Intake IEP Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

IEP COMPLETION:
☐ In Frontline IEP, ensure that you are in 2017-2018

☐ Student should be listed in process tracking as "Transfer Student Received" **NOT** as "Receipt of Referral"

☐ The IEP from the previous district must be current (16-17 or 17-18) and complete.

☐ Utilize the Intake Status form to assist you.

Present Level of Academic Achievement and Functional Performance.
☐ Use the previous IEP as a guide to complete the CCSD IEP. If the previous IEP was created in IEP Direct, you can request that the other district transfer it to us.

☐ Ensure that there is 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.

☐ 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
☐ Ensure that these areas are completed appropriately.   Strengths must be specific statements about academic and functional strengths.

Needs/Academic, Developmental, Functional, and Any Other Needs
☐ Ensure that these areas are completed appropriately

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

☐ 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
☐ Ensure that these areas are completed appropriately using the previous IEP as a guide.

☐ Using the NEEDS and the previous IEP as a guideline, ensure that the student has goals for each subject in which he 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

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.

☐ Ensure that the number of modifications is such that next year's teacher will realistically be able to implement on a daily basis.

Special Education Programs

☐ Update the special education program for each subject as appropriate. 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.*

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

☐ Ensure that these areas are completed appropriately

☐ 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.