|  |  |
| --- | --- |
| **IEP Checklist Rubric** | **Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SPED Teacher’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FRONT PAGE** | **Teacher**  | **BC** | **Comments** |
| **STUDENT INFORMATION** |  |  |  |
| *District of Residence (*is this an open-enrollment student or a foster-placed student) |  |  |  |
| *County of Residence* |  |  |  |
| *District of Service* |  |  |  |
| *Age 14* |  |  |  |
| *Ward of the State (if yes, then the Surrogate Parent needs to be listed)* |  |  |  |
| **PARENT INFORMATION** |  |  |  |
| *Address* |  |  |  |
| *Home Phone* |  |  |  |
| *Cell Phone* |  |  |  |
| *Email Address* |  |  |  |
| **Other Information** |  |  |  |
| *Documentation of Attempts* |  |  |  |
| **MEETING INFORMATION** |  |  |  |
| *Meeting Date* |  |  |  |
| *Meeting Type* |  |  |  |
| **IEP TIMELINES** |  |  |  |
| *ETR Completion Date* |  |  |  |
| *Next ETR Due Date* |  |  |  |
| *IEP Effective Dates* |  |  |  |
| *Start Date* |  |  |  |
| *End Date* |  |  |  |
| *Next IEP Review Date* |  |  |  |
| **SECTION 1: FUTURE PLANNING** |  |  |  |
| *Interest of the Child* |  |  |  |
| *Student Input* |  |  |  |
| *Parent Input* |  |  |  |
| *Concerns of the Parents* |  |  |  |
| **SECTION 2: SPECIAL FACTORS** |  |  |  |
| *Check Needed Boxes Only* |  |  |  |
| **SECTION 3: PROFILE** |  |  |  |
| *Background Information* |  |  |  |
| *Medical Concerns* |  |  |  |
| *State/District Testing w/ Explanation* |  |  |  |
| *Successful Accommodations/modifications/**classroom based interventions* |  |  |  |
| *Needs not Addressed as listed in the ETR* |  |  |  |
| *Secondary Transition* |  |  |  |
| **SECTION 4/5: TRANSITION** | **Teacher** | **BC** | **Comments:** |
| *Statement of Service Needs* |  |  |  |
| *Transition Assessment Results* |  |  |  |
| *Measurable Goals* |  |  |  |
| *Course of Study* |  |  |  |
| *Linked to Annual Goals* |  |  |  |
| *Transition Service/Activity* |  |  |  |
| *Beginning Date* |  |  |  |
| ***CONT. SECTION 4/5: TRANSITION***  |  |  |  |
| *Duration (how many times a year? 2x?* |  |  |  |
| *Person Responsible* |  |  |  |
| *Graduation Date* |  |  |  |
| **SECTION 6: GOALS AND OBJECTIVES** |  |  |  |
| ***PLOP (****Present Levels of Performance)* |  |  |  |
| *Student’s Strengths* |  |  |  |
| *Needs – Measurable Baseline Data Related to the Specific Goal. COPY AND PASTE from the goal and then change level/degree to current ability.* |  |  |  |
| *Comparison to Peers as it relates to the Standards)* |  |  |  |
|  |  |  |  |
|  | **Who?** | **Will Do What?** | **Attempts** | **Mastery Level %** | **In What Length of Time** |  |  |  |
|  | **T** | **BC** | **T** | **BC** | **T** | **BC** | **T** | **BC** | **T** | **BC** |  |  |  |
| ***Goal 1*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 1 Objectives*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 2*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 2 Objectives*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 3*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 3 Objectives*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 4*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 4 Objectives*** |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 7: SPECIALLY DESIGNED INSTRUCTION** | **Teacher** | **BC** | Comments: **MAKE SURE ALL GOALS HAVE THESE COMPONENTS FOR STEP 7.** |
| *Direct Services* |  |  |  |
| *Group Size (not a number…small or large group wanted)* |  |  |  |
| *Skill/Content (phonics, decoding words, articulation, math problem solving)* |  |  |  |
| *How/Methods (multi-sensory approach, frequent redirections, guided practice, modeling* |  |  |  |
| *Conditions? (instructional level, given grade level material)* |  |  |  |
| **SECTION 7 CONT.** |  |  | **Comments:** |
| *Provider (Only 1 Provider per Box)* |  |  |  |
| *Location of Service* |  |  |  |
| *Dates (typically will match front page)* |  |  |  |
| *Amount of Time* |  |  |  |
| *Frequency* |  |  |  |
| **RELATED SERVICES** | **Teacher** | **BC** | **Comments:** |
| *Direct Services (must be in the description)* |  |  |  |
| *Group Size (not a number…small/or large group is wanted)* |  |  |  |
| *What ? ( Preteach/repeated practice)* |  |  |  |
| *How? (Modeling/corrective feedback)* |  |  |  |
| *In What Skill? (decoding/vocab.)* |  |  |  |
| *Conditions? (instructional level)* |  |  |  |
| *Provider* |  |  |  |
| *Location of Service* |  |  |  |
| *Dates* |  |  |  |
| *Amount of Time* |  |  |  |
| *Frequency* |  |  |  |
| **ASSISTIVE TECHNOLOGY** |  |  |  |
| *Service* |  |  |  |
| *Device* |  |  |  |
| *Goal Addressed* |  |  |  |
| *Time (MUST HAVE THIS)* |  |  |  |
| **ACCOMMODATIONS** |  |  |  |
| *Specific Accommodations* |  |  |  |
| *Provider* |  |  |  |
| *Location of Service* |  |  |  |
| **MODIFICATION** |  |  |  |
| *Specific Modification* |  |  |  |
| *Provider* |  |  |  |
| *Location of Service* |  |  |  |
| **SUPPORT FOR SCHO. PERS.** |  |  |  |
| *Service* |  |  |  |
| *Provider* |  |  |  |
| **SUPPORT FOR MED. NEEDS** |  |  |  |
| *Service* |  |  |  |
| *Provider* |  |  |  |
| *Frequency* |  |  |  |
| **SECTION 8: TRANSPORTATION** |  |  |  |
| *Necessary Boxes Checked per Team’s Decision* |  |  |  |
| **SECTION 9: ACTIVITES** |  |  |  |
| *Opportunity to participate* |  |  |  |
| *If No- explain* |  |  |  |  |
| **SECTION 10: GENERAL FACTORS** |  |  |  |
| *Appropriate Boxes Checked* |  |  |  |
| **SECTION 11: LRE** | **Teacher** | **BC** |  |
| *Both Questions Answered* |  |  |  |
| *Justification Given* |  |  |  |
| **SECTION 12: TESTING** |  |  |  |
| *Question Answered* |  |  |  |
| *Correct Area Listed (includes classroom assessments)* |  |  |  |
| *Grade Level Documented (list 2 levels)* |  |  |  |
| *Correct Boxes Checked* |  |  |  |
| *Detailed Accommodations (must match Section 7.)* |  |  |  |
| **SECTION 13: MTG PARTICIPANTS** |  |  |  |
| *Meeting Type* |  |  |  |
| *Dates Match Front Page* |  |  |  |
| *Student Signature (where appropriate)* |  |  |  |
| *Parent Signature* |  |  |  |
| *IS Signature* |  |  |  |
| *Regular Ed. Signature* |  |  |  |
| *District Rep. Signature* |  |  |  |
| *OT/PT/SLP Signatures* |  |  |  |
| *Other Agencies* |  |  |  |
| **SECTION 14: PARENT CONSENT** |  |  |  |
| *Correct Box Checked* |  |  |  |
| *Parent Signature* |  |  |  |
| *Age of Majority* |  |  |  |
| *Procedural Safeguards Notice* |  |  |  |
| *Copy of IEP* |  |  |  |

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| **OTHER DOCUMENTATION NEEDED** | **Teacher** | **B. Cord.** | **Comments:** |  |
| *Medicaid Parental Signature* |  |  |  |  |
| *Copy of Prior Written Notice* |  |  |  |  |
| *EMIS Form Completed* |  |  |  |  |
| *Invitation* |  |  |  |  |
| *Progress Notes* |  |  |  |  |
|  |  |  |  |  |

Teach the children so it will not be necessary to teach the adults.

***Abraham Lincoln***