding a Request for an Evaluation

***(Check that evaluation* is a*ppropriate even if no additional information is required)***

□ Parent/Guardian Consent for Initial/Re-evaluation Evaluation – (Includes parent signature for evaluation and **Domain Matrix**

□ Documentation of Evaluation Results

□ Eligibility Determination (must be hand written-enter into EmbraceIEP after meeting)

**Reminder-Hand write eligibility on the conference summary page**

□ Eligibility Criteria Checklists for all Disabilities Considered

□ Applicable Evaluation Reports & Protocols (Psychological, Social Developmental Study, Speech, OT, PT, etc.)

□ Parent/Guardian Notification of Conference Recommendations (eligibility must be hand written-enter into EmbraceIEP after meeting)

**If eligible, then include these IEP pages:**

□ Present Levels of Academic Achievement and Functional Performance

□ Goals and Objectives/Benchmarks **\_\_\_\_\_: Number of goal pages**

□ Educational Accommodations and Supports

□ Assessment

□ Educational Services and Placement

**Reminder-Hand write placement on the conference summary page**

□ Functional Behavioral Assessment and Behavior Intervention Plan (if applicable)

□ Autism Considerations (EDC Determination of Autism Only)

□ Remote Learning Plan

□ Parent/Guardian Consent for Initial Provision of Special Education Placement

□ Additional Notes

□ Early Childhood Outcomes **Entry** Form **MUST HAVE IF INITIAL IEP**

□ EI to EC tracking page-completed with eligibility information (**CFC** referrals only)

□ Were Parental Rights Reviewed? Date:\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN MEETING – REEVALUATION**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)

□ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if applicable)

□ Conference Summary Report (Includes Demographics Page and Attendance Sheet)

□ Parent/Guardian Consent for a Reevaluation – (Includes parent signature for evaluation and **Domain Matrix**)

□ Parent/Guardian Notification of Decision Regarding a Request for an Evaluation

□ Additional Notes

□ Were Parental Rights Reviewed? Date:\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**Eligibility Determination Conference + Initial IEP**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)

□ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if appropriate)

□ Conference Summary Report (Includes Demographics Page and Attendance Sheet)

□ Documentation of Evaluation Results

□ Eligibility Determination (must be hand written-enter into EmbraceIEP after meeting)

**Reminder-Hand write eligibility on the conference summary page**

□ Eligibility Criteria Checklists for all Disabilities Considered

□ Applicable Evaluation Reports & Protocols (Psychological, Social Developmental Study, Speech, OT, PT, etc.)

□ Parent/Guardian Notification of Conference Recommendations (eligibility must be hand written-enter into EmbraceIEP after meeting)

**If eligible, then include these IEP pages:**

□ Present Levels of Academic Achievement and Functional Performance

□ Goals and Objectives/Benchmarks **\_\_\_\_\_: Number of goal pages**

□ Educational Accommodations and Supports

□ Assessment

□ Educational Services and Placement

**Reminder-Hand write placement on the conference summary page**

□ Functional Behavioral Assessment and Behavior Intervention Plan (if applicable)

□ Parent/Guardian Consent for Initial Provision of Special Education and Related Services

□ Autism Considerations Checklist (EDC Determination of Autism Only)

□ Remote Learning Plan

□ Additional Notes

□ Early Childhood Outcomes **Entry** Form (**MUST HAVE IF INITIAL IEP)**

□ EI to EC tracking page-completed with eligibility information (**CFC** referrals only)

□ Were Parental Rights Reviewed? Date:\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**ANNUAL REVIEW**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)

□ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if appropriate)

□ Conference Summary Report (Includes Demographics Page and Attendance Page)

□ Present Levels of Academic Achievement and Functional Performance

□ Goals and Objectives/Benchmarks **\_\_\_\_: Number of goal pages**

□ Educational Accommodations and Supports

□ Assessment

□ Educational Services and Placement **HANDWRITTEN**

**\*\*Handwrite the placement on the Conference Summary Report\*\***

□ Functional Behavioral Assessment (if applicable)

□ Behavior Intervention Plan (if applicable)

□ Autism Considerations Checklist (EDC Determination of Autism Only)

□ Remote Learning Plan

□ Additional Notes

□ Parent/Guardian Notification of Conference Recommendations

□ Goals and Objectives/Benchmarks with Documented Progress from Previous IEP

□ Related Service Provider Log (do not attached to Parent’s IEP copy unless specifically requested—just school & VASE copy)

□ Were Parental Rights Reviewed? Date:\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Did you complete the Early Childhood Outcomes Progress Rating if the meeting took place between February 1st and July 31st?**

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**IEP REVIEW ONLY – MEETING HELD**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)

□ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if applicable)

□ Conference Summary Report (Includes Demographics Page and Attendance Page)

□ All IEP pages that had changes made

□ Additional Notes (with explanation of why changes were made)

□ Parent/Guardian Notification of Conference Recommendations

**Note: Did you complete the Early Childhood Outcomes Progress Rating if the meeting took place between February 1st and July 31st?**

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**IEP AMENDMENT**

**(No Meeting Required)**

IEP Amendments can be completed for **minor** changes to an IEP only. Changes in **placement** may not be made through an amendment.

□ Parent/Guardian Notification of IEP Amendment

□ All Revised IEP Pages

□ Additional Notes (if necessary)

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

* Home School District
* Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.