

PARENT IEP CHECKLIST

Meeting Date: _____ Meeting Type: Review Initial Reevaluation

YES	NO	Parent Concerns: The parent/child share their concerns
YES	NO	Review meeting: Did the team discuss your child's strengths? Did you share your child's strengths? Did the TEAM Chair identify your child's disability? Did the team discuss performance in the classroom and achievement towards goals or lack of progress? Initial /ReEval: Did the team discuss the results from all evaluations?
YES	NO	Vision Statement: The school and parent/child collaborate on vision Students 14 or older participate in the vision
YES	NO	Present Levels of Educational Performance: General Curriculum Did the team discuss how the disability affects progress in curriculum areas? Did the team recommend accommodations? Did the team discuss modifications to the presentation of curriculum?
YES	NO	Present Levels of Educational Performance: Other Educational Areas Did the team discuss how the disability affects progress in other curriculum areas? Did the team recommend accommodations? Did the team discuss modifications?
YES	NO	Goals and Objectives: Did the team identify and review the goal areas?
YES	NO	Service Delivery: Did the team identify the type of service/frequency and duration? Did the team discuss pull out or push in services?
YES	NO	ESY/Transportation: Did the team discuss extended school year services and review data? Did the team discuss transportation and how your child's disability requires transportation?
YES	NO	Testing and Assessments: Did the team discuss State and/or District- Wide Assessments? Did the team discuss testing accommodations?
YES	NO	Bullying Statement: Did the team discuss bullying?
YES	NO	Did the TEAM Chair review the TEAM meeting summary?