**School District/Public Agency**

**Special Education Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Student** | **WISER ID** | **DOB** | **Grade** | **Date** |
|  |  |  |  |  |
| **Name(s) of Parent or Guardian** | **Name(s) of Parent or Guardian** |
|  |  |
| **Address (City, State & Zip)** | **Address (City, State & Zip)** |
|  |  |
| **Contact Information** | **Contact Information** |
| **H:** | **C:** | **H:** | **C:** |
| **W:** | **Email:** | **W:** | **Email:** |
| Disability Category: | Annual IEP Date: | Three Year Reevaluation Date: |
|  |

 **REFERRAL**

 Referral for Special Education: (Form E-1)

 Notice of Team Meeting (Form G-1)

 Prior Written Notice (Form G-2)

 Procedural Safeguards

 Parent Request for Special Education:

 Prior Written Notice (Form G-2)

 Procedural Safeguards

 **INITIAL EVALUATION**

 Notice and Consent for Evaluation (Form E-2)

 Eligibility Criteria Worksheet(s)

 Notice of Team Meeting (Form G-1)

 Evaluation Report and Eligibility Determination (Form E-3)

 Prior Written Notice, if ineligible (Form G-2)

 **INITIAL SERVICES**

 Notice of Team Meeting, if needed to develop an IEP (Form G-1)

 Prior Written Notice and Consent for Initial Services (Form I-3)

 IEP (Forms I-4, I-4a, and I-4b)

 **ANNUAL IEP**

 Consent for Transition Agency Participation, if needed (I-1)

 Notice of Team Meeting (Form G-1)

 Excusal of an IEP Team Member, if needed (Form I-2)

 IEP (Forms I-4, I-4a, and I-4b)

 Prior Written Notice (Form G-2)

 Procedural Safeguards

 **IEP AMENDMENT**

 IEP Amendment, if changes proposed after annual meeting (Form I-5)

 Prior Written Notice (Form G-2)

 Copy of new IEP, if requested.

 **REEVALUATION**

 Notice and Consent for Evaluation (Form E-2)

 Evaluation Report and Eligibility Determination (Form E-3)

 Prior Written Notice, if any changes are proposed (Form G-2)

 Agreement not to reevaluate per §300.303.

 Prior Written Notice (Form G-2)

 **TRANSFER STUDENTS**

 Transfer within state in the same school year:

 Notice of Team Meeting to review transfer IEP and determine comparable services. (Form G-1)

 Adopt IEP from previous district, OR

 Develop and implement a new IEP. (Forms I-4, I-4a, and I-4b)

 Prior Written Notice (Form G-2)

 Transfer from another state in the same school year:

 Notice of Team Meeting to review transfer IEP and determine comparable services.(Form G-1)

 Initial Evaluation (See above.)

 Initial Services (See above.)

 **DISCIPLINE**

 Notice of Team Meeting to review behavior (Form G-1)

 Manifestation Determination (Form G-3)

 FBA Consent for Evaluation, if necessary (Form E-2)

 IEP Amendment, if necessary (Form I-5)

 Prior Written Notice (Form G-2)

 Procedural Safeguards

 **TERMINATION OF ELIGIBILITY**

 See Reevaluation above, or

 Summary of Performance (Form I-6)

 Prior Written Notice (Form G-2)

 **REVOCATION OF CONSENT**

 Parental Revocation of Consent (Form I-7)

 Prior Written Notice (Form G-2)