Student Contact Index Card

(For 4"x 6"Index Card—Cut on Dotted Line and Attach to Card)

| Student | Contact Informat | tion | |
|--|---------------------|------------|---|
| Name | | | |
| Birthday | | | |
| Teacher | | Grade | e |
| Parents/Guardian | | | |
| Phone | | | |
| Parent's E-Mail Address | | | |
| Notes | | | |
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| Student | Contact Informa | tion | |
| Student | Contact Informat | tion | |
| Student Name Birthday | Contact Informat | tion | |
| NameBirthday | Contact Informat | tion | |
| Student Name Birthday Teacher Parents/Guardian | Contact Informat | tion Grade | e |
| Student Name Birthday Teacher Parents/Guardian Phone | Contact Informat | tion Grade | e |
| Student Name Birthday Teacher Parents/Guardian Phone Parent's E-Mail Address | Contact Information | tion Grade | e |
| Student Name Birthday Teacher Parents/Guardian Phone | Contact Information | tion Grade | e |

(For 5"x 8"Index Card—Cut on Dotted Line and Attach to Card) Student Contact Index Card

| Student Contact Information | |
|-----------------------------|---|
| Name | |
| Birthday | |
| Teacher Grade | |
| Parents/Guardian | |
| Phone | |
| Parent's E-Mail Address | |
| Notes | |
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IEP Goals Index Card

(For 4"x 6"Index Card—Cut on Dotted Line and Attach to Card)

| | IEP Goals | |
|------|-----------|--|
| Name | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
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| | IEP Goals | |
|------|-----------|--|
| Name | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

IEP Goals Index Card

(For 5"x 8"Index Card—Cut on Dotted Line and Attach to Card)

| Name 1. 2. 3. 4. 6. | | IEP Goals |
|--|------|-----------|
| 1. 2. 3. 4. 5. 6. 7. | Name | |
| 2. 3. 4. 5. 6. 7. | ٦. | |
| 3. 4. 5. 6. 7. | 2. | |
| 4. 5. 6. 7. | 3. | |
| 5. 6. 7. | 4. | |
| 6. 7. | 5. | |
| 7. | 9 | |
| | 7. | |

Individual IEP Objectives Index Card

(For 4"x 6"Index Card—Cut on Dotted Line and Attach to Card)

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| What | Date | |
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| | Indiv | idual IEP | Objective | es. | |
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(For 5"x 8"Index Card—Cut on Dotted Line and Attach to Card) Individual Objectives Index Card

Individual Objectives

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Two-Drawer Filing Cabinet Top Drawer

| File Name | Description |
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Two-Drawer Filing Cabinet Bottom Drawer

| File Name | Description |
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Individual IEP Objectives

| Name | | |
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| Objectives | Dates | | | | |
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| | Grou | ıp IE | P Obj | ectiv | es | | | JBJECT | | | | | |
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| Time | | | | | | | | | | | | | |
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| Reading | | | | | | | | | | | | | |
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| End Goal * | | | | | | | | | | | | | |

How will the goal be measured?

Teacher observation

Checklists

Standardized tests

Homework

^{*}This is the goal or measurement.

Group IEP Objectives—Reading

| Class | | | | | | | | | | | | |
|------------|---|---|---|------|---|---|---|---|---|---|---|---|
| Time | | | | Date | | | | | | | | |
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| Reading | | | | | | | | | | | | |
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| End Goal * | | | | | | | | | | | | |

How will the goal be measured?

Teacher observation

Checklists

Standardized tests

Homework

^{*}This is the goal or measurement.

Group IEP Objectives—Math

| Class | | | | | | | | |
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| Time | | | | | | | | |
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| Math | | | | | | | | |
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| End Goal * | | | | | | | | |

How will the goal be measured?

Teacher observation

Checklists

Standardized tests

Homework

^{*}This is the goal or measurement.

Group IEP Objectives—Work Habits

| Class | | | | | | | | | | | | |
|-------------|---|---|---|------|---|---|---|---|---|---|---|---|
| Time | | | | Date | | | | | | | | |
| | S | Т | U | D | Е | Ν | Т | Ν | Α | M | Е | S |
| Work Habits | | | | | | | | | | | | |
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| End Goal * | | | | | | | | | | | | |

How will the goal be measured?

Teacher observation

Checklists

Standardized tests

Homework

^{*}This is the goal or measurement.

Group IEP Objectives—Work Habits

| Class | | | | | | | |
|---------------|--|-------|--|---|--|---|---|
| Time | | Date. | | | | | |
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| Social Skills | | | | | | | |
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| End Goal * | | | | | | | |

How will the goal be measured?

Teacher observation

Checklists

Standardized tests

Homework

^{*}This is the goal or measurement.

| Daily Progress | Report For | | | | |
|----------------|------------|------|----------------|----|--|
| Date | | Goal | s and Objectiv | es | |
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| | 2 = mostly | 1 = som | etimes C | = never | | | | | | | | |
|----------------|----------------|----------|-------------------|---------|--|--|--|--|--|--|--|--|
| Monday | CLASS/SUBJECT | | | | | | | | | | | |
| GOALS | | | | | | | | | | | | |
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| uesday OALS | | CLASS/SU | ВЈЕСТ | | | | | | | | | |
| IOALS | | | | | | | | | | | | |
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| Wednesday | | CLASS | /SUBJECT | |
| GOALS | | | | |
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| | | | Daily Total = _ | |
| Thursday | | CLASS | 'SUBJECT | |
| GOALS | | | | |
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| | | | Daily Total = _ | |

| | 2 = mostly | 1 = someti | mes 0 = | = never |
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Name

GOAL/OBJECTIVE_

| Reward | | | | |
|------------|--|--|--|--|
| Not at all | | | | |
| Somewhat | | | | |
| Mostly | | | | |
| Class | | | | |

Report For

0 = no1 = sometimes 2 = yesClassroom Teachers: Fill in the table with the appropriate numbers

Date

| | | CLA | CLASS/SUBJECTS | CTS | |
|------------------|--|-----|----------------|-----|--|
| GOALS/OBJECTIVES | | | | | |
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IEP Tracking Due Date

| 3 Year Reevaluation Due | | | | | |
|-------------------------|--|--|--|--|--|
| Annual IEP Due | | | | | |
| Name | | | | | |

IEP Evaluation Checklist For Chairperson

| Student [| Date of Birth | | / | Age | |
|---|---------------|-----|----|------------|--------|
| School | | | | | |
| Parents F | hone | | | | |
| Steps Completed | IEP Chair | S&L | PT | Head Start | Parent |
| Date of Referral | | | | | |
| Start Date (Date I Receive File) | | | | | |
| Review Existing Records | | | | | |
| Locate Team/Determine Schedules of Team | | | | | |
| Set Up Existing Data Meeting | | | | | |
| Mail Invitations to Staff, Parents and Head Start | | | | | |
| | | | | | |
| Draft Existing Data Forms | | | | | |
| Hold Initial Meeting | | | | | |
| Add Staff If Needed | | | | | |
| Obtain Parent Permissions | | | | | |
| Finalize Existing Data Forms | | | | | |
| Set Up Date For Eligibility Meeting | | | | | |
| Mail Invitation For Eligibility Meetings | | | | | |
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| Observe Student | | | | | |
| Assess Student | | | | | |
| Complete "Summary of Findings" (Personal Report |) | | | | |
| Draft Eligibility Forms | | | | | |
| Draft Program Forms | | | | | |
| Date of Eligibility/Program Meeting | | | | | |
| Hold Eligibility/Program Meeting | | | | | |
| Set Up Program Meeting (if separate) Invitations | | | | | |
| Hold Program/Placement Meeting | | | | | |
| Teacher Assignment/Transportation Forms | | | | | |
| Parent Signatures | | | | | |
| Send Copies to Parents | | | | | |
| Call Parents and Teacher | | | | | |
| IEP Finalized Date 90 Days Expiration | | | | | |

IEP Evaluation Checklist For Chairperson

| Student | Date of Bir | th | Ag | e | |
|-----------------|-------------|----|----|---|--|
| School | | | | | |
| Parents | Phone | | | | |
| Steps Completed | | | | | |
| Steps Completed | | | | | |
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IEP Evaluation Checklist For Team Members

| Steps in Process | | | |
|--|--|--|--|
| Start date | | | |
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| Review existing records and write summary | | | |
| Attend initial meeting | | | |
| Observe student | | | |
| Assess student | | | |
| Complete professional report "summary of findings" | | | |
| Draft eligibility/program forms | | | |
| Attend eligibility, program and placement meeting | | | |
| Make corrections/changes to finalize forms | | | |
| IEP Finalized — 90-day expiration | | | |
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IEP Evaluation Checklist For Team Members

| Steps in Process | | | |
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Phone List

| Name | Occupation or Service | Location or School | Phone Number | E-mail Address |
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Individual Student Contact and Information

| Student (Last, First) | Home Phone |
|----------------------------|----------------------------|
| Parent(s) | Home E-mail |
| Home Address | |
| | |
| Mom (Last,First)* | Dad (Last, First)* |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| E-mail Address | E-mail Address |
| Best Time to Call | Best Time to Call |
| Best Way to Communicate | Best Way to Communicate |

*or Guardian/Caregiver

Special Services Needed

| Contact Name or Business | Type of Service | Phone Number |
|--------------------------|-----------------|--------------|
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IEP Team Members

| Who | What | Phone Number | E-mail Address |
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Student Contact Information

| Student (Last, First) Home Phone | | |
|---|-----------------------|-------------------|
| Mom (Last,First)* Dad (Last,First)* | Student (Last,First) | Home Phone |
| Mom (Last,First)* Work Phone Cell Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Student (Last,First)* Work Phone Cell Phone E-mail Address Mom (Last,First)* Work Phone Cell Phone Cell Phone Cell Phone Cell Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Student (Last,First) Home Phone Parent(s) Home E-mail Home Address Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Student (Last,First) Home Phone Parent(s) Home Phone Parent(s) Home Phone Cell Phone Parent(s) Home Phone Parent(s) Home Phone Parent(s) Home Phone Parent(s) Home Phone Cell Phone Cell Phone Cell Phone Cell Phone Cell Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Best Time to Call Best Way to | Parent(s) | Home E-mail |
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| Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Student (Last,First) Home Phone Parent(s) Home Address Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Student (Last,First) Home Phone Parent(s) Home E-mail Home Address Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Best Way to | ` ´ | |
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| Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Student (Last,First) Home Phone Parent(s) Home Address Mom (Last,First)* Work Phone Cell Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate | Mom (Last,First)* | Dad (Last,First)* |
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| Best Time to Call Best Way to Communicate Student (Last,First) Parent(s) Home Phone Home E-mail Home Address Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to | Cell Phone | Cell Phone |
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| Communicate Communicate Communicate Communicate Communicate Communicate Home Phone Parent(s) Home E-mail Home Address Mom (Last,First)* Work Phone Cell Phone Cell Phone E-mail Address Best Time to Call Best Way to Communicate Home Phone Cemail Address Best Time to Call Best Way to | Best Time to Call | Best Time to Call |
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| Parent(s) Home E-mail Home Address Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Home E-mail Clast,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to | Student (Last.First) | Home Phone |
| Home Address Mom (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Dad (Last,First)* Work Phone Cell Phone E-mail Address Best Time to Call Best Way to | , | Home E-mail |
| Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Work Phone Cell Phone E-mail Address Best Time to Call Best Way to | <u> </u> | |
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| Work Phone Cell Phone E-mail Address Best Time to Call Best Way to Work Phone Cell Phone E-mail Address Best Time to Call Best Way to | Mom (Last,First)* | Dad (Last.First)* |
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| Best Time to Call Best Way to Best Way to | | |
| Best Way to Best Way to | | |
| | Best Way to | Best Way to |
| | | |

Student Contact Information | Grade _____

| Student (Last, First) | Home Phone |
|----------------------------|----------------------------|
| Parent(s) | Home E-mail |
| Home Address | |
| | |
| Mom (Last,First)* | Dad (Last,First)* |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| E-mail Address | E-mail Address |
| Best Time to Call | Best Time to Call |
| Best Way to Communicate | Best Way to Communicate |
| | |
| Student (Last,First) | Home Phone |
| Parent(s) | Home E-mail |
| Home Address | |
| | |
| Mom (Last,First)* | Dad (Last, First)* |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| E-mail Address | E-mail Address |
| Best Time to Call | Best Time to Call |
| Best Way to Communicate | Best Way to Communicate |
| | |
| Student (Last,First) | Home Phone |
| Parent(s) | Home E-mail |
| Home Address | |
| Mom (Last,First)* | Dad (Last, First)* |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| E-mail Address | E-mail Address |
| Best Time to Call | Best Time to Call |
| Best Way to Communicate | Best Way to Communicate |

Communication Log

| Date | Time | Person Contacted | Content of Conversation |
|------|------|------------------|-------------------------|
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Student Class Schedule

| Subject | Student Name | el e | | Student Number | School | loo |
|---------|--------------|--------|---------|--------------------|--------|----------|
| | | MTWThF | Subject | Teacher and E-mail | Room | Comments |
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Teacher Class Schedule

| Time/Period Monday Tue: | Room/crade | | Subject | |
|-------------------------|------------|-----------|----------|--------|
| | ay Tuesday | Wednesday | Thursday | Friday |
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