**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)* |  |  |