|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 curriculumModifications 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**  |