IEP CHECKLIST: Planning to Finish

Student Name:		Date of Birth:	Grade:
Handicapping Condition(s): P S1	S2 Next IEP	Due:Next 3 YR Ev	al:
Placement:	Location:		
Part One: Notice and Teacher Inpu	ut Forms		
Meeting Notice parent co contact date/method		d notice sent at least 2 wee	ks prior: list parent
Teacher Input Form [] ser	nt out [] collected		
Meeting invitation to staf	ff		
IEP Meeting			
Participants listed on IEP (Cover page (either t	typed in or signatures)	
	•	and district allowing require t on behalf of the absent m	
	•	rent or student age 18 year Ocumented in the meeting	
Consideration of Special F Present Levels of Academ		checks addressed in IEP d Functional Performance	
Secondary Transition, if a	pplicable		
Statewide Assessment Pa assessments; [] ELPA box		tions may be provided and lle	listed for all
District Assessment Page			
IEP goals with: []conditio	n/situation [] mea	sureable/observable actio	n [] criteria
Service Summary [] start	and end dates dou	ble checked, location	

Extended School Year Services marked 'considered' only if there is documentation of regression and failure to recoup; + date selected for the team to reconvene in the future.
Placement Determination
Meeting Minutes completed with attendees, discussion, decisions, who takes what action
Prior Notice of Special Education Action stating meeting was held and changes made, sent after the meeting
Copies made for:] Parent] DO] Working File copies of IEP, Meeting minutes] Originals in brown file, in correct placement
OO Copies in this order:
] Meeting notice] IEP:
 Coversheet
 Special Factors
o Present Levels of Performance
 Participation in State Assessments
 Participation in District Assessments
 Goals or Goals and Objectives
 Transition services if applicable
 Service Summary with dates aligned
 Supplemental Supports / Accommodations/Modifications
Non-Participation and ESY
] Placement determination with accepted/rejected reasons
] Meeting Minutes
] Prior Notice sent after the IEP meeting