

<b>IEP Checklist</b>					
<b>Cumberland County Department of Special Education</b>					
<b>Child's Name</b>					
<b>Meeting Date</b>					
<b>Select One:</b>	Initial IEP	Annual	Reevaluation	IEP Addendum	
Verify 10 Date Notice/Invitation or Waived			YES	NO	N/A
Verbal Explananation of rights, clarification of questions					
<b>Student Information</b>					
1) Review all demographic/personal Information					
2) Medical:	Do not leave blank				
3) Add parents email address into EasyIEP & Update Address & Phone #					
<b>Current Descriptive Information</b>					
1) Address student's strengths	Note: Update annually,be specific				
2) Parent Concerns	Note: Should be blank going into meeting. State as given				
3) Impact Statement					
<b>Present Levels of Performance</b>					
1) Assessment Area:	Must be one for each Specific Skill Deficit				
2) Exceptional Must be marked: YES or NO					
3 )PLP: Current Academic levels/descriptive info for each skill deficit					
3a) May Use: TNReady/EOC Data; Easy CBM/Star Data; New Psy Info (No IQ)					
4) If OHI or Autism: Address adaptive behavior					
5) If Autism: Address Lang/Communication					
6) PreVoc Skills					
7) Age 14: Address Transition					
<b>Special Factors</b>					
Address each question as applicable to specific student					
Mark YES for behavior if FBA is needed or on file					
Document behavior if FBA on file					
New tab for cognition YES if ID,FD,DD					
<b>Transition Services</b>					
This section MUST be addressed if age appropriate at time of IEP					
<b>Measureable Annual Goals</b>					
1) Area of Need:Matched with PLP Deficit areas					
2) Annual Goal: Utilize goal setting worksheet					
2A) See Easy CBM progress monitoring score guide					
2B) Must be Skills specific:					
2C) Instructional Level of tasks					
2D) Behavior if marked yes in special factors					
2E) Performance Critria: Method of progress monitoring and frequency, data should be at 50% and noted to parents					
Can each goal pass the "stranger" test???					
3) Address Program Modifictions/Support with a statement.					
4) Supplementary Aids/Services must be addressed					