

Review of Transfer IEP Records

STUDENT INFORMATION

Student: _____ Date of birth: _____ Age: _____ Student ID: _____
 Gender: _____ Ethnicity: _____ Home school district: _____
 Home language: _____ School language: _____ English language learner? _____
 Home school: _____ Service school: _____ Grade: _____
 Primary disability: _____ Secondary disabilities: _____ Date of transfer IEP: _____

IEP REVIEW INFORMATION

Compliance	IEP Component	Compliance	IEP Component
<input type="radio"/> Yes <input type="radio"/> No	IEP is current	<input type="radio"/> Yes <input type="radio"/> No	Related services, if needed, including start/end dates, frequency, and location
<input type="radio"/> Yes <input type="radio"/> No	Meeting notice	<input type="radio"/> N/A	
<input type="radio"/> Yes <input type="radio"/> No	Documentation of required IEP team meeting participants	<input type="radio"/> Yes <input type="radio"/> No	Statement of least restrictive environment with justification
<input type="radio"/> Yes <input type="radio"/> No	Present levels of educational performance	<input type="radio"/> Yes <input type="radio"/> No	ESY determination with justification
<input type="radio"/> Yes <input type="radio"/> No	Consideration of special factors	<input type="radio"/> Yes <input type="radio"/> No	Statement of test participation and accommodations, if needed
<input type="radio"/> Yes <input type="radio"/> No	Consideration of supplementary aids, services, and program adaptations	<input type="radio"/> Yes <input type="radio"/> No	Documentation of eligibility for alternate assessment, if appropriate
<input type="radio"/> Yes <input type="radio"/> No	Consideration of supports for school personnel	<input type="radio"/> N/A	
<input type="radio"/> Yes <input type="radio"/> No	Annual goals and objectives/benchmarks	<input type="radio"/> Yes <input type="radio"/> No	Parent consent for placement for initial IEP
<input type="radio"/> Yes <input type="radio"/> No	Special education services, including start/end dates, frequency, and location	<input type="radio"/> N/A	Prior written notice
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

SAMPLE

REVIEWER RECOMMENDATIONS

Additional recommendations and supplemental information:

Review date: _____

IEP Case Manager: _____ **Case Manager signature:** _____