

# Student Contact Index Card

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

## Student Contact Information

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Student Contact Information

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Student Contact Index Card

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

## Student Contact Information

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Individual Objectives Index Card

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

## Individual Objectives

Name \_\_\_\_\_

What	Date			



**Group IEP Objectives** \_\_\_\_\_

SUBJECT \_\_\_\_\_

**Class** \_\_\_\_\_

**Time** \_\_\_\_\_ **Date** \_\_\_\_\_

S T U D E N T N A M E S

<b>Reading</b>						
<b>End Goal *</b>						

\*This is the goal or measurement.

**How will the goal be measured?**

- Teacher observation
- Checklists
- Standardized tests
- Homework
- Work sample, etc.

Progress Report For \_\_\_\_\_

Classroom Teachers: Fill in the table with the appropriate numbers

2 = mostly      1 = sometimes      0 = never

**Monday**

**CLASS/SUBJECT**

**GOALS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


Daily Total = \_\_\_\_\_

**Tuesday**

**CLASS/SUBJECT**

**GOALS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_




\_\_\_\_\_


Daily Total = \_\_\_\_\_



Name \_\_\_\_\_

**GOAL/OBJECTIVE** \_\_\_\_\_

Class	Mostly 	Somewhat 	Not at all 	Reward

# Report For \_\_\_\_\_

Classroom Teachers: Fill in the table with the appropriate numbers 2 = yes 1 = sometimes 0 = no

Date \_\_\_\_\_

	<b>CLASS/SUBJECTS</b>								
<b>GOALS/OBJECTIVES</b>									

## IEP Evaluation Checklist For Chairperson

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Parents \_\_\_\_\_ Phone \_\_\_\_\_

<b>Steps Completed</b>	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					
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 <b>90 Days Expiration</b>					

# Teacher Class Schedule

Teacher		Room/Grade		Subject	
Time/Period	Monday	Tuesday	Wednesday	Thursday	Friday