***IEP PAPERWORK CHECKLIST August 2017***

***(PLEASE SEND PAPERWORK INTO FOUR RIVERS IN THE ORDER LISTED BELOW)***

*Originals are to be kept in the Teacher File---copies are to be sent to Four Rivers (Master File)*

***PAPER CLIP TO TOP OF IEP/EDC:***

***\*\_\_\_* Data Form**Top of packet (Paper Copy – Not from PowerIEP)

**\_\_\_\_ Transition Data Form***(*Transition-age students- 14 ½) (Paper Copy – Not from PowerIEP)

**\_\_\_\_ Medicaid Consent Form: (4R-151 Rev. 3/13)** One-time consent signed AFTER March 18, 2013. In PowerIEP under Student Information, ensure that “Yes” or “No” under “Consent to Bill” has been chosen. If the field is blank, check the file for the Medicaid Consent Form and complete the field. If the form is not in the file, have the form signed by the parents and complete the field.

***STAPLE THE FOLLOWING:***

***\*\_\_\_* Conference Recommendations**

***\*\_\_\_* Conference Summary Report:PowerIEP Document—DO NOT use the invitation for the sign in sheet**

***\*\_\_\_* Additional Notes/Information**

**\_\_\_\_ Doc of Evaluation Results** (EDC only)

**\_\_\_\_ Eligibility Determination (Non LD)**(EDC only) **\_\_\_\_ Doc of Intervention Results (LD)**(if applicable, EDC only) **\_\_\_\_ Eligibility Determination (LD)**(EDC only) **\_\_\_\_ Functional Behavioral Assessment** (if applicable, EDC only)

***\*\_\_\_* Present Levels of Educational Performance**

**\_\_\_\_ Secondary Transition** (Transition- age students - 14 ½)

**\_\_\_\_ Behavior Intervention Plan** (if applicable)

***\*\_\_\_* Conference Goals and Objectives**

***\*\_\_\_* Educational Accommodations**

***\*\_\_\_* Assessment**

***\*\_\_\_* Educational Services & Placement**

**\_\_\_\_ Autism Considerations** *(complete for every IEP of a student with an Autism eligibility)*

**\_\_\_\_ Consent for Initial Services** *(if new placement or moved in from out-of-state with an IEP)*

**\_\_\_\_ Transfer of Rights** (*student---17 years old)*

**\_\_\_\_ Delegation of Rights** *(student---18 years or older)*

**\_\_\_\_ Transition Consent** *(Transition- age students – 14 ½)*

**\_\_\_\_ Excusal of Team Member** *(if required participant did not attend the IEP)*

***\*\_\_\_* Notification of Conference**

\_\_\_\_ ***Waiver of Ten Day Notice (4R-72)*** *{Paper Copy -- Not from PowerIEP} (if less than 10 days between date parent received invite and meeting)*

***\* Every IEP/EDC must have this form.***