

TCM CHECKLIST – Revised by TCMs 10/26/2020

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|--|--------------------------|--------------------------|---|--|--|--------------------------|--------------------------|--------------------------|--|--------------------------|
| 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: | | | | | | | | | | |
| Current Case Manager: | | | | | | | | | | |
| Reviewed by: | | | | | | | Date: | | | |
| Yes | No | NA | FILE COVER/myIDEA | | | | | | | |
| <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"/> | PLAAFP/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 (PS): 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"/> | At least 1 Transition Service (Sec B of Plan) | |
| <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"/> | Interagency Linkages | |
| <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"/> | Consent to involve outside agencies obtained before notice of meeting date | |
| <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"/> | Courses of Study | |
| <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"/> | Age of Majority (by age 17) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meeting Summary | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special Requirements for Graduation | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous IEP | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 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 | DATA REVIEW | | | <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"/> | <input type="checkbox"/> Not Sufficient <input type="checkbox"/> Data Sufficient (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 | PRESCHOOL | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of Receipt: | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Birth Certificate (NA @ time of KG transfer) | |
| Yes | No | NA | REFERRAL PROCESS | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Registration (current year – NA @ KG Transfer) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At-Risk Interventions <input type="checkbox"/> NA for Move-in | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Immunizations (NA @ KG transfer) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date/LEA Signature on Referral | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LRE Form (Preschool only) | |
| <i>Preschool – Remember to give paperwork in pink folder to parents at Kinder Transfer meeting - annotate in meeting summary</i> | | | | | | | | | | |
| CASE MANAGER – Corrections have been made and all documents have been FINALIZED | | | | | | | | | | <input type="checkbox"/> |
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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.