

Student Name: _____

Staffing Date: _____

Participants

SIGNATURE INDICATES ATTENDANCE. (When an initial evaluation, reevaluation or review of an independent or outside evaluation is being considered, each team member must check the yes or no box by their name to certify that the report reflects her/his conclusions. Any participant who disagrees with the team's decision must submit a separate statement presenting her/his conclusions.) Anyone serving in a dual role should indicate so on the following lines:

Type of meeting:		<input type="checkbox"/> Identification of needed assessments	<input type="checkbox"/> Evaluation/eligibility review	<input type="checkbox"/> IEP
Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Parent		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Parent		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Student		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Regular Education Teacher		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Special Education Teacher		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Speech-Language Pathologist		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		School Social Worker		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Counselor		
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Nurse		

ACKNOWLEDGMENTS

- Yes NA Explanation of Procedural Safeguards was provided to the parent(s).
- Yes NA Parent(s) given a copy of the IEP.
- Yes NA Parent(s) given a copy of the evaluation report and eligibility determination.
- Yes NA Parent(s) given a copy of the district's behavioral intervention policies and procedures.
- Yes NA Seventeen-year-old student informed of her/his rights under the IDEA that will transfer to the student upon reaching age 18.
- Yes NA Consideration of service needs, goals, and support/services is required (by age 14, the team must address transition service needs). **If yes, complete the "Transition Services" section of the IEP.**
- Yes NA Consideration of "Home-Based Support Services Program for Mentally Disabled Adults" for eighteen-year-old student is required. **If yes, complete the "Transition Services" section of the IEP.**
- Yes No Extended school year services are needed based upon issues of regression **AND** recoupment. **If yes, the IEP must indicate the type and amount of services to be provided and the duration of the services.**

Anticipated jr. high school graduation date: _____ Anticipated high school graduation date: _____

If the parent(s) did not attend the IEP meeting, document the attempts to contact the parent(s) prior to the IEP meeting.