

## IEP MEETING CHECKLIST FOR PARENTS

Please review this Checklist prior to starting your IEP meeting; you may wish to send a copy to your team prior to the meeting so they can use it to prepare. As you go through your IEP meeting, check to make sure that each of the issues below is addressed by your team. If it is not addressed, please ask your team to discuss it. Please let the Director of Special Education know if your IEP meeting does not address each of the issues below.

\_\_\_ I received a copy of the meeting notice, in my language, in sufficient time to allow me to prepare for the meeting, and the meeting is being held at a convenient time and place for me.

\_\_\_ I received a copy of evaluations and other reports, in my language, 10 days in advance of the meeting.

\_\_\_ My meeting is with a complete IEP team, including my child's general education teacher, my child's Case manager from the Child Study Team, a special education provider or supervisor, someone who can interpret the evaluation results, and a district representative who has the authority to make commitments for services for my child. If a member of the team is not present, I gave informed written consent for their absence in advance of the meeting and any information they would have provided at the meeting was given to me in advance.

\_\_\_ At my IEP meeting, we talked about the following issues in the following order:

\_\_\_ My child's "present levels of academic and functional performance" (how my child is doing in school and home, the results of the most recent evaluations and testing, any information I provided, etc.).

\_\_\_ Measurable annual goals & objectives for my child that are tied to the general education curriculum (at least one set of goals & objectives for each of my child's needs).

\_\_\_ Special education & related services that my child needs, including:

\_\_\_ Whether my child needs "supplementary aids and services," either directly for her, or for the teacher, or for other children in the class, to help support my child's successful inclusion in the class.

\_\_\_ Any special skills, knowledge, or professional development needed by my child's teacher, aide/paraprofessional, related services provider, etc..

\_\_\_ Any assistance and parent training I need to develop my ability to help my child receive a free, appropriate public education in the least restrictive environment, and to progress, such as (if appropriate):

\_\_\_ Communication: Hands-on instruction and communication tools (PECS, signs, topic boards, picture schedules) to learn effective strategies to decrease my child's frustrations associated with limited receptive/expressive language skills and to facilitate increased communication between me and my child;

\_\_\_ Occupational therapy: Hands on instruction and modeling of specific fine motor, gross motor, and sensory based activities so that I/we can work at home to enhance my child's independence;

\_\_\_ Physical therapy: Strategies I/we can use at home to help my child increase balance, coordination, and muscle strength;

\_\_\_ Positive behavior supports: Effective teaching methods and positive behavior intervention strategies for us to use in our home so that we can provide cohesive instruction, address difficult behaviors, and address generalization of all acquired skills.

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\_\_\_\_\_ Whether or not my child needs related services such as speech therapy, occupational therapy, physical therapy, psychiatric or psychological services, transportation, travel training, orientation or mobility training, or other related services.

\_\_\_\_\_ Whether or not my child, who has noted social deficits associated with his/her diagnosis, needs weekly instruction/intervention with a trained professional to facilitate his/her ongoing social emotional growth and ensure successful inclusion (social skills training).

\_\_\_\_\_ Whether or not my child needs extended school year services to make sure that he/she doesn't lose knowledge or skills he/she has already learned.

\_\_\_\_\_ Whether my child needs a functional behavior assessment & a positive behavior support plan to help address his/her challenging behaviors.

\_\_\_\_\_ Whether my child needs to learn communication skills & strategies.

\_\_\_\_\_ Whether my child needs assistive technology and if so, what kind and how he/she will learn how to use it, as well as how my child will be able to access that assistive technology to do homework.

\_\_\_\_\_ If my child is age 14 or older, what courses of study my child might take to help prepare for transition to adult life.

\_\_\_\_\_ If my child is 16 or older, what transition to adult life services my child might need to prepare for post-secondary education, training, or employment.

\_\_\_\_\_ How my child can access extra-curricular and non-academic activities open to students without disabilities before, during, and after school hours, including access to such activities within my child's home (sending) district even if my child is placed out of district.

\_\_\_\_\_ Placement – the “least restrictive” setting in which my child's IEP can be implemented, and which gives my child the maximum appropriate opportunity to interact with other students who do not have disabilities.

\_\_\_\_\_ The person or people who are directly responsible for implementation of each service and program in my child's IEP and the person or people who are directly responsible to monitor my child's progress.

\_\_\_\_\_ The person or people who are directly responsible to monitor my child's progress.

\_\_\_\_\_ How I will be informed of my child's progress toward achieving the annual goals, and how often (at least as often as general education parents receive report cards on their children's performance).

\_\_\_\_\_ How my child will participate in the statewide tests (the elementary grades' Assessment of Skills & Knowledge, 8<sup>th</sup> grade GEPA, and 11<sup>th</sup> grade HSPA) or district-wide tests, and what kinds of accommodations my child will need (extended time, having the questions read aloud, giving the answers orally, testing in a more private, quieter space, using a computer or calculator, etc.).

\_\_\_\_\_ I received a complete copy of the PRISE (Parents Rights in Special Education) booklet, including the page with the listing of organizations to contact for information about my rights.

\_\_\_\_\_ I received a signed copy of the handwritten IEP or a summary of my child's program, services and placement.

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## RESOURCE INFORMATION

My child has the following diagnosis: \_\_\_\_\_.

Please identify local, state, and national agencies that offer programs and assistance:

Please identify community resources, respite and recreational programs that will help integrate our child in the local community.

Please identify support groups and upcoming workshops that will enhance our understanding of our child's current and future strengths and needs.

Please provide any additional information on resources that would be beneficial for our child and family.