

**CHECKLIST FOR REVIEWING IEPs  
PRIOR TO GIVING TO YOUR ADMINISTRATOR**

**Cover Page**

\_\_\_\_\_ IEP Meeting Date is prior to the initiation date of IEP services (allowing for prior notice of LEA decision— must be at least 20 calendar days prior.

\_\_\_\_\_ If a revision, date noted in appropriate section. If no meeting is held, form 5b is complete and included.

\_\_\_\_\_ The Annual Review Date is exactly one year from IEP Meeting Date.

\_\_\_\_\_ Duration of services reflects summer break.

\_\_\_\_\_ Duration of services concludes exactly one year from this year's initiation date.

Example: 9/22/08 to 6/15/09

8/25/09 to 9/22/09

\_\_\_\_\_ The Next 3 year re-evaluation date is correct.

\_\_\_\_\_ Student's identifying information is complete.

\_\_\_\_\_ Birth date is correct.

\_\_\_\_\_ Child Count number is included, if you don't have one and can't find one in the file, call Stacia.

\_\_\_\_\_ Under IEP Team Member's, the relationship of the "Parent(s)/Guardian/Surrogate/Adult Students" is circled.

\_\_\_\_\_ Members in attendance are checked.

\_\_\_\_\_ There is an LEA present, be sure you had an LEA in attendance at the meeting.

\_\_\_\_\_ If the child is transitioning, FITP or post secondary transition planning personnel are present.

\_\_\_\_\_ All legal members of the IEP team are present (top section of "IEP Team Members") If not, form 5a is completed.

**Present Levels of Educational/Functional Performance**

\_\_\_\_\_ IEP Meeting date matches the cover page.

\_\_\_\_\_ Identifies student's PRESENT levels of educational performance, abilities, acquired skills and strengths.

\_\_\_\_\_ Information from standardized assessments is most recent available.

\_\_\_\_\_ If applicable, identifies student's PRESENT levels of functional performance, abilities, acquired skills and strengths.

\_\_\_\_\_ Addresses how the disability affects the student's involvement and progress in the general education curriculum.

\_\_\_\_\_ If the student presents behavioral challenges, results of the functional behavioral assessment is clearly reported in this section.

\_\_\_\_\_ For preschool, identifies how the disability affects participation in activities appropriate for the child.

\_\_\_\_\_ For preschool, identifies student's PRESENT levels in the domains.

\_\_\_\_\_ If student turns 16 during the IEP year, statement(s) addressing input of the team is included.

**Goals/Objectives**

- \_\_\_\_\_ IEP Meeting Date matches cover page.
- \_\_\_\_\_ Goals are measurable.
- \_\_\_\_\_ Objectives are observable and measurable including target date.
- \_\_\_\_\_ Target dates correspond with duration of IEP.
- \_\_\_\_\_ Evaluation procedures are included for each goal.
- \_\_\_\_\_ Progress Review Dates are included and correspond with progress reports/report cards.
- \_\_\_\_\_ There are goals/objectives for each service outlined on the "Services" page.
- \_\_\_\_\_ If the student presents behavioral challenges there are social skill goals and objectives.

**Transition Goals**

- \_\_\_\_\_ IEP Meeting Date matches the cover page.
- \_\_\_\_\_ Completed for student if turning 16 years during IEP year.
- \_\_\_\_\_ Expected date of graduation is indicated.
- \_\_\_\_\_ Current grade level is included.
- \_\_\_\_\_ The method for inviting the student to the IEP transition meeting is noted.
- \_\_\_\_\_ The student's post secondary preferences and interests are identified.
- \_\_\_\_\_ Transition/Vocational Assessments are identified.
- \_\_\_\_\_ Goals are included for Vocations/Employment Training and Post Secondary Education.
- \_\_\_\_\_ Goals are included for Independent Living and Community Participation, if needed.
- \_\_\_\_\_ Progress Review Dates are included and correspond with progress reports/report cards.
- \_\_\_\_\_ Interagency responsibilities are outlined, including timeline for completion.
- \_\_\_\_\_ Courses of study that focus on academic and functional achievement needed to assist the student in reaching post secondary goals are described.
- \_\_\_\_\_ The box indicating whether written notification that parental rights transfer at age 17 is checked Yes, No or N/A. If no, the method for informing the student is included.

**Special Education Services, Related Services, Placement and LRE Discussion**

- \_\_\_\_\_ IEP Meeting Date matches the cover page.
- \_\_\_\_\_ Services indicated have goals and objectives.
- \_\_\_\_\_ Frequency, Duration, Location, Personnel and Group Size are included for each service.
- \_\_\_\_\_ Academic support identifies the basic skill area to be addressed.
- \_\_\_\_\_ Communication Coach, Paraeducator for speech or Special Education for speech is under the direction of the Speech and Language Pathologist.
- \_\_\_\_\_ Paraeducators are under the direction of the Special Educator and are a related service.
- \_\_\_\_\_ Speech is related service to assist the student in their special education program unless it is the student's primary disability, then it is a special education direct service.
- \_\_\_\_\_ Counseling is a related service and should be in the IEP if the student has behavioral challenges and has specific goals and objectives listed in their IEP.

9/14/2008

- \_\_\_\_\_ OT and PT are related services.
- \_\_\_\_\_ Special Education Transportation is a related service.
- \_\_\_\_\_ If student turns 16 years old during the IEP year, Transition Services are outlined on the Services page.
- \_\_\_\_\_ If team has verified Extended School Year eligibility, ESY information is included on the Services page.
- \_\_\_\_\_ The "Parental Consent to Bill Medicaid" is checked. (Must be done at each revision)

### **Placement, Accommodations/Modification for Assessments**

- \_\_\_\_\_ IEP Meeting Date matches the cover page.
- \_\_\_\_\_ If the student cannot participate full-time with non-disabled peers in the regular classroom, an explanation is included. (WHY? Be specific to that child, do not use "pat" answers)
- \_\_\_\_\_ Student Placement reflects Least Restrictive Environment discussion.
- \_\_\_\_\_ One of the boxes indicating the general characteristics of the student's placement is checked.
- \_\_\_\_\_ Accommodations for testing are included or N/A is indicated.
- \_\_\_\_\_ One of the Assessment boxes is checked. If Alternative Assessment is indicated, VT DOE form is attached. If traditional assessment, accommodations, modifications and supplemental aids are included.

### **Program Modifications/Supports for the School Personnel and Additional Student/Program information**

- \_\_\_\_\_ Accommodations, modifications, supplemental aids and supports are listed (only include those accommodations necessary that general education doesn't typically implement for all students, this should only include those specific accommodations for which the present teacher is not doing for all students)
- \_\_\_\_\_ School supports are indicated (may include such things as IEP at a glance, Student Snapshot, training).
- \_\_\_\_\_ Other options considered by the team – State to see attached form 7a.

### **Other**

- \_\_\_\_\_ Page number included.
- \_\_\_\_\_ Names are consistent and all words are spelled correctly (use spell check, if you don't know how to use it on sped doc, call Stacia)
- \_\_\_\_\_ Grammar, usage and mechanics are accurate.
- \_\_\_\_\_ If an addendum, all pages changed are clearly marked with the addendum date.
- \_\_\_\_\_ Form 7a (LEA Decision) is included. We never use form 7.
- \_\_\_\_\_ If Alternative Assessment, VT DOE paperwork is attached.
- \_\_\_\_\_ If the student has behavioral challenges and is in need of a Behavior Intervention Plan, it is attached. The results of the Functional Behavioral Assessment is clearly articulated in the IEP on Present Levels of Performance, there are social skill goals in the IEP and a counselor is providing services to the student.