

**IEP CHECKLIST**  
Revised 4/17/12

TOR \_\_\_\_\_

Date: \_\_\_\_\_

STN# \_\_\_\_\_

**Student Growth Data:**

- |   | Y                        | N                        |
|---|--------------------------|--------------------------|
| IEP includes evidence of student growth/maintenance from previous IEP goals.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Student data addresses multiple areas of performance (academic, communication, social, emotional, behavior, study/organization skills, and functional performance) as applicable per student needs. | <input type="checkbox"/> | <input type="checkbox"/> |
| Student data includes how the student is currently performing in each area of need.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment data supports information provided (Acuity, ISTEP, Unit Assessments, DIBELS, etc.)   | <input type="checkbox"/> | <input type="checkbox"/> |

**Goals Supporting Student Growth:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Goals/objectives are related to present levels of performance.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Goal/objectives are: (1) meaningful (2) related to need (3) able to be monitored (4) Mastery is easily identified | <input type="checkbox"/> | <input type="checkbox"/> |
| Goals/objectives include: (1) time frame (2) conditions (3) behavior and (4) criterion for acceptable performance | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria matches the method of evaluation and is measurable   | <input type="checkbox"/> | <input type="checkbox"/> |

**Services Supporting Student Growth:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Clear alignment between student growth data, needs, goals, accommodations and services.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Services listed include correct initiation, date, length, frequency, duration, and location.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear identification of the student's placement in their least restrictive environment is included with an explanation provided when students are removed from general education setting | <input type="checkbox"/> | <input type="checkbox"/> |
| Discussion documented of potentially harmful effects.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Written Documentation**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Case conference notes capture educationally relevant discussions, which identify the issues, discussion, points, decision rationale, and outcomes. | <input type="checkbox"/> | <input type="checkbox"/> |
| Progress notes are filed with district and sent to parents/guardians quarterly.  | <input type="checkbox"/> | <input type="checkbox"/> |

Yes total: 0  
No total: 0  
Percentage: 0.0%

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**Transition IEP Requirements**

	<b>Y</b>	<b>N</b>
Student was invited	<input type="checkbox"/>	<input type="checkbox"/>
Measurable post-secondary goals developed with input from student &/or parent and based on transition assessment and other pertinent information	<input type="checkbox"/>	<input type="checkbox"/>
Annual age appropriate transition assessment(s) and the findings from the assessment(s) are included in the IEP and address all three areas: education/training, employment, independent living	<input type="checkbox"/>	<input type="checkbox"/>
Measurable annual goals that reasonably enable the student to meet his/her post-secondary goals	<input type="checkbox"/>	<input type="checkbox"/>
Transition services are included and relate to the student's post-secondary goals	<input type="checkbox"/>	<input type="checkbox"/>
A representative from an outside agency has been invited if services are necessary.	<input type="checkbox"/>	<input type="checkbox"/>
A course of study is documented and supports the student's post-secondary goals	<input type="checkbox"/>	<input type="checkbox"/>

Yes total: 0  
 No total: 0  
 Percentage: 0.0%

**Totals including Transition Requirements:**

Yes total: 0  
 No total: 0  
 Percentage: 0.0%

**Comments:**