IEP CHECK LIST for PARENTS

The following checklist has been developed by TASK (Team of Advocates for Special Kids) 100 Cerritos Ave. Anaheim, CA 92805, to help you think of items that should be considered in preparing your child's IEP.

TIME PERIOD  yes____ no____

1. Should your child attend school for the standard school year? yes____ no____
2. An extended school year? yes____ no____

CURRICULUM

1. Do the goals correspond to the areas of need mentioned in the assessments? yes____ no____
2. Are the goals and/or objectives specific enough to easily recognize that they have been attained? yes____ no____
3. Does your child require a structured setting? yes____ no____
4. Is there a need for special equipment or materials to work effectively with your child? yes____ no____
   a. Braille? yes____ no____
   b. Tape Recorder? yes____ no____
5. What might be appropriate methods of rewarding your child?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
6. What are appropriate disciplinary methods?
   ________________________________________________________________
   ________________________________________________________________
7. Does your child require special classroom support, i.e. sign language or interpreter? yes____ no____
8. Have you been given a copy of your child's proposed daily schedule? yes____ no____

RELATED SERVICES

1. Are the related services your child needs specified in the IEP? yes____ no____
2. How will they be provided (Pull-out or in class)? _____________________________
   Will any of them require additional transportation? yes____ no____
3. Which of the following are appropriate related services?
   a. Transportation yes____ no____
   b. Speech Therapy yes____ no____
   c. Occupational Therapy yes____ no____
   d. Physical Therapy yes____ no____
   e. Adaptive P.E. yes____ no____
   f. Group or individual counseling yes____ no____
g. Parent training yes____ no____
h. Other
___________________________________________________

SPECIAL REQUIREMENTS/ACCESSIBILITY

1. Does your child need special physical accessibility? yes____ no____
   a. Assistance to move about? yes____ no____
   b. Books on tape? yes____ no____
   c. Materials in large print yes____ no____

2. Does your child have any special diet or medication requirements? yes____ no____
   a. Allergies? yes____ no____

3. If medication is needed during the school day, who administers it?
   ________________________________
   a. When? ________________________

INTEGRATION/MAINSTREAMING

1. WHAT IS THE "LEAST RESTRICTIVE ENVIRONMENT" FOR YOUR CHILD?
   a. With children who do not have disabilities? yes____ no____
   b. Separate from children who do not have disabilities? yes____ no____
   c. The same school he/she would attend if not disabled? yes____ no____
   d. Are special classes and programming spread throughout the school? yes____ no____

2. Does your child participate in (the same extent as other students)?:
   a. School assemblies? yes____ no____
   b. Graduation exercises? yes____ no____
   c. Clubs? yes____ no____
   d. Regular art, music and/or P.E.? yes____ no____
   e. Homeroom? yes____ no____
   f. Study halls? yes____ no____
   g. Field trips? yes____ no____

SPECIAL ASSISTANCE

1. Does your child require therapeutic intervention? yes____ no____
2. Does he require structure even in his spare time? yes____ no____
3. Because of his disability, does your child require an alternative to playground recreation?  
   yes____ no____
4. Does your child require special support during free time? ie eating, toilet yes____ no____

TRANSPORTATION

1. How long will your child be on a bus?  
   ______________________________
   a. Will an aide or special equipment be necessary for safety? yes____ no____
   b. Does the child need to be escorted to and picked up at the classroom? yes____ no____

2. What provisions for transportation are necessary, and written into the plan? yes____ no____
   a. If transportation must be contracted for, do you have a copy of contract? yes____ no____

SPECIAL CONSIDERATIONS FOR SECONDARY EDUCATION

1. Have you discussed the suspension/expulsion policies of your district? yes____ no____
2. Are appropriate career/vocational plans included in your students IEP? yes____ no____

MONITORING

1. Who will be working with your child: where, and on what specific goals?  
   ______________________________
   ______________________________
   ______________________________

2. Are all the child's teachers mentioned in the plan apprised of it? yes____ no____
3. Are the goals and objectives written in the IEP measurable and observable? yes____ no____
4. Does the IEP indicate who is directly responsible for its implementation? yes____ no____
5. Will you receive a written report on your child's progress? yes____ no____
6. How will the regular classroom teacher and the special education teacher coordinate work?  
   ______________________________

7. What date will the plan begin?  
   ______________________________

8. When, how and by whom will the program be evaluated?  
   ______________________________
   ______________________________
   ______________________________
TECHNOLOGY

1. Has your child been tested for the value of computers in his education? yes____ no____
2. Does your child need a computer to benefit from education? yes____ no____
3. What adaptations are necessary for your child to use a computer? (i.e. switches, head gear, touch windows, etc.) ________________________ __________________________
   ________________________________________________________________
4. What specialized software will be used?
   ________________________________________________________________
   ________________________________________________________________
   __
5. Who will be responsible?
   ________________________________________________________________