

IEP CHECKLIST

IEP Team Members

General Education Teacher

Name _____ Phone _____

Email _____

Special Education Teacher

Name _____ Phone _____

Email _____

Individual to interpret student's evaluation

Name & Title _____ Phone _____

Email _____

School Representative (Principal, Counselor, etc.)

Name & Title _____ Phone _____

Email _____

Other Members

Name & Title _____ Phone _____

Email _____

Other Members

Name & Title _____ Phone _____

Email _____

Special Education Department Liaison

Name & Title _____ Phone _____

Email _____

Does your child's IEP include:

- Description of the disability (disability eligibility category)
- Placements and services that will help your child succeed (Least Restrictive Environment - LRE)
- Specialized Instruction/Services
 - WHAT exactly will be provided?
 - FREQUENCY: How often?
 - DURATION: How much time?
 - INTENSITY: 1 on 1 or group?
 - WHERE/WHY: Push-in or Pull-out?
 - WHO? Staff?
 - Start/end dates
- Measurable goals for your child's education and/or behavioral growth
- Description of FAPE compliance with IDEA
- Description of your child's interests and abilities
- Accommodations/Modifications
- How your child will participate in state and district testing
- Assistive Technology (AT) (if necessary)
- Transportation (if necessary)
- Extended School Year (ESY) +/-or Extended School Day (ESD)
- Gifted Services? AP Classes? Remedial Instruction? English Language Learner?
- Extra Curricular Activities/Non-Academics
- Additional Evaluations (if necessary)
- Positive Behavior Support or Intervention Plan (BSP or BIP) (if necessary)
- Transition to Adult Services: College, Vocational Ed., Living Skills (age 16)
- Graduation Planning?
- Parent Concerns clearly documented? Addressed?
- Date of annual and 3-year review