

Effective IEP Checklist

Date: _____

EFFECTIVE IEP MEETING CHECKLIST Self-monitoring checklist

	Level of Competence	Adequate	Needs improvement
BEFORE THE MEETING			
<input type="checkbox"/> Allocate approximately one-hour for the meeting & inform participants of such.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check with parents to determine a convenient location, time/date.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ask parents to complete the "Parent Input to IEP" form & return to me before meeting.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Invite appropriate people to attend.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Send written prior notice SP6 to meeting participants.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Have the following materials available: previous IEP(s), relevant data, work samples, assessment results, progress reports, parent rights brochure, special ed. forms.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prepare a <i>draft</i> IEP.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Have coffee or water available for attendees.		<input type="checkbox"/>	<input type="checkbox"/>
DURING THE MEETING			
<input type="checkbox"/> Remind participants of one-hour time allocation – address any time constraints and agree upon ending time. Monitor time during meeting.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Offer coffee or water to attendees.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Introduce all participants including names and titles.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Describe the role of all participants – what people are expected to contribute.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clearly state the purpose of the meeting and expected outcomes.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Review an agenda which includes:		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1. Review student strengths		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. Parent concerns for enhancing their student's education		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. Share assessment results and current levels of performance		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. Share results of performance on State or district-wide assessments as appropriate		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. Describe student's progress on existing IEP goals/objectives		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6. Identify student's needs		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. Brainstorm program strategies to meet student's needs		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8. Develop appropriate IEP goals/objectives		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. Discuss placement in the LRE		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10. Explain parental rights		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Take notes using a "Meeting Summary" form.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emphasize the important role of parents as a key player of the team (student's strengths, weaknesses and needs). Encourage and value parental input.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Take time to build rapport remembering that many parents of children with disabilities had troublesome experiences themselves as students. Ask opening questions such as:		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1. What are your child's strengths and interests?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. What does your child enjoy doing at home and school?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. What areas does your child need to improve?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. What would you like to see your child doing this school year?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attend to parent's nonverbal cues (facial tension, hand-wringing).		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do a perception check of parent's feelings ("it seems like you are feeling . . .")		<input type="checkbox"/>	<input type="checkbox"/>