**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_Initial** | **\_\_\_Review** | **\_\_\_Transfer** | **\_\_\_Amendment** |
| **IEP Meeting Date** | **IEP Implementation Date** | **IEP End Date** | **Last Evaluation Date** |
|  |  |  |  |
|  | **Referral Needed \_\_\_Yes** **\_\_\_No** |  |

**IEP Paperwork**

|  |
| --- |
| **IEP** |
| 1. IEP
 | Teacher Checklist | C.O. Checklist |
| * 1. Meeting Date
 |  |  |
| * 1. Implementation Date (one day after meeting date OR 10 days after meeting date if parent did not attend)
 |  |  |
| * 1. Ending Date (one day prior/one year later than meeting date)
 |  |  |
| 1. Present Levels of Academic Achievement and Functional Performance
 | *Are these Addressed?* |
| * 1. Results of state and district assessments
 |  |  |
| * 1. Results of initial or most recent evaluation (data given with explanation of scores)
 |  |  |
| * 1. Description of academic and Functional Strengths (must be data driven)
 |  |  |
| * 1. Parental concerns regarding their child’s education (must have a comment)
 |  |  |
| * 1. Impact of Disability in general education curriculum
 |  |  |
| 1. Consideration of Special Factors
 | *Are these Addressed?* |
| * 1. Communication
 |  |  |
| * 1. Assistive Technology
 |  |  |
| * 1. Alternate Formats
 |  |  |
| * 1. Behavior Intervention Plan
 |  |  |
| * + 1. If yes, is one addressed
 |  |  |
| * 1. Limited English Proficiency (only if student is)
 |  |  |
| 1. Transition Service Plan
 | *Are these Addressed?* |
| * 1. Preferences, Strengths, Interests and Course of Study based on PLAAFP & Age Appropriate Transition Assessments
 |  |  |
| * 1. Desired Measureable Post Secondary/Outcome Completion
 |  |  |
| * 1. Employment-Minimum of 2 goals addressed
 |  |  |
| * 1. Education/Training-Minimum of 2 goals addressed
 |  |  |
| 1. Measurable Annual goals & Short Term Objectives/Benchmarks
 | *Are these Addressed?* |
| * 1. Minimum of 2 Objectives ***Per*** Goal
 |  |  |
| * 1. Goal/Objective End Dates are ***within*** IEP Dates
 |  |  |
| 1. GAA Decision
 | *Are these Addressed?* |
| * 1. GAA Decision Determined
 |  |  |
| 1. Accommodations for State Required Assessments
 | *Are these Addressed?* |
| * 1. Accommodations addressed
 |  |  |
| 1. Participation Guidelines for the Math Rubric
 | *Are these Addressed?* |
| * 1. (**High School**) Math Rubric Final Decision-***If Applicable***
 |  |  |
| 1. Student Supports
 | *Are these Addressed?* |
| * 1. Classroom Testing Accommodations
 |  |  |
| * 1. Classroom Testing Modifications
 |  |  |
| * 1. Instructional Accommodations
 |  |  |
| * 1. Instructional Modifications
 |  |  |
| * 1. Supplemental Aids and Services
 |  |  |
| * 1. Support for School Personnel
 |  |  |
| 1. Extended School Year
 | *How are these Addressed?* |
| * 1. Extended School Year Needed ***(If yes, contact C.O.)***
 | *Yes* ***OR*** *No* | *Yes* ***OR*** *No* |
| * 1. Extended School Year Deferred? *(you will hold another meeting to determine if needed)*
 | Yes ***OR*** No | Yes ***OR*** No |
| 1. Transportation
 | *How are these Addressed?* |
| * 1. Special Transportation Needed?
 | *Yes* ***OR*** *No* | *Yes* ***OR*** *No* |
| 1. Special Education Services
 | *Are these Addressed?* |
| * 1. Placement option(s) Considered? ***(More than one must be addressed, even if committee determines not appropriate.)***
 |  |  |
| * 1. Instructional/Related Services in General Education Classroom
 |  |  |
| * + 1. Beginning Date is the Date of Implementation
 |  |  |
| * + 1. Ending Date is the End date of the IEP
 |  |  |
| * 1. Instructional/Related Services Outside the General Education Classroom
 |  |  |
| * + 1. Beginning Date is the Date of Implementation
 |  |  |
| * + 1. Max Date is the End date of the IEP or sooner
 |  |  |
| * 1. If removed from the general education environment, reasons why the student will not participate with peers without disabilities in the regular class and/or in nonacademic and extracurricular activities
 |  |  |
| 1. Meeting Outcomes and Forms Sent to Parents
 |  |  |
| * 1. Meeting Minutes Typed Into IEP
 |  |  |
| * 1. Parent gave Consent to Place, if applicable
 |  |  |
| * 1. Student was found eligible for special education services, if applicable
 |  |  |
| * 1. Meeting Attendees (signatures on IEP)
 |  |  |
| * 1. Documents provided to the parents
 |  |  |
| * 1. Date Documents Provided to the Parents
 |  |  |
| * 1. Documents provided to Parents by (listed on IEP)
 |  |  |
|  **Forms-(Required Forms to Attach)** |
| 1. Contact Record (From GoIEP)
 |  |  |
| 1. Reevaluation/Redetermination Report (complete every 3 years-not applicable yearly) (If yes, and evaluation determined-referral packet should be submitted)
 |  |  |
| 1. Notice of Special Education/IEP Placement/Committee Meeting-*with documented attempts to reach the parent or a signed copy*
 |  |  |
| 1. Progress Reports with progress documented clearly with data
 |  |  |
| 1. Summary of Performance *(if applicable)*
 |  |  |