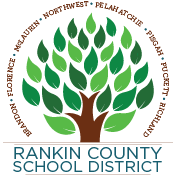
Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Demographic Information*** | ***Correct*** | | ***Insufficient*** | |
| Name, DOB, Age, Ethnicity, Gender, Grade, and MSIS |  | |  | |
| IEP Committee Meeting Date |  | |  | |
| IEP beginning and ending dates |  | |  | |
| Current Eligibility |  | |  | |
| Current Eligibility Date and Projected Revaluation Date |  | |  | |
| Parent’s Name, Address, Phone Number |  | |  | |
| Procedural Safeguards Notice |  | |  | |
| Required IEP Members |  | |  | |
| *Comments* | | | | |
| ***PLAAFP- Child’s Strengths, Preferences, and Interests*** | ***Correct*** | | ***Insufficient*** | |
| Child’s current educational strengths in reading and/or math |  | |  | |
| Interest areas |  | |  | |
| Personal attributes and accomplishments |  | |  | |
| Skills mastered |  | |  | |
| Related services strengths |  | |  | |
| Preferences and interests related postsecondary |  | |  | |
| Data sources |  | |  | |
| *Comments* | | | | |
| ***PLAAFP-Impact of Disability and Student’s Needs*** | ***Correct*** | | ***Insufficient*** | |
| Effects of student’s disability in the gen. ed. curriculum |  | |  | |
| Impact of current functioning in reading, math, behavior, and/or functional skills |  | |  | |
| Effects of student’s disability on postsecondary outcomes |  | |  | |
| Related services needs |  | |  | |
| Data Sources |  | |  | |
| *Comments* | | | | |
| ***Parent/Student Input*** | | ***Correct*** | | ***Insufficient*** |
| Concerns | |  | |  |
| ***Measurable Annual Goals*** | | ***Correct*** | | ***Insufficient*** |
| Academic or Functional Performance Summary | |  | |  |
| Performance Summary-description of skill, condition and current rate | |  | |  |
| Impact questions | |  | |  |
| MAGs identified as a need in PLAAFP | |  | |  |
| MAGs include condition, behavior, criteria, and timeframe | |  | |  |
| MAGs linked to a grade level standard for academics | |  | |  |
| STIOs include condition, behavior, criteria, and timeframe | |  | |  |
| STIOs show an increase in expected growth | |  | |  |
| Transition Activity | |  | |  |
| Methods of measurement | |  | |  |
| Notification of Progress | |  | |  |
| *Comments* | | | | |
| ***Consideration of Special Factors*** | | ***Correct*** | ***Insufficient*** | |
| Communication | |  |  | |
| Assistive Technology | |  |  | |
| Blind/Visually Impaired | |  |  | |
| Deaf/Hearing Impaired | |  |  | |
| Behavior Intervention | |  |  | |
| Limited English Proficiency | |  |  | |
| Document basis of decision | |  |  | |
| *Comments* | | | | |
| ***Special Education and Related Services*** | | ***Correct*** | ***Insufficient*** | |
| Special Education Services | |  |  | |
| Start/End Dates | |  |  | |
| Related Services | |  |  | |
| Instructional/Functional Accommodations | |  |  | |
| Program Modifications | |  |  | |
| Support for Personnel | |  |  | |
| Document basis for decision | |  |  | |
| Area, Duration/Frequency, and Location of Services | |  |  | |
| *Comments* | | | | |
| ***State-wide Assessment Program*** | | ***Correct*** | ***Insufficient*** | |
| SCD Determination | |  |  | |
| Grade-level/subject area assessment | |  |  | |
| State-wide accommodations | |  |  | |
| Document basis for decision | |  |  | |
| *Comments* | | | | |
| ***Transition*** | ***Correct*** | | ***Insufficient*** | |
| Postsecondary Outcomes |  | |  | |
| Age-appropriate transition assessments |  | |  | |
| Transition services |  | |  | |
| Exit options |  | |  | |
| Course of Study |  | |  | |
| Student Invitation |  | |  | |
| Interagency Linkages |  | |  | |
| *Comments* | | | | |
| ***Placement and LRE*** | ***Correct*** | | ***Insufficient*** | |
| Placement Options Considered |  | |  | |
| Non-participation with Non-Disabled Peers |  | |  | |
| Special Transportation |  | |  | |
| LRE Classification |  | |  | |
| *Comments* | | | | |

|  |
| --- |
| *Additional Comments* |



**An IEP meeting must be held within 14 days to address insufficiencies.**

Date Checklist Reviewed with Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrections Deadline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_