

Iberville Parish School System
IEP Monitoring Forms

Revised 7/2005

Student: _____

IEP Date: _____ Date Monitored: _____

Teacher: _____

School: _____

ATTACH the checklist to the revised page(s) and return to the Special Education Office within 2 weeks.

TRANSITION SERVICES (if applicable)

- C NC Anticipated exit date
- C NC Date and method of invitation
- C NC Future vision statement
- C NC How preferences obtained
- C NC Interview sheets attached
- C NC Transition/Action steps addressed
- C NC Action for agency linkage documented
- C NC Type of Exit document (attached)

Comments: _____

GENERAL STUDENT INFORMATION

- C NC System
- C NC Student name
- C NC Grade
- C NC Meeting date
- C NC DOB
- C NC ID#
- C NC Individual evaluation date
- C NC School(s)
- C NC Primary/secondary except.
- C NC Type of IEP
- C NC Signatures

C NC **GENERAL STUDENT INFORMATION**

(Address circled items) strengths; parental concerns; evaluation results; academic, developmental and functional needs; statewide assessment results; progress or lack of progress in the general education curriculum; course(s) of study for transition, age of majority (if applicable)

- C NC **SPECIAL FACTORS:** Behavior: language for limited English proficient; communication; assistive technology devices/services; health needs
- C NC Educational Needs
- C NC Re-evaluation Comments

Comments: _____

INSTRUCTIONAL PLAN PAGE

- C NC Educational Need Area
- C NC Present level of performance
- C NC Measurable Goal(s)
- C NC Method of Measurement
- C NC Short-term objectives/benchmarks (**Alternate Assessment**)
- C NC Personnel Responsible

Comments: _____

PROGRAM/SERVICES PAGE

- C NC LEAP/iLEAP/GEE
- C NC Alternate Assessment (Justification)
- C NC Accommodations for testing
- C NC Regular Classes (explanation if none)
- C NC **ACCOMMODATION PAGE COMPLETED**
- C NC Activities with non-disabled peers (explain if none)
- C NC Supports needed for school personnel
- C NC ESY date/criteria
- C NC Student's total instructional day
- C NC Date/duration/location (Direct and Related Services)
- C NC Total minutes in special setting
- C NC Special Transportation (if applicable)

PLACEMENT/LRE PAGE

- C NC Placement/service determination checklist (justification)
- C NC Site determination
- C NC Progress Reports
- C NC Alternative to Regular Diploma Option (if applicable)
- C NC Age of majority (check if applicable)
- C NC Parent/Student Decisions checked and signed
- C NC Document Attachments: Letter of Prior Notification; LAA1 participation criteria; LAA 2 participation criteria; Health care plan; Behavior Plan; 5 year plan; Pre-GED/Skills parental consent; Cert. of Achievement-Prov. Eligibility form
- C NC **ODR Signature**

Comments: _____

Date returned to teacher

Date returned to central office

Monitor's Signature

