

Initial Placement/Reevaluation Checklist for Special Education Clerks

Student's Name _____ School: _____

Grade: _____

___ Current Psychological Report (Do not send to BOE)

___ Current Eligibility Report

___ For SLD Placements, observations and work samples in deficit areas

___ IEP including:

___ Individual Educational Program (1st page of IEP)

___ End date of IEP is no later than one year from meeting date

___ Team Members signed in

___ Present Level of Performance (all areas addressed)

___ Present Level of Performance- Consideration of Special Factor

___ Goals and Objectives (current)

___ Student Supports: Classroom/Program Modifications

___ Assessment Determination for District and Statewide Assessment for Grades K-12

___ IEP Minutes (options considered, rejected and final decision)

___ Extended School Year Addressed

___ Parent Contacts and Notice (at least 3 attempts if parent did not attend meeting)

___ IEP Meeting Summary, if it was Initial placement or Reevaluation/Redetermination Conference (hand written or typed)

___ Behavior Intervention Plan (required for all EBD and SEBD students and other students whose behavior impedes his/her learning or the learning of others)

___ Transition Plan (if student is 14 or older)

___ Notice of meeting (copy of letter)

___ Goals and Objectives checked off from previous IEP (only if reevaluation)

___ FTE Update Information: **COPY** of form given to SI operator, **ORIGINAL** sent to Wendy Lee @ BOE

___ If eligible for SI, OT, or PT, Medicaid/Peachcare

******Consent signed, dated, and contains Medicaid number**

Date of IEP Meeting _____

Date annual review sent to BOE _____ by _____
