IEP checklist

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP Date:\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Meets Expectation** | **YES** | | | **NO** | | | | **Meets Expectation** | | | | **YES** | **NO** |
| **Cover Page**  Dates updated on cover page\_\_\_\_  Demographics correct \_\_\_\_  Procedural Safeguards dated\_\_\_\_\_  IEP dates current and relevant \_\_\_\_  Disability marked\_\_\_\_  Current and proposed minutes \_\_\_\_  Are relevant to disability?\_\_\_\_  Frequency, location, etc?\_\_\_\_\_  Related services listed\_\_\_\_  Correct service provider listed in Spedtrack\_\_\_\_ |  | | |  | | | | **Specialized Transportation Plan** | | | |  |  |
| **Regular Ed participation** | | | |  |  |
| **PE Participation** | | | |  |  |
| **Placement Consideration Selected** | | | |  |  |
| **Form D** | | | |  |  |
| **Form E** | | | |  |  |
| **Form B** (if appropriate) | | | |  |  |
| **Form G** | | | |  |  |
| **Form F**: Accommodations/Modifications  Related to disability \_\_\_\_  Notes/Parameters \_\_\_\_ (what does this look like in the classroom?)  Daily, weekly, etc. \_\_\_\_ (Do not use “other” or “as needed”) | | | |  |  |
| **Participants**  LEA \_\_\_\_  IIIER\_\_\_  Parent(s)/Guardian \_\_\_\_  Special educator \_\_\_\_  General educator \_\_\_\_  **~Transition~**  Student (if 15+) \_\_\_\_\_  Outside Agency (if signed release) \_\_\_\_ |  | | |  | | | | **Form C**  1st or 3rd person \_\_\_\_  Goals take place after graduation\_\_\_\_  Based on transition assessment \_\_\_  Services listed are results oriented\_\_\_  Graduation month and year \_\_\_\_  Credits and/or goals\_\_\_\_  Course of Study \_\_\_\_ | | | |  |  |
| **PLAAPF updated**  How the disability affects (forms basis for services) \_\_\_\_\_  Specific skill deficits (forms basis for accomm/  modifications) \_\_\_\_  Strengths of child \_\_\_\_  Concerns of parent \_\_\_\_  Changes in current functioning:  Non-deficit areas (list grades) \_\_\_\_  Changes in deficit areas  (last year’s performance/current performance/current needs) \_\_\_\_  Functional Performance \_\_\_\_  Behavior Concerns/BIP \_\_\_\_  District and State Assessment scores \_\_\_\_  Eval results **summary**\_\_\_\_  ~Transition\_ (if transition has been addressed or student is 15+)  Formal and/or informal transition assessment  summary \_\_\_\_\_ |  | | |  | | | | **Notice of Action** (if applicable) signed\_\_\_\_\_  Initial/Change of Placement? \_\_\_\_  Did type/amount/location of a service change ?\_\_\_  Did identification change?\_\_\_\_  Did you add/delete a goal area? \_\_\_\_  Did you add ESY?\_\_\_  Did you add a BIP?\_\_\_\_  Did building minutes change?\_\_\_\_ | | | |  |  |
| **Notice of meeting**  Parent/Guardian\_\_\_\_  Student (if 15+)\_\_\_\_  Record of Attempts \_\_\_\_\_  Authorization/Release for outside agency\_\_\_\_ | | | |  |  |
| Internal consistency of document  (Present level deficit-->goal-->service) | | | |  |  |
| BIP & Transition Plan-if applicable | | | |  |  |
| Progress Reports-included | | | |  |  |
| Transportation Checklist-if applicable | | | |  |  |
| Special Considerations checked |  | | |  | | | | Excusal (if applicable)-included | | | |  |  |
| **Goal** (+/ok, -/needs revision)  Listed need in PLAAPF………………………………… Specific……………………………………………………....  Measurable………………………………………………...  Attainable……………………………………………………  Results-oriented…..……………………………………..  Time bound………..………………………………………. Condition (when presented with…)……………..  Baseline/Mastery……………………………………. Progress reported quarterly ………………….. Postsecondary area marked (if 15+)…………….  Data Collection…………………………………………. | **1** | **2** | **3** | | **4** | **5** | **6** | | **7** | **8** | To Do After Corrections:   1. Scan signatures and upload to Spedtrack prior to filing in the building cumm file. 2. Complete Key Dates Checklist on the Student Dashboard. 3. Notify PC when corrections are complete and IEP is ready to activate. 4. Once activated, file in building cumm file. | | |
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**Cover Page**

Do all the dates reflect the correct dates? This includes the date of this meeting, the previous meeting, previous eval date, next eval date, procedural safeguards, and dates on the services match the IEP. Remember to change this if the meeting isn’t held when projected it would be.

Is the correct disability marked? If not, you have to change that in the disability tab of the student record.

Are the minutes correct, per service? Does it reflect location, frequency, service provider and note “specially designed instruction in…”?

**Participants**

Did you update participants according to the notice of meeting?

Include all four mandatory members (LEA, Individual to Interpret the Instructional Implications of the Evaluation Results (IIIER), Regular education, and special educator), parent/guardian, any outside agency representative (if you have a signed release) and student, **anytime** you are discussing transition.

If you excused a sped or reg ed teacher, make sure you have a signed excusal on file and it is correctly indicated as to whether the curriculum for that area is, or is not, being modified. If you are excusing a teacher, the parent has to agree to it and that teacher **must participate in writing**. Do not excuse the LEA or IIIIER, ever. Parent should have as much advance notice as possible. If you know at the time of the meeting notice, send it home for a signature at that time. The person filling the role of LEA is not the person filling the role of special education teacher. Refer to LEA guidelines.

If you invite any non-district employee (outside agency for transition, interpreter, etc.) you must have a signed release **prior** to the meeting.

Remember SLPs, OTs, PTs, etc. are not mandatory members, so they do not need to be included on the excusal. However, **if services are being reduced or discontinued, it is strongly recommended that the service provider be present to explain**.

**PLAPF**

* **How the disability affects**: this section includes the student’s age, grade, and identification and educational impact, which forms the basis for the services. For students who are 15+, you must address how the disability will affect their ability to reach their postsecondary goals.
* **Strengths of the child**: Think about the whole child, not just academics. Include anything that the student does well, relative to their weaknesses. Include things like attendance, behavior, punctuality, etc. These are all things that will help the student postsecondary. Talk with other teachers and service providers and get input from them on strengths. For students who are 15+, you must address how the disability relate to their postsecondary goals.
* **Concerns of the parent**: even if they don’t mention anything specific, if they concur with the IEP, then you can include that in this section. If the student is of transition age, ask about concerns for postsecondary (guardianship, independent living, employment, and education/training). Address the academic, developmental, and functional needs of the child.
* **Changes in current functioning:** per service area identified on the service summary. Deficits should be the focus of instruction to enable the student to be involved in and make progress in the general education curriculum. Remember to consider the Missouri Learning Standards. For students who are 15+, you must address how the disability will impact their ability to reach their postsecondary goals.

Previously, in the area of [service area]…discuss previous deficits and goal progress made through the previous IEP.

Currently in [service area]…current level of performance, includes specific skill deficits, which forms the basis for the goals and accommodations/modifications in the new IEP.

Also include: current grades and performance on district and state assessments.

* **Eval Summary**: this is brief report of the results, include scores that were used to determine eligibility with descriptors/explanation “average”, etc. **Do not** include tables or extensive descriptions. If an area had no concerns, simply write “no concerns in these areas...”. **Do not** copy and paste from the eval report. If the eval was short formed, include the previous test scores and descriptors.
* **Transition**: This includes any information you have obtained regarding a student’s hopes/dreams/goals for postsecondary, regardless of age. If it was a discussion with the student, write it up as an interview, including date and who participated. This is also where you would report any assessments done on a class/group/building level in the past year. For example: Missouri Connections, or TPI (if it was administered to the whole class).
* **Other relevant information**: include any medical dx or information that may be the reason for accommodations/modifications, but that isn’t the primary identification of the student. If there are accommodations related to a medical diagnosis, and protected under Section 504 include these in this area.

**Special Considerations**

Make sure the correct boxes are checked, including State and District testing and Post-secondary transition.

* **Exhibits behaviors**: anytime it is listed as a concern in the present level, this should be checked “yes”. In the textbox, indicate if it is being addressed by goals or a BIP.
* **Communication needs**: if they have a language impairment, are ELL, or receive direct services in speech and/or language, this will always be checked “yes”.
* **Assistive Technology**: just because they have a universal classroom device, does not mean they have assistive tech. Assistive technology is a device that is necessary for them to access and benefit in the learning environment (i.e. pencil grip, switch, speech to text, text to speech, etc.)
* **Extended school year**: refer to the guidelines on regression and recoupment.
* **Transfer or Rights**: once you give the **Transfer of Rights** the first time, *prior to the 17th birthday*, **DO NOT** change this date. Even if you give them the notice again the next year, this date needs to reflect the first time the notice was given.
* **Postsecondary Services**: if the student is 15, you must include **Form C.**

**Goal(s)**

Deficit(s) are listed in the present level and goal is C-SMART. Baseline and Mastery are listed in the box and also in the goal. It reflects progress reporting quarterly and how it is measured (check box). For transition students, the postsecondary area(s) is marked.

Example:

* During the course of the IEP, when given [condition], [Student] will [increase/decrease/maintain] his/her [service area] by [specific skill] from [baseline] to [mastery].

Condition: Presenting the student with a stimulus in order to elicit the skill. “When given” “When presented with”

Specific: Specific skill or behavior to be achieved is identified in the PLAAFP.

Measurable: It is measurable using baseline/progress data as identified in the PLAAFP? What is the mastery criteria?

Attainable: It is attainable (can reasonably be accomplished within the duration of the IEP).

Results Oriented: It will increase, decrease, or maintain a skill area.

Time bound: It will take place during the course of the IEP or by the revision of the IEP.

**Specialized Transportation Plan**

If the student receives transportation as a related service, specifics are described.

**Regular Education Participation**

This needs to be checked “No” and includes student specific reasons why the student is not participating in regular education 100% of the time. There is a text box, but these need to be individualized, considering the needs of each student. The less time a student spends in reg ed, the more justification needs to be listed.

**Participation in Physical Education**

How the student will participate is marked.

**Placement Considerations Selected**

Generally the considerations should include the actual placement as determined by the proposed services, as well at least one more restrictive option and one less restrictive option. Once you hold the meeting, be sure to mark the actual placement as determined by the team. Regular education should also always be considered.

**Form D**

Unless the student needs a specific accommodation that isn’t a Universal Tool, you will check “without accommodations”.

**Form E**

This should list the grade level specific district assessments and any accommodations the student receives.

**ESY Form B**

The team should be prepared to address this at the meeting, if possible.

**Form F**

Accommodations marked are related to the disability (or “other relevant” reason), and should reflect frequency (do not use “other” or “as needed”). Each accommodation marked has a parameter/description of what that accommodation looks like in the classroom. Ex: Preferential Seating: away from distraction/near teacher; Extended time: time and a half, \_\_ days; Read tests: all tests that do not measure reading skills.

**Form C**

Written in 1st or 3rd person, takes place after graduation, based on Transition Assessments (write up in the present level), and services listed are results oriented (will help student achieve goals), and any outside agency that attends the meeting and would potentially provide services after graduation.

Graduation month and year are listed.

Course of study is completed and includes any alternative classes/substitutions for required classes.

**Notice of Action**

Must be completed if any of the following changed: type, amount, location of service, placement, identification, add/delete a goal area, building minutes, or you added ESY or BIP. A **signature is required** for initial evaluation, reevaluation with assessment(s), or initial services. Additionally, to implement changes without waiting the 10 days, you **must** have a signature or verbal waiver.

**Notice of Meeting**

Printed and in file for **parent**, and student if they are transition age. Two 10 day notices are required, with the second notice requiring a direct contact with parent(s).

**Internal consistency of the document**

Every service is addressed in the present level and has a goal.

**Documents for file**:

* Progress Report for previous IEP
* New IEP
* Notice of Meeting

Any of the following if they apply:

Medicaid Billing Form (signed)

Excusal form Notice of Action

Release for outside participants Transportation Checklist

BIP and Transition plan (EBS) Outside evaluation report

**During the meeting**: ensure demographics on front page are correct and input parent concerns, if you didn’t get those prior to the meeting.