EARLY CHILDHOOD

IEP CHECKLISTS

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Child's Name: _____ DOB: _____

DOMAIN MEETING-INITIAL EVALUATION

□ Parent/Guardian Notification of Conference–"***Identification of Needed Assessments"*** (use this invitation only for a domain meeting)

□ Parent/Guardian Waiver of 10 Days Requirement to hold meeting (if applicable)

□ Parent/Guardian Excusal of an IEP Team Member (attach written reports of excused members if appropriate)

□ Conference Summary Report (Includes Demographics Page and Attendance Sheet)

□ Parent/Guardian Notification of Decision Regarding a Request for an Evaluation (attach **WRITTEN** Parent Request for Evaluation if available)

If evaluation deemed appropriate, please add:

□ Parent/Guardian Consent for an Initial Evaluation – (Includes parent signature for evaluation and **Domain Matrix)**

□ Additional Notes

□ Were Parental Rights Reviewed? Date:_____ By:_____

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- □ Home School District
- □ Uploaded to EmbraceIEP on _____ by _____.
- □ Original Placed in Student's Temporary File on _____ by _____.

Child's Name: _____ DOB: _____

REQUESTED INITIAL EVALUATION - NO MEETING HELD

EVALUATION NOT APPROPRIATE

☐ *Parent/Guardian Notification of Decision Regarding A Request For An Evaluation*
*(Attach **Written** Parent Request for Evaluation)*

Note: If a written request is unavailable, please assist the parent in writing a request to attach.

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- Home School District
- Uploaded to EmbraceIEP on _____ by _____.
- Original Placed in Student's Temporary File on _____ by _____.

Child's Name: _____ DOB: _____

DOMAIN + ELIGIBILITY IEP
WITH NO ADDITIONAL DATA NEEDED

- □ Parent/Guardian Notification of Conference–"***Identification of Needed Assessments"*** (use this invitation only for a domain meeting)
- □ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice
- □ Parent/Guardian Excusal of IEP Team Member (attach written report of excused member if appropriate)
- □ Conference Summary Report (Includes Demographics Page and Attendance Sheet)
- □ Parent/Guardian Notification of Decision Regarding a Request for an Evaluation
  (Check that evaluation is appropriate even if no additional information is required)
- □ Parent/Guardian Consent for Initial/Re-evaluation Evaluation – (Includes parent signature for evaluation and **Domain Matrix)**
- □ Documentation of Evaluation Results
- □ Eligibility Determination (must be hand written-enter into EmbraceIEP after meeting)
  Reminder-Hand write eligibility on the conference summary page
- □ Eligibility Criteria Checklists for all Disabilities Considered
- □ Applicable Evaluation Reports & Protocols (Psychological, Social Developmental Study, Speech, OT, PT, etc.)
- □ Parent/Guardian Notification of Conference Recommendations (eligibility must be hand written-enter into EmbraceIEP after meeting)

If eligible, then include these IEP pages:

- □ Present Levels of Academic Achievement and Functional Performance
- □ Goals and Objectives/Benchmarks _____**: Number of goal pages**
- □ Educational Accommodations and Supports
- □ Assessment
- □ Educational Services and Placement- **Reminder-Hand write placement on the conference summary page**
- □ Functional Behavioral Assessment and Behavior Intervention Plan (if applicable)
- □ Autism Considerations (EDC Determination of Autism Only)
- □ Remote Learning Plan
- □ Parent/Guardian Consent for Initial Provision of Special Education Placement
- □ Additional Notes
- □ Early Childhood Outcomes **Entry** Form **MUST HAVE IF INITIAL IEP**
- □ EI to EC tracking page-completed with eligibility information (**CFC** referrals only)
- □ Were Parental Rights Reviewed? Date:_____ By:_____

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- Home School District
- Uploaded to EmbraceIEP on _____ by _____.
- Original Placed in Student's Temporary File on _____ by _____.

Child's Name: _____ DOB: _____

DOMAIN MEETING – REEVALUATION

- □ Parent/Guardian Notification of Conference–Identification of Needed Assessments (use this invitation only for a domain meeting)
- □ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)
- □ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if applicable)
- □ Conference Summary Report (Includes Demographics Page and Attendance Sheet)
- □ Parent/Guardian Consent for a Reevaluation – (Includes parent signature for evaluation and **Domain Matrix**)
- □ Parent/Guardian Notification of Decision Regarding a Request for an Evaluation
- □ Additional Notes
- □ Were Parental Rights Reviewed? Date:_____ By:_____

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- □ Home School District
- □ Uploaded to EmbraceIEP on _____ by _____.
- □ Original Placed in Student's Temporary File on _____ by _____.

Child's Name: _____ DOB: _____

Eligibility Determination Conference + Initial IEP

- □ Parent/Guardian Notification of Conference
- □ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)
- □ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if appropriate)
- □ Conference Summary Report (Includes Demographics Page and Attendance Sheet)
- □ Documentation of Evaluation Results
- □ Eligibility Determination (must be hand written-enter into EmbraceIEP after meeting)- **Reminder-Hand write eligibility on the conference summary page**
- □ Eligibility Criteria Checklists for all Disabilities Considered
- □ Applicable Evaluation Reports & Protocols (Psychological, Social Developmental Study, Speech, OT, PT, etc.)
- □ Parent/Guardian Notification of Conference Recommendations (eligibility must be hand written-enter into EmbraceIEP after meeting)

If eligible, then include these IEP pages:

- □ Present Levels of Academic Achievement and Functional Performance
- □ Goals and Objectives/Benchmarks _____**: Number of goal pages**
- □ Educational Accommodations and Supports
- □ Assessment
- □ Educational Services and Placement

  Reminder-Hand write placement on the conference summary page
- □ Functional Behavioral Assessment and Behavior Intervention Plan (if applicable)
- □ Parent/Guardian Consent for Initial Provision of Special Education and Related Services
- □ Autism Considerations Checklist (EDC Determination of Autism Only)
- □ Remote Learning Plan
- □ Additional Notes
- □ Early Childhood Outcomes **Entry** Form (**MUST HAVE IF INITIAL IEP)**
- □ EI to EC tracking page-completed with eligibility information (**CFC** referrals only)
- □ Were Parental Rights Reviewed? Date:_____ By:_____

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- □ Home School District
- □ Uploaded to EmbraceIEP on _____ by _____.
- □ Original Placed in Student's Temporary File on _____ by _____.

Child's Name: _____ DOB: _____

ANNUAL REVIEW

- □ Parent/Guardian Notification of Conference
- □ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)
- □ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if appropriate)
- □ Conference Summary Report (Includes Demographics Page and Attendance Page)
- □ Present Levels of Academic Achievement and Functional Performance
- □ Goals and Objectives/Benchmarks **_____: Number of goal pages**
- □ Educational Accommodations and Supports
- □ Assessment
- □ Educational Services and Placement **HANDWRITTEN**

  ****Handwrite the placement on the Conference Summary Report****
- □ Functional Behavioral Assessment (if applicable)
- □ Behavior Intervention Plan (if applicable)
- □ Autism Considerations Checklist (EDC Determination of Autism Only)
- □ Remote Learning Plan
- □ Additional Notes
- □ Parent/Guardian Notification of Conference Recommendations
- □ Goals and Objectives/Benchmarks with Documented Progress from Previous IEP
- □ Related Service Provider Log (do not attached to Parent's IEP copy unless specifically requested—just school & VASE copy)
- □ Were Parental Rights Reviewed? Date:_____ By:_____

Note: Did you complete the Early Childhood Outcomes Progress Rating if the meeting took place between February 1st and July 31st?

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- □ Home School District
- □ Uploaded to EmbraceIEP on _____ by _____.
- □ Original Placed in Student's Temporary File on _____ by _____.

Child's Name: _____ DOB: _____

IEP REVIEW ONLY – MEETING HELD

- □ Parent/Guardian Notification of Conference
- □ Parent/Guardian Waiver of 10 Days Requirement for Meeting Notice (if applicable)
- □ Parent/Guardian Excusal of IEP Team Member (attach written report of excused members if applicable)
- □ Conference Summary Report (Includes Demographics Page and Attendance Page)
- □ All IEP pages that had changes made
- □ Additional Notes (with explanation of why changes were made)
- □ Parent/Guardian Notification of Conference Recommendations

Note: Did you complete the Early Childhood Outcomes Progress Rating if the meeting took place between February 1st and July 31st?

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- □ Home School District
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Child's Name: _____ DOB: _____

IEP AMENDMENT
(No Meeting Required)

IEP Amendments can be completed for **minor** changes to an IEP only. Changes in **placement** may not be made through an amendment.

□ Parent/Guardian Notification of IEP Amendment

□ All Revised IEP Pages

□ Additional Notes (if necessary)

Copies sent to:

- □ Parent/Guardian on _____ by _____.
- □ Case Manager
- Home School District
- Uploaded to EmbraceIEP on _____ by _____.
- Original Placed in Student's Temporary File on _____ by _____.