

IEP COMPLIANCE FORM

Student Name: _____

Case Manager: _____

School: _____

Date: _____

REQUIRED INFORMATION	YES	NO	NA	COMMENT
Meeting Date				
PLOP: current assessment data on SDI areas from all service providers				
Goals/objectives for each area of eligibility for SDI				
Measurable Goals				
Goal start and stop date within 1 year				
WASL/WAAS options and accommodations				
Service matrix with all SDI minutes, location, duration, and provider.				
Related services, supplementary aids and services, and program modifications.				
Parental involvement statement				
Signature of all required members				
Transition Plan 16 with all required elements				
FBA/BIP				
Prior Written Notice				
Invitation				