

STUDENT IEP PACKET – TEACHER’S CHECK LIST

It is the teacher’s responsibility to ensure that ALL necessary documents are completed and compiled in the student’s IEP packet. Please use this form to help you prepare your student’s IEP packet.

Student Name: _____ District: _____ Annual Review Date: _____

Teacher: _____ Administrator: _____ Meeting Location and Time: _____

ALL paperwork due in Creekside office by: _____

RE-EVALUATION YEAR:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Required	Completed
Psychological		
Social History		
Re-eval Determination Form		
Related Services Evaluation Reports		

Things To Do:	Required	Completed
Participant List		
IEP Draft		
Change of Service _____		
ESY Justification		
Parental Input Form		
1:1/AT Justification		
Counseling		
Audiology		
Speech		
OT		
PT		
Music Therapy		
Assistive Technology		
Autism/Behavior Consultant		
Vision		
Deaf Ed.		
Job Coach		
Other		
Other		

Transition	Required	Completed
YEARLY Transition Planning Guide		
Student/Parent-Guardian Transition Survey		

IEP Planning Meeting with Team:
Date: _____
<u>Attendees:</u>

NOTES:
