

IEP DATA VERIFICATION CHECKLIST

Name: _____ DOB: _____ IEP Date: _____

Current Support Services: SPED AT AU CO DI GC HL OM OT PT SS TA TR VN

Reevaluation Date: _____ Current Weighting: _____

Missing paperwork requested on: ___ / ___ / ___ ___ / ___ / ___

Initial
<input type="checkbox"/> IMS Data Summary Report
<input type="checkbox"/> EC code (ages 3 to 5 years old & not yet 6)
<input type="checkbox"/> Health plan (if yes, Health Care Plan is needed)
<input type="checkbox"/> Race/Ethnicity Form (if child is 3-5)
<input type="checkbox"/> Goals for each service documented
<input type="checkbox"/> Support services correctly documented (p. F)
<input type="checkbox"/> Extended School Year (if yes, ESY form is needed)
Other Initial Paperwork:
<input type="checkbox"/> Suspected Disability Form
<input type="checkbox"/> Consent for Evaluation (two pages)
<input type="checkbox"/> EER Report
<input type="checkbox"/> Prior Written Notice
<input type="checkbox"/> Consent for Initial Services
<input type="checkbox"/> Meeting Notice (required for support services only)

Annual Reviews
<input type="checkbox"/> IMS Data Summary Report
<input type="checkbox"/> EC code (ages 3 to 5 years old & not yet 6)
<input type="checkbox"/> Health plan (if yes, Health Care Plan is needed)
<input type="checkbox"/> Goals for each service documented
<input type="checkbox"/> Support services correctly documented (p. F)
Other Annual Review Paperwork:
<input type="checkbox"/> Prior Written Notice
<input type="checkbox"/> Meeting Notice (required for support services only)

Amendments
<input type="checkbox"/> IMS Data Summary Report
<input type="checkbox"/> Amendment IEP (changed pages)
<input type="checkbox"/> Prior Written Notice
<input type="checkbox"/> Meeting Notice (required for support services only)

Reevaluation
<input type="checkbox"/> IMS Data Summary Report
<input type="checkbox"/> EC code (ages 3 to 5 years old & not yet 6)
<input type="checkbox"/> Health plan (if yes, Health Care Plan is needed)
<input type="checkbox"/> Goals for each service documented
<input type="checkbox"/> Support services correctly documented (p. F)
<input type="checkbox"/> Extended School Year (if yes, ESY form is needed)
Other Reevaluation Paperwork:
<input type="checkbox"/> Consent for Evaluation (two pages)
<input type="checkbox"/> Reevaluation Questions
<input type="checkbox"/> Prior Written Notice
<input type="checkbox"/> Meeting Notice (required for support services only)

Transfer In from Out-of-State
<input type="checkbox"/> Current IEP with Iowa IEP Data
<input type="checkbox"/> Past Records, If Available

Final Exits (All Services Discontinued)
<input type="checkbox"/> IMS Data Summary with Final Exit Code
<input type="checkbox"/> ECO Summary, if needed
<input type="checkbox"/> Consent for Evaluation (two pages)
<input type="checkbox"/> Final Exit Form
<input type="checkbox"/> Prior Written Notice
<input type="checkbox"/> Reevaluation Questions
<input type="checkbox"/> SAR OR Summary for Post-Secondary for graduation exits
*Reevaluation is not required for graduation exit

Other Required Forms
<input type="checkbox"/> Just. For Special School Placement
<input type="checkbox"/> Functional Behavior Assessment
<input type="checkbox"/> Behavior Intervention Plan
<input type="checkbox"/> Communication Plan (deaf/hard of hearing)
<input type="checkbox"/> Manifestation Determination