## **CAMDEN CITY SCHOOL DISTRICT**

1033 CAMBRIDGE ST., CAMDEN, NEW JERSEY 08105 856-966-2000 • 856-966-2138



Date:	_
Re: Completion of Annual Review IEPs	
School:	
Teacher:	
Dear Valued Educator,	
	npleted no later than 364 days after the previous Annual Review. In lease refer to this helpful checklist while working on your IEPs. Please ir class and check off each item as you complete it.
PREPARATION: ☐ I know when my IEP meetings are scheduled.	
☐ If there is a conflict with my IEP dates/times, I informed m day, etc.)	y case manager immediately. (Field trip, assembly, planned personal
☐ I have submitted a request for a substitute teacher during	that time period.
$\hfill \square$ I have informed my case manager about any parents who	are Spanish speaking and may need an interpreter.
$\hfill \square$ I have completed all testing and collected all data to determine the complete of the complete compl	mine the accurate, current level of functioning of each student.
$\ \square$ I have budgeted my time so that my IEPs will be complete	d no later than two weeks before the IEP meeting date.
$\hfill \square$ I understand that I am responsible for completing IEPs for in my class.	all students on my class roster, regardless of the student's attendance
IEP COMPLETION:  ☐ In IEP Direct, change the year from this year to next year.	
☐ Open the draft of the student's IEP (click the blue chicklet.	)
1. Present Level of Academic Achievement and Functional P	Performance.
$\ \square$ Add a section for every subject that you teach.	
<ul> <li>□ Begin each section with YOUR NAME and the DATE. Each</li> <li>□ Detailed DATA about the student's current levels</li> <li>□ Data is communicated in both educational terms "below, average, above," etc.)</li> <li>□ Classroom performance including report card gradular</li> </ul>	(percent, step level, etc) and parent-friendly terms (grade level,
☐ Each student must have one FUNCTIONAL area, which incl ☐ Social/emotional/behavioral functioning ☐ Daily living skills (If the student has no functional deficits, it is permiss area.)	ludes the following information: sible to indicate that the student is functioning appropriately in this

## 2. Strengths of the Students and Concerns of the Parent (CST completes Concerns of the Parent) ☐ Strengths must be specific statements about academic and functional strengths. Avoid "fluffy" statements such as "Jose is a very well dressed young man." Examples of strengths are: Strong computation abilities Empathetic toward peers Strong organizational skills Excels at decoding multi-syllable words 3. Needs/Academic, Developmental, Functional, and Any Other Needs ☐ Student must have "needs" for every subject in which they receive special education services. ☐ 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.) 4. Annual Measurable Goals and Benchmarks or Short Term Objectives ☐ Using the NEEDS as a guideline, add goals for each subject that the student receives special education services for. 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. 5. Modifications, Supplementary Aides and Services, Assistive Technology Devices You are only responsible for the Modifications Section. Please do not complete the other sections. ☐ 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. ☐ Please select a number of modifications that next year's teacher will realistically be able to implement on a daily basis. **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.

☐ If I have questions, I contacted either my Lead Educator of Special Education or my Child Study Team as soon as possible.