# **Initial IEP Checklist**

Student:	ID:	Date of Meeting:

Case Manager:

## **IEP COMPLETION:**

□ In Frontline IEP, ensure that you are in the current school year

Dopen the draft of the student's IEP (click the blue chicklet) – all start dates will be 15 days after the Eligibility Meeting

D Evaluations/Reports, Standardized Test Results should contain current CST Evaluation data

□ Statewide and Districtwide Assessments should contain information from the Assessments tab in Genesis (if appropriate)

# Present Level of Academic Achievement and Functional Performance.

Add an Eligibility Statement, use specific data from the CST Evaluations and from the Eligibility Checklist (required.)

□ Add a section for every subject in which the student will receive special education.

- □ The need for special education in each subject must be supported by data from current CST Evaluations
- □ Do not cut and paste the student's CST Evaluations.
- □ Include classroom performance (from the classroom observation and teacher interview)
- □ Include subject grades (from Genesis)

□ Each student must have one FUNCTIONAL area, which includes the following information:

□ Social/emotional/behavioral functioning

Daily living skills (If the student has no functional deficits, it is permissible to indicate that the student is functioning appropriately in this area.)

## Strengths of the Students and Concerns of the Parent

□ Concerns of the parent: Contact the parent to determine current concerns

□ Strengths must be specific statements about academic and functional strengths. Avoid "fluffy" statements such as "Jose is a very well dressed young man." Strengths can be gleaned from CST Evaluations, classroom observation, or teacher interview. Examples of strengths are:

Strong computation abilities Empathetic toward peers Strong organizational skills Excels at decoding multi-syllable words

## Needs/Academic, Developmental, Functional, and Any Other Needs

□ Student must have "needs" for every subject in which they receive special education services.

 $\hfill\square$  The needs section must be numbered and be VERY SPECIFIC.

Non-Specific: Mary needs to improve her reading skills.

Specific: Mary needs to apply word attack strategies such as chunking to her independent reading.

□ The listed needs must match the data from the PLAAFP. *THERE MUST BE A GOAL TO ADDRESS EACH NEED*. (And there must be a NEED for each listed goal.)

## Annual Measurable Goals and Benchmarks or Short Term Objectives

□ Using the NEEDS as a guideline, add goals for each subject in which the student receives special education services. Goals must be:

- □ Aligned to the student's current data (this may or may not match the student's grade level)
- □ Projecting a year's worth of growth

### □ For each goal choose appropriate objectives that will measure the student's progress on their path to mastery of the goal.

- □ Choose appropriate criteria for each goal and objective.
- □ Choose an evaluation procedure for each objective

□ If the student is receiving special education services for Science and Social Studies, you must choose additional areas (science and/or social studies) for at least one of the goals.

### Modifications, Supplementary Aides and Services, Assistive Technology Devices

□ Modifications must match the NEEDS listed in the "Needs" section.

- □ Be mindful that all modifications listed MUST be implemented; they are not suggestions or options.
- D Please select a number of modifications that next year's teacher will realistically be able to implement on a daily basis.

### **Special Education Programs**

□ The need for special education in each subject is determined by data from the current CST Evaluations

□ The student is placed in the *least restrictive environment*.

### **Related Services**

- □ Related Services providers should review and update all related services information.
- □ All start dates must be changed to 15 days after the meeting date.

## Transportation

- □ If transportation is required, it must be a direct result of the student's disability.
- □ This section cannot be left blank, it must have an answer.

## **Extended School Year**

□ The child does not need an extended school year program.

#### **Rationale for Removal**

□ This section is filled out if the student is in a self-contained program at least 80% of the time.

## **Participation in State and District Assessment**

□ Choose the appropriate assessments for the student's grade.

□ Testing accommodations must match the needs listed in the Needs section and the modifications listed in the Modifications section.

#### WRAPPING UP:

□ I have proofread all of my work.

- □ All of my pronouns and names refer to the correct student.
- □ Reported data is specific and measurable.
- □ All boxes on this requirements page have been checked.