

TCM CHECKLIST – Revised by TCMs 09/19/2018

THIS DOCUMENT IS NOT PART OF THE STUDENT’S PERMANENT FILE. Please keep it on the front cover until corrections are made, and file is transferred. Shred when no longer needed. NEVER place it in the record.									
Student Name: _____							Purpose of Review		
School: _____							<input type="checkbox"/> Compliance Check		
Current Case Manager: _____							<input type="checkbox"/> Pre Transfer Check		
							<input type="checkbox"/> Pre LRE Check		
Yes	No	NA	FILE COVER/myIDEA	Reviewed by:			Date:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Information						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record of Access-----						
Yes	No	NA	INDIVIDUALIZED EDUCATION PLAN - IEP	Yes	No	NA	TRANSITION PLAN (7TH-12TH/12TH+) 		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the IEP Current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transition Assessment		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLAAPF/Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Ed - Will Statement, Transition Service, Need Addressed on IEP		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All components included in Service Time Change in Level: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment - Will Statement, Transition Service, Need Addressed on IEP		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All components in Related Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Living - Will Statement, Transition Service, Need Addressed on IEP		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All components in Program Accom/Mod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interagency Linkages		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the student has a Health Care Plan , is it documented as an accommodation/modification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consent to involve outside agencies obtained before notice of meeting date (N/A for Voc Rehab)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESY Eligibility Yes <input type="checkbox"/> No <input type="checkbox"/> TBD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courses of Study		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESY Follow-up documented if team marked to be determined later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age of Majority (by age 17)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Team Signatures or excusal form attached to meeting summary with corresponding date. (Not correctable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least 1 Goal labeled "Transition"		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least 1 Service labeled "Transition"		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous IEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Requirements for Graduation		
Yes	No	NA	NOTICES OF MTG/PROGRESS	Yes	No	NA	ELIGIBILITY/EVALUATION SUMMARY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notices of Meeting correspond with IEP and Eligibility dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Eligibility current?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progress Reports (4 for k-12, 2 for PS and PH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required evaluation and eligibility questions Answered		
Yes	No	NA	RE- EVALUATION DATA REVIEW (RDR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Team Signatures or excusal form attached.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Most recent previous Eligibility form in current file		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team Signatures	Yes	No	NA	PLACEMENT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Sufficient <input type="checkbox"/> / Data Sufficient <input type="checkbox"/> (consent is not required if data sufficient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Placement/Parent Signature		
Yes	No	NA	PWN CONSENT TO EVALUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement Reasons		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent Signature/Date:	Yes	No	NA	LEAST RESTRICTIVE ENVIRONMENT (LRE) SAFEGUARDS COMMITTEE FILE REVIEW		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Receipt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team Statement/Signatures (Includes Parent)		
<input type="checkbox"/>	Receipt date not indicated; use signature date for calculating 45 day timeline. Only for Initial Placement.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If considering Learning Center placement or has behavior needs, FBA/BIP in file. FBA/BIP "Teacher Directed Services" under Related Service in IEP.		
Yes	No	NA	PRE REFERRAL INTERVENTIONS/Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If student has Functional Skills needs, Adaptive Measures are on Eval/Eligibility and in file.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LRE Form (Preschool only)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date/LEA Signature on Referral	Yes	No	NA	PRESCHOOL		
<input type="checkbox"/>	NA for Move-in			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate (NA @ time of KG transfer)		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registration (current year – NA @ KG Transfer)		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Immunizations (NA @ KG transfer)		
CASE MANAGER – Corrections have been made and all documents have been FINALIZED <input type="checkbox"/>									

If any of these items are not corrected, the file can be returned to your school by the next school within 20 contract days. Refer to **5+1 Reasons to Return a File** for additional information.