
IEP Date	Student	ID#	School
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An asterisk () denotes it is a simple form found under Create New Form.

TRIENNIAL IEP CHECKLIST

PLEASE ARRANGE PAPERS IN THIS ORDER and CHECK FOR COMPLETION

____ *Interschool Communication Sheet (Lists current provider names and projections for following year)

____ *Permission for Re-evaluation

____ Reports of Special Ed Providers

____ *Notice(s) of Meeting (Separate notices for Parent and Student, if student is 14 yrs or older)

____ Delay Letter (if held 1 day past due date and must be signed by parent)

____ Parents' Rights Booklet given to parents

____ IEP Student/Parent/Special Ed Information page

Special Education Information - Before and After Meetings:

____ Primary Disability

____ School of Attendance

____ Setting Code

____ *Participants in Meeting page (don't have to be signatures)

____ Parent

____ Special Ed Director Designee (must be Special Ed staff)

____ Special Ed Teacher

____ Principal Designee (Cannot be Special Ed staff --must be General Ed staff)

____ General Ed Teacher (If student has hours in general classroom)

Documentation of Evaluation Data and Present Level of Achievement & Performance pages:

____ Educational

____ Communicative

____ Cognitive

____ Social/Emotional/Adaptive Behavior

____ Physical/Motor & Physical/Health

____ Statement of Identified Needs

____ Additional Concerns of the parent

Determination of Eligibility and Disability pages:

____ Determination of Eligibility and Disability (primary, and perhaps secondary)

____ Recommendations for General Education (Strategies not on Accommodations page)

____ *Determination of Disability (Describes the particular disability -- send one for each disability)

____ *PCD or SIED Eligibility Determination Worksheet (Required for PCD and SIED disabilities)

____ *Physician's Medical form for Other Physical Disability (AD/HD, Autism or Other Medical Condition)

____ Goals and Objectives (Check dates for accuracy)

____ Special Education & Related Services page (Hours)

Case Manager must be designated with a "P" under "Special Education Teacher (Type)"

____ Plan Requirements

____ Parent Training and Counseling

____ Extended School Year

____ *Plans (i.e. Behavior, Communication, Literacy, Early Childhood Transition etc.)

____ Accommodations/Modifications and Participation in State and District Assessments

____ LRE page (Are **total Sp Ed** hours mostly **IN** or **OUT** of Reg. Ed.? Choose accordingly.)

____ Primary Setting

____ Justification for Placement Decision

____ Summary of Transition Services (required only for age 16 and older)

____ *Extended School Year Form

____ Evaluated goals/objectives from **previous** IEP or Progress Report for **previous** IEP goals/objectives