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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_