

IEP MEETING CHECKLIST FOR PARENTS OF PRESCHOOLERS

Dear Parent/Guardian:

Please review this Checklist prior to starting your IEP meeting. As you go through your IEP meeting, check to make sure that each of the issues below is addressed by your team. If it is not addressed, please ask your team to discuss it. Please let the Director of Pupil Services/ Special Education know if your IEP meeting does not address each of the issues below.

___ My meeting is with a complete IEP team, including my child's general education teacher, my child's Case manager from the Child Study Team, a special education provider or supervisor, someone who can interpret the evaluation results, and a district representative who has the authority to make commitments for services for my child.

___ At my IEP meeting, we talked about the following issues in the following order:

___ My child's "present levels of academic and functional performance" (how my child is doing in comparison to preschoolers without disabilities of her age, the results of the most recent evaluations and testing, etc.)

___ Measurable annual goals & objectives for my child that are tied to the information and skills that typical preschoolers learn (at least one set of goals & objectives for each of my child's needs)

___ Special education & related services that my child needs, including:

_____ Whether my child needs "supplementary aids and services," either directly for her, or for the teacher, or for other children in the class, to help support my child's successful inclusion in the typical preschool or child care setting

_____ Any special skills, knowledge, or professional development needed by my child's teacher, aide/paraprofessional, related services provider, etc.

_____ Whether or not my child needs related services such as speech therapy, occupational therapy, physical therapy, counseling, psychiatric or psychological services, transportation, travel training, orientation or mobility training

_____ Whether or not my child needs extended school year services to make sure that he/she doesn't lose everything he/she learned, over the summer

_____ Whether my child needs functional behavior assessment & positive behavior support plan

_____ Whether my child needs to learn communication skills & strategies

_____ Whether my child needs assistive technology

_____ How my child can access extra-curricular and non-academic activities open to preschoolers without disabilities before, during, and after school hours

_____ Placement – the “least restrictive” setting in which my child’s IEP can be implemented, and which gives my child the maximum appropriate opportunity to interact with other preschoolers who do not have disabilities

_____ The person or people who are directly responsible for implementation of each service and program in my child’s IEP

_____ The person or people who are directly responsible to monitor my child’s progress

_____ How I will be informed of my child’s progress and whether that progress is sufficient to meet the goals by the end of the year, and how often (at least as often as general education parents receive report cards on their children’s performance)

_____ I received a complete copy of the PRISE (Parents Rights in Special Education) booklet, including the page with the listing of organizations to contact for information about my rights.

_____ I received a signed copy of the handwritten IEP or a summary of my child’s program, services and placement at the end of the meeting.

Parent(s)' Name _____ Date

Developed by the Statewide Parent Advocacy Network, 35 Halsey Street, Newark, NJ 07102
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