K-12

**IEP CHECKLISTS**

Vermilion Association for Special Education

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Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN MEETING-INITIAL EVALUATION**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days for Meeting Notice (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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student’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 \_\_\_\_\_\_\_\_\_\_.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN MEETING – REEVALUATION**

□ Parent/Guardian Notification of Conference

□ Parent/Guardian Waiver of 10 Days 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 Re-Evaluation – (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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN + ELIGIBILITY DETERMINATION CONFERENCE FOR RE-EVALUATION**

**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 Re-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)

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

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

NOTES:

**If a meeting is held** without **the Annual Review, you** MUST **indicate on the Additional Notes/ Information or on the Parent/Guardian Notification of Conference Recommendations that** “The Previous IEP dated \_\_\_\_\_\_\_ was reviewed and remains in effect.”

**If held along** with **the Annual Review, please see the Annual Review checklist.**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**DOMAIN + ELIGIBILITY DETERMINATION CONFERENCE FOR INITIAL EVALUATION**

**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 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)

**Copies sent to:**

□ Parent/Guardian

□ Case Manager

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

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

ELIGIBILITY DETERMINATION CONFERENCE

Parent/Guardian Notification of Conference

Parent/Guardian Waiver of 10 Days for Meeting Notice (If Applicable)

Parent/Guardian Excusal of an Individualized Education Program Team Member

(With written report attached) - If Appropriate

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

Documentation of Evaluation Results

Eligibility Determination

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

Eligibility Criteria Checklist(s) for Disabilities Considered

(use of Specific Learning Disability page is discretionary)

Additional Notes/Information

Applicable reports – Psychologist, Social Worker, S/L Pathologist, OT, PT, etc.

Parent/Guardian Notification of Conference Recommendations

Parent/Guardian Consent for Initial Provision of Special Education

Placement (required for initial IEP)

Were Parental Rights Reviewed? Date:\_\_\_\_\_\_\_\_\_\_By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies sent to:

Parent

Case Manager

Home School District

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

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**□ INITIAL IEP OR □ ANNUAL REVIEW**

□ 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)

□ Transition Consent (students 16 and older)

□ Parent/Guardian & Student Notification of Transfer of Rights Due to Age of Majority (At age 17)

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

□ Present Levels of Academic Achievement and Functional Performance

□ Secondary Transition (**Student is or WILL TURN 14 ½ during the duration of the IEP)**

□ Transition Assessments Attached (Age 14 ½ during the duration of the IEP)

□ Indicator 13 Checklist (Age 14 ½ during the duration of the IEP)

□ Goals and Objectives/Benchmarks: \_\_\_\_\_ Number of Goal Pages

□ Educational Accommodations and Supports

□ Assessment (**Include DLM participation guidelines for students eligible for DLM)**

□ Educational Services and Placement

□ Functional Behavior Assessment-(If appropriate)

□ Behavior Intervention Plan-(If appropriate)

□ Autism Considerations (for students with the IEP Eligibility label of Autism only)

□ Remote Learning Plan

□ Parent/Guardian Consent for Initial Provision of Special Education and Related Services (**required for Initial IEP only**)

□ Goals and Objectives/Benchmarks with Documented Progress from Previous IEP (**AR Only)**

□ Additional Notes/Information

□ Parent/Guardian Notification of Conference Recommendations

□ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies sent to:

□ Parent/Guardian □ Case Manager □ Home School District

□ Original sent to VASE on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

IEP REVIEW ONLY - MEETING HELD

Parent/Guardian Notification of Conference

Parent/Guardian Waiver of 10 Day for Meeting Notice (If Applicable)

Parent/Guardian Excusal of an Individualized Education Program Team Member

(With written report attached) - If Appropriate

Conference Summary Report (Includes Demographics Page and Attendance Sheet)

All IEP pages where changes were made

Additional Notes/Information (Explanation of changes made)

Parent/Guardian Notification of Conference Recommendations

Copies sent to:

Parent

Case Manager

Home School District

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

Student’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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

**MANIFESTATION DETERMINATION**

Parent/Guardian Notification of Conference

Parent/Guardian Waiver of 10 Days for Meeting Notice (If Applicable)

Parent/Guardian Excusal of an Individualized Education Program Team Member

(With written report attached) - If Appropriate

Conference Summary Report- (Includes Demographics Page & Attendance Sheet)

Manifestation Determination Page

Parent/Guardian Notification of Conference Recommendations

Additional Notes

\*\***If change of placement is discussed or determined appropriate, these updated pages must be attached and additional notes must reflect the discuss that occurred\*\***

**IF FOUND TO BE A MANIFESTATION –ALSO ATTACH:**

Functional Behavioral Assessment

Behavioral Intervention Plan

**All** IEP pages that have been revised.

Copies sent to:

Parent

Case Manager

Home School District

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