

IEP Checklist

DATE: _____ STUDENT: _____

The following items are included in this packet (denotes if applicable):**

- ___ TEN DAY NOTICE Parent & Student (if student is 14 or older)
- ___ IEP – Original signed by the parent(s), school representative/administrator, Special Ed. Teacher, Regular Ed. Teacher, and additional participants.
- ___ TEACHER INFORMATION PAGE/Anticipated Services Chart
- ___ SPECTRA FORM – Filled out AND signed.
- ___ STAFFING NOTES**
- ___ Behavior Intervention Plan**
- ___ Functional Behavior Assessment**
- ___ Individual Health Care Plan**
- ___ Progress Report

Signature of sending teacher