

Checklist for Special Education Clerks

<input type="checkbox"/>	INITIAL PLACEMENT	<input type="checkbox"/>	ANNUAL REVIEW	<input type="checkbox"/>	RE-EVALUATION
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Student's FULL Name: _____

School: _____ Grade: _____ Caseload Teacher: _____

- _____ Eligibility Report (Signatures on last page)
- _____ ReDetermination Report (for Re-Evals)
- _____ Due Process Coversheet
- _____ FTE Information Update: **COPY** of form given to school SI operator, **ORIGINAL** sent to Wendy Lee @ BOE
- _____ IEP Meeting Summary
- _____ For SLD Placements - Attach one work sample per deficit area.
- _____ Consent for Placement (Initials and Re-Evaluations)

- _____ Individual Education Plan (1st page of IEP)
- _____ Present Level of Achievement and Performance
- _____ Consideration of Special Factors
- _____ Transition Plan
- _____ Goals and Objectives
- _____ GAA Decision
- _____ Accommodations
- _____ CRCT Guidelines
- _____ Student Supports
- _____ Extended School Year
- _____ Transportation
- _____ Special Education Services
- _____ Meeting Outcomes (finalized page / With Signatures)
- _____ Meeting Outcomes (draft page)

- _____ Behavior Intervention Plan (required for all EBD and SEBD students and other students whose behavior impedes his/her learning or the learning of others)
- _____ Old goals checked off from previous IEP
- _____ Meeting notice (Copy of Letter)
- _____ Documentation of Parent contacts (at least 3 attempts if parent did not attend meeting)
- _____ If eligible for SI, OT, PT or Nursing Services: Medicaid/Peach Care permission letter signed, dated and contains Name, DOB & Medicaid # _____ Current One on File
- _____ Picture Release (Initial Placement)

Date of IEP Meeting: _____

Date SPED Clerk received IEP paperwork from caseload teacher: _____

Date annual review sent to BOE: _____ Sent by: _____