

K-12

IEP CHECKLISTS

Vermilion Association for Special Education
15009 Catlin-Tilton Road, Suite B
Danville, IL 61834
(217) 443-8273
(217) 443-0217 (fax)

Kristin Dunker, Director
dunkerk@vase.k12.il.us

Nicole Provost, Assistant Director
provostn@vase.k12.il.us

Tammy Craig, Technical Assistant of Records
craigt@vase.k12.il.us

Angie Williamson, Technical Assistant of State Reporting
williamsona@vase.k12.il.us

Student'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 for Meeting Notice (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 _____.

Student'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 _____.

Student'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 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 Re-Evaluation – (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 _____.

Student's Name: _____ DOB: _____

**DOMAIN + ELIGIBILITY DETERMINATION CONFERENCE FOR RE-EVALUATION
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 Re-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)

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 _____.

NOTES:

If a meeting is held without the Annual Review, you MUST indicate on the Additional Notes/ Information or on the Parent/Guardian Notification of Conference Recommendations that "The Previous IEP dated _____ was reviewed and remains in effect."

If held along with the Annual Review, please see the Annual Review checklist.

Student's Name: _____ DOB: _____

**DOMAIN + ELIGIBILITY DETERMINATION CONFERENCE FOR INITIAL EVALUATION
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 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)

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 _____.

Student's Name: _____ DOB: _____

ELIGIBILITY DETERMINATION CONFERENCE

- ☐ *Parent/Guardian Notification of Conference*
- ☐ *Parent/Guardian Waiver of 10 Days for Meeting Notice (If Applicable)*
- ☐ *Parent/Guardian Excusal of an Individualized Education Program Team Member (With written report attached) - If Appropriate*
- ☐ Conference Summary Report- (Includes Demographics Page and Attendance Sheet)
- ☐ Documentation of Evaluation Results
- ☐ Eligibility Determination
Reminder- Hand write eligibility on the conference summary page
- ☐ Eligibility Criteria Checklist(s) for Disabilities Considered (use of Specific Learning Disability page is discretionary)
- ☐ Additional Notes/Information
- ☐ Applicable reports – Psychologist, Social Worker, S/L Pathologist, OT, PT, etc.
- ☐ Parent/Guardian Notification of Conference Recommendations
- ☐ Parent/Guardian Consent for Initial Provision of Special Education Placement (required for initial IEP)
- ☐ 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 _____.

Student's Name: _____ DOB: _____

- ☐ **INITIAL IEP** **OR** ☐ **ANNUAL REVIEW**
- ☐ Parent/Guardian Notification of Conference
 - ☐ 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)
 - ☐ Transition Consent (students 16 and older)
 - ☐ Parent/Guardian & Student Notification of Transfer of Rights Due to Age of Majority (At age 17)
 - ☐ Conference Summary Report (Includes Demographics Page and Attendance Sheet)
 - ☐ Present Levels of Academic Achievement and Functional Performance
 - ☐ Secondary Transition (**Student is or WILL TURN 14 ½ during the duration of the IEP**)
 - ☐ Transition Assessments Attached (Age 14 ½ during the duration of the IEP)
 - ☐ Indicator 13 Checklist (Age 14 ½ during the duration of the IEP)
 - ☐ Goals and Objectives/Benchmarks: _____ Number of Goal Pages
 - ☐ Educational Accommodations and Supports
 - ☐ Assessment (**Include DLM participation guidelines for students eligible for DLM**)
 - ☐ Educational Services and Placement
 - ☐ Functional Behavior Assessment-(If appropriate)
 - ☐ Behavior Intervention Plan-(If appropriate)
 - ☐ Autism Considerations (for students with the IEP Eligibility label of Autism only)
 - ☐ Remote Learning Plan
 - ☐ Parent/Guardian Consent for Initial Provision of Special Education and Related Services (**required for Initial IEP only**)
 - ☐ Goals and Objectives/Benchmarks with Documented Progress from Previous IEP (**AR Only**)
 - ☐ Additional Notes/Information
 - ☐ Parent/Guardian Notification of Conference Recommendations
 - ☐ 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: _____

Copies sent to:

- ☐ Parent/Guardian ☐ Case Manager ☐ Home School District
- ☐ Uploaded to VASE on _____ By: _____
- ☐ Uploaded to VASE on _____ By: _____

Student's Name: _____ DOB: _____

IEP REVIEW ONLY - MEETING HELD

- ☐ *Parent/Guardian Notification of Conference*
- ☐ *Parent/Guardian Waiver of 10 Day for Meeting Notice (If Applicable)*
- ☐ *Parent/Guardian Excusal of an Individualized Education Program Team Member
(With written report attached) - If Appropriate*
- ☐ Conference Summary Report (Includes Demographics Page and Attendance Sheet)
- ☐ All IEP pages where changes were made
- ☐ Additional Notes/Information (Explanation of changes made)
- ☐ Parent/Guardian Notification of Conference Recommendations

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 _____.

Student'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 _____.

Student's Name: _____ DOB: _____

MANIFESTATION DETERMINATION

- ☐ *Parent/Guardian Notification of Conference*
- ☐ *Parent/Guardian Waiver of 10 Days for Meeting Notice (If Applicable)*
- ☐ *Parent/Guardian Excusal of an Individualized Education Program Team Member (With written report attached) - If Appropriate*
- ☐ Conference Summary Report- (Includes Demographics Page & Attendance Sheet)
- ☐ Manifestation Determination Page
- ☐ Parent/Guardian Notification of Conference Recommendations
- ☐ Additional Notes

****If change of placement is discussed or determined appropriate, these updated pages must be attached and additional notes must reflect the discuss that occurred****

IF FOUND TO BE A MANIFESTATION –ALSO ATTACH:

- ☐ Functional Behavioral Assessment
- ☐ Behavioral Intervention Plan
- ☐ **All** IEP pages that have been revised.

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 _____.