

# Individualized Education Program (IEP) Checklist

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Letter to begin IEP process sent on: \_\_\_\_\_

To meet the 60 day time frame, IEP meeting must be held by: \_\_\_\_\_

Yes No

- From EFMP**  
  Completed IEP Needs Assessment with EFMP Family Case Worker  
  Family received EFMP "IEP Meeting" planner

**From School**

- Received letter from school notifying of initial IEP evaluation  
  Received request for Consent for Evaluation  
Evaluation was conducted on: \_\_\_\_\_ by: \_\_\_\_\_
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## Preparing for the IEP Meeting

Yes No

- Do you know which school personnel will be attending?  
Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Special Ed Teacher: \_\_\_\_\_  
Student Services Coordinator: \_\_\_\_\_ Other: \_\_\_\_\_
- Do you have a copy of the evaluation(s)?  
  Have you reviewed the past IEP? (If one exists)  
  Do you have goals that you would like your child to work towards?  
  Do you have a list of questions that you would like to ask the IEP team?  
  Have you made a list of your child's strengths and weaknesses?  
  Are you aware of any interventions previously used on the classroom and the outcomes?  
  Do you feel that you have enough information about your child's current academic and functional abilities to participate in this meeting?  
  Have you considered what accommodations you feel would benefit your child's school participation? If so, what are they? \_\_\_\_\_
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## During the IEP Meeting

(keep a pad of paper to take notes)

Yes No

- Review of Determination of Eligibility for Special Education  
  Review latest progress reports, assessments and evaluations  
  Identification of student's strengths and weaknesses  
  Identify the current academic, developmental and behavioral needs of the student  
  **If not an initial**, review the progress and relationship to the current IEP goals
- Discussion Points:**
- |   |   |
|---|---|
| <input type="checkbox"/> Need for specialized instruction               | <input type="checkbox"/> Set measurable goals             |
| <input type="checkbox"/> Set accommodations                             | <input type="checkbox"/> Modified general curriculum      |
| <input type="checkbox"/> Identified related services                    | <input type="checkbox"/> Set promotion/ grading standards |
| <input type="checkbox"/> State/ district- wide assessments              | <input type="checkbox"/> Additional aids and services     |
| <input type="checkbox"/> Extended school year (ESY)                     | <input type="checkbox"/> Transition planning (as needed)  |
| <input type="checkbox"/> Identified least restrictive environment (LRE) | <input type="checkbox"/> Supports for parents             |
| <input type="checkbox"/> Supports for school staff                      |   |
- Final recommendations/ plan agreed upon  
Person responsible for passing IEP Plan to teachers and others identified? \_\_\_\_\_
- Final copy of IEP received and signed (It is recommended that the parent not sign the final IEP for 24 hours after the meeting to have the opportunity to review the information and/ or have others review the information.