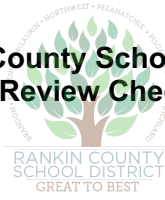


# Rankin County School District IEP Review Checklist



Student Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

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

<i><b>Demographic Information</b></i>	<i><b>Correct</b></i>	<i><b>Insufficient</b></i>
Name, DOB, Age, Ethnicity, Gender, Grade, and MSIS		
IEP Committee Meeting Date		
IEP beginning and ending dates		
Current Eligibility		
Current Eligibility Date and Projected Reevaluation Date		
Parent's Name, Address, Phone Number		
Procedural Safeguards Notice		
Required IEP Members		
<i>Comments</i>		
<i><b>PLAAFP- Child's Strengths, Preferences, and Interests</b></i>	<i><b>Correct</b></i>	<i><b>Insufficient</b></i>
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		
<i>Comments</i>		
<i><b>PLAAFP-Impact of Disability and Student's Needs</b></i>	<i><b>Correct</b></i>	<i><b>Insufficient</b></i>

Student Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

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		
<i>Comments</i>		
<b>Parent/Student Input</b>		
Concerns	<b>Correct</b>	<b>Insufficient</b>
<b>Measurable Annual Goals</b>		
Academic or Functional Performance Summary	<b>Correct</b>	<b>Insufficient</b>
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		
<i>Comments</i>		
<b>Consideration of Special Factors</b>		
Communication	<b>Correct</b>	<b>Insufficient</b>

Student Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

Assistive Technology		
Blind/Visually Impaired		
Deaf/Hearing Impaired		
Behavior Intervention		
Limited English Proficiency		
Document basis of decision		
<i>Comments</i>		
<b><i>Special Education and Related Services</i></b>	<b><i>Correct</i></b>	<b><i>Insufficient</i></b>
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		
<i>Comments</i>		
<b><i>State-wide Assessment Program</i></b>	<b><i>Correct</i></b>	<b><i>Insufficient</i></b>
SCD Determination		
Grade-level/subject area assessment		

Student Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

State-wide accommodations		
Document basis for decision		
<i>Comments</i>		
<b>Transition</b>	<b>Correct</b>	<b>Insufficient</b>
Postsecondary Outcomes		
Age-appropriate transition assessments		
Transition services		
Exit options		
Course of Study		
Student Invitation		
Interagency Linkages		
<i>Comments</i>		
<b>Placement and LRE</b>	<b>Correct</b>	<b>Insufficient</b>
Placement Options Considered		
Non-participation with Non-Disabled Peers		
Special Transportation		
LRE Classification		

Student Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

*Comments*

*Additional Comments*



Student Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

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

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

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

Teacher's Signature: \_\_\_\_\_

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