

IEP Checklist

IEP Team Members

General Education Teacher

Name: _____

Phone: _____

Email: _____

Special Education Teacher

Name: _____

Phone: _____

Email: _____

Individual to Interpret student's evaluation

Name: _____

Phone: _____

Email: _____

School Representative (Principal, Counselor, etc.)

Name: _____

Phone: _____

Email: _____

- Description of the disability
- Options for placements and services that will help your child succeed
- Description of what your child should be taught, who will teach your child and when, where and for how long
- Measurable goals for your child's education and/or behavioral growth
- Description of your child's interests and abilities
- Appropriate accommodations
- How your child will participate in state and district testing