

Checklist for IEPs

This sheet needs to be included on all IEPs sent to the Special Education Office for processing. Check the IEP for each of the areas noted and then check off each box (or mark N/A) before sending over! If you have any questions, please call.

Student's name: _____

Each of the following areas are correct:

ADM1 page:

Place of Birth _____

SASID _____

Date of Meeting _____

Next Scheduled Annual Review _____

Next Scheduled Three Year _____

IEP1 page:

IEP Dates _____

IEP goals pages:

Current Performance Level _____

How will we know that the student..... _____

IEP5 page:

Start and End Dates _____

Goal numbers match goal pages _____

IEP6 page:

Checked something for each box _____

PL1 page:

Completed _____

PL2 page:

Completed _____

N1 pages 1 and 2:

Correct liaison and dates _____

All 6 questions are answered _____

Attendance Sheet included: _____

Summary of Proposed IEP included: _____

"Increasing Student Participation in the IEP Meeting" included: _____

Reevals and Initial Meeting only:

If student has a specific learning disability, observation form is included _____

State enrollment page has been corrected as needed _____