

**Perquimans County Schools Exceptional Children Services
LEA Representative IEP Checklist**

Initial IEP _____ Annual IEP _____ Addendum IEP _____ Re-Evaluation IEP _____ Other _____

Student Name: _____ School _____ IEP Meeting Date: _____

EC Case Manager: _____ LEA/Designee (completing form) _____

	Yes	No	Notes
Note IEP team members present: <ul style="list-style-type: none"> Required members present for entire meeting (LEA, EC Teacher, Reg Ed Teacher) Parent/Guardian (meets IDEA definition of "parent") 	_____ _____ _____	_____ _____ _____	
Introduce team members	_____	_____	
State purpose of IEP meeting	_____	_____	
Discuss and review student strengths	_____	_____	
Discuss parent concerns: <ul style="list-style-type: none"> Parent concerns noted in proper section of IEP? IEP team discussed and addressed parent concerns relevant to IEP team purpose 	_____ _____ _____	_____ _____ _____	
Review evaluation summaries: <ul style="list-style-type: none"> Do we have information for all areas requested? Presented by evaluator (psychologist, speech, OT, PT, VI, HI, OM...) 	_____ _____ _____	_____ _____ _____	
Discuss eligibility for special education: <ul style="list-style-type: none"> Eligible for _____ Does not qualify or no longer qualifies Eligibility not purpose of today's meeting 	_____ _____ _____	_____ _____ _____	
Review present levels of performance: <ul style="list-style-type: none"> Updated/current data Baseline data included Progress noted 	_____ _____ _____	_____ _____ _____	
Note recommendations: <ul style="list-style-type: none"> Is special transportation required? <ul style="list-style-type: none"> If yes, is transportation form updated? Special services? (nurse, intensive support, other) 	_____ _____ _____	_____ _____ _____	
Discuss behavior concerns: <ul style="list-style-type: none"> Behavior is appropriate Behavior Support Plan Functional Behavior Assessment Behavior Intervention Plan Behavior addressed in IEP goal 	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	
Discuss placement: <ul style="list-style-type: none"> Initial placement Placement remains the same Placement changes (_____ to _____) 	_____ _____ _____	_____ _____ _____	
Offer procedural safeguards (Parent Rights Handbook)	_____	_____	
Obtain signatures (print one copy only for signature, then copy): <ul style="list-style-type: none"> Obtain signature of present team members Note in the comment section of the DEC5 if a non-essential team member participated for only part of the meeting 	_____ _____ _____	_____ _____ _____	
Follow up: <ul style="list-style-type: none"> Were there any concerns brought up in the meeting that require follow-up of IEP team, LEA, school staff, or district? <ul style="list-style-type: none"> If so, who will follow up by when? 	_____ _____ _____	_____ _____ _____	

*Place this form in the LEA Checklist Folder where confidential records are located.

**DO NOT place in the student record or copy for parents.