|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student**  **Student** |  | |  | **Case Manager** |  |
| **IEP Date** |  | **Initial Annual Reevaluation Amendment Transfer** | | | |
|  |  |  | | | |

**IEP PROCESS CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **INITIAL / 3-YEAR EVALATION** | **Self Check** | **For IEP Reviewer Use Only**  **Comments** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Evaluation Planning evident Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Identified areas to be evaluated are specified and necessary to identify suspected area of disability* | | | |  | **Y** | **N** |  |
| Procedural Safeguards provided to parent | | | |  | **Y** | **N** |  |
| Consent for Evaluation |  | *Original Sent to District Office* |  |  | **Y** | **N** |  |
| Evaluations/Eligibility Meeting Completed within 60 calendar days | | | |  | **Y** | **N** |  |
| Notice of Meeting/One-Time Medicaid Consent Form | | | |  | **Y** | **N** |  |
| Eligibility Meeting Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Evaluation Report analyzes all data collaboratively, identifies strengths/needs and implications for instruction * Determination of Eligibility * Consent for Initial Provision of Services *(only if initial eligibility)* | | | |  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
| IEP within 90 calendar days of Consent for Evaluations | | | |  | **Y** | **N** |  |
| PRESCHOOL ONLY: IFSP Attached | | | |  | **Y** | **N** |  |
| IEP Date by Third Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | **Y** | **N** |  |

**INDIVIDUALIZED EDUCATION PLAN (Initial, 3-Year, Annual)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Notice of meeting/Medicaid Consent Form |  | **Y** | **N** |  | |
| Cover Page complete (Safeguards provided to parent) |  | **Y** | **N** |  | |
| Required Team Members present (*If not, Excusal Form completed)* |  | **Y** | **N** |  | |
| Present Levels complete (*Student’s strengths/needs are summarized from assessment and describes how disability impacts general ed.)* |  | **Y** | **N** |  | |
| Post-School Considerations (if 15 or end of 9th grade)   * Annual Transition Assessment Completed * Projected graduation date and age of majority (if applicable) * Post-School Goals measurable (if 15 or end of 9th grade) * Measurable, specific education/training , employment, and independent living goals (if applicable) * Planned Course of study, Services and Activities for each goal * Agency Linkages, if any * Summary of Performance if exiting |  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
| Special Factors Considered and appropriate plans included |  | **Y** | **N** |  | |
| Annual Goals (w/ objectives if student takes alternate assessments)   * Area of need aligned to needs in PLAAFP * Start/ End Dates * Unit of Measurement/ Baseline/ Evaluation Method measures skill being taught * Evaluation Method chosen * Related Standards/ Evidence Outcomes/Extended Evidence Outcomes * Progress Monitoring described |  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
| Accommodations describe HOW student will access the curriculum  Modifications describe WHAT curriculum will be altered |  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
| Extended School Year   * Predictive Factors/ Regression/ Recoupment Evidence documented * Regression/ Recoupment/ Predictive factors answered from above * Eligible for ESY? * If yes, ESY services addressed in Service Delivery section * If yes, Goals for ESY identified |  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
|  | **Y** | **N** |  | |
| **INDIVIDUALIZED EDUCATION PLAN (Initial, 3-Year, Annual) Cont’d** | **Self Check** | **For IEP Reviewer Use Only**  **Comments** | | |
| State /District Assessments/Alternate determined   * Student characteristics identified * Justification for alternate assessment * Allowable Accommodations for district/ state chosen (if any) match accommodation section |  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
| Service Delivery Statement specific and descriptive (adult assistance v 1:1)   * Specialized Instruction Area/ Related Service w/ title listed (not name) * Start/End dates specific for each service * Hours per day/ week/ month chosen for direct and indirect * Health Services Specified in Detail |  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
| Least Restrictive Environment options considered and describe gen. ed. time   * Integrated Education Program selected w/ 12 hours *(ages 3-5)* * Educational Environment selected for ages 3-5 OR 6-21 |  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
| Prior Written Notice section completed (Describe other options than those recommended in IEP and why they were rejected) |  | **Y** | **N** |  |
| Date IEP sent to parent \_\_\_\_\_\_\_\_\_\_\_\_ Sent to Central Office\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Y** | **N** |  |

**TRANSFER (within the school year) / NEW ENROLLMENT (summer)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Document sending district and IEP sent to Central Office |  | **Y** | **N** |  |
| New Enrollments (summer)   * Determination if current IEP is appropriate * Comparable goals, services, accommodations and LRE documented in Enrich * Parent participation, rights given with signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * If no, initial (out-of-state)/re-evaluation(in-state) and IEP meeting scheduled prior to first day of school Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
| Transfer (within the school year)   * Determination if current IEP is appropriate * Comparable goals, services, accommodations and LRE documented in Enrich and implemented within 2-3 days of enrollment * Parent participation, rights given with signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * If no, comparable services delivered until initial/re-evaluation completed within 30 days Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
|  | **Y** | **N** |  |
| Parent signature obtained w/ rights Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Y** | **N** |  |

**IEP AMENDMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Amendment used for appropriate reasons as listed, **NOT** significant change of placement   * Current IEP area described with proposed changes * Rationale for changes based on procedures, tests, records or reports * Documentation of other options considered/rejected and other factors, if any * Meeting offered and rights given with parent signature * IEP amended in Enrich | | |  | | **Y** | **N** |  |
|  | | **Y** | **N** |  |
|  | | **Y** | **N** |  |
|  | | **Y** | **N** |  |
|  | | **Y** | **N** |  |
|  | | **Y** | **N** |  |
| ***FOR IEP REVIEWER USE ONLY*** | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ Date & Initial Recvd within 10 days of IEP date Filed Returned | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ Date Returned to Case Manager | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | |
| ***DISTRICT ADMIN. – CENTRAL OFFICE***  \_\_\_\_\_\_\_\_\_\_ Date Passed All Edits (*SR DATA Entered into Campus)*  \_\_\_\_\_\_\_\_\_\_ Date & Initial IEP Approved in Enrich  \_\_\_\_\_\_\_\_\_\_Date corrected copy sent to parent and case manager *(Original filed in Central Office Files)*  **Please use for the 2015-16 School Year** | | | | | | | |