

# NASHOBA REGIONAL SCHOOL DISTRICT

## SPECIAL EDUCATION IEP CHECK LIST

Please note, we have 10 school days to **MAIL** the IEP to parent/guardian/educational decision maker from the date of your meeting. Please be mindful of this when submitting your paperwork to Joan for review/signature.

STUDENT: \_\_\_\_\_ TEAM CHAIR: \_\_\_\_\_

<input type="checkbox"/>	Team Proposal Sheet (yellow)	
<input type="checkbox"/>	Cover Letter (N1)	<i>Check the addresses and subject box</i>
<input type="checkbox"/>	<b>Original</b> Attendance Sheet with Signatures	
<input type="checkbox"/>	Administrative Data Sheet (ADM1)	<i>Check the Meeting Date and Meeting Type</i>
<input type="checkbox"/>	Proposed IEP with <b>completed</b> PL1, PL2, PL3	
<input type="checkbox"/>	Amendment form <b>A1</b> :	<i>Check Date of Meeting on <b>A1</b>. Check Service Delivery Grid, (update dates per the Amendment, if applicable)</i>
<input type="checkbox"/>	SPED Eligibility/Initial and Reevaluation Determination form ( <b>Flow Chart</b> )	
<input type="checkbox"/>	Specific Learning Disability Paperwork	
<input type="checkbox"/>	Autism Check List	
<input type="checkbox"/>	Student added to transportation <b>YES OR NO</b> Student removed from transportation <b>YES OR NO</b>	
<input type="checkbox"/>	Recommended for ESY <b>YES OR NO</b>	<i>If yes, "Longer Year" must be checked off in ESPED and ESY services must be noted in the Service Delivery Grid</i>
<input type="checkbox"/>	Service Authorization Form (Speech, OT and PT)	<i>For Medicaid Eligible Students</i>
<input type="checkbox"/>	Transition Planning Form (TPF)	
<input type="checkbox"/>	688 Referral Form	
<input type="checkbox"/>	Translation Needed <b>YES OR NO</b>	<i>Language: _____</i>
<input type="checkbox"/>	Age of Majority <b>YES OR NO</b>	<i>TEAM CHAIR will obtain student's signature after review/signature by Director.</i>
<input type="checkbox"/>	Assessment Assignment Form	<i>Check off the evaluations attached and provide information for any missing reports</i>