

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 _____



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.



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)

IEP Goals

Name _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.



Individual IEP Objectives Index Card

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

Individual IEP Objectives

Name _____

What	Date					



Individual IEP Objectives

Name _____

What	Date					



Individual Objectives Index Card

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

Individual Objectives

Name _____

What	Date			



**Two-Drawer Filing Cabinet
Top Drawer**

File Name	Description

**Two-Drawer Filing Cabinet
Bottom Drawer**

File Name	Description

Individual IEP Objectives

Name _____

Objectives	Dates				

Group IEP Objectives _____

SUBJECT _____

Class _____

Time _____ **Date** _____

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

Reading						
End Goal *						

*This is the goal or measurement.

How will the goal be measured?

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

Group IEP Objectives—Reading

Class _____

Time _____ Date _____

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

Reading						
End Goal *						

*This is the goal or measurement.

How will the goal be measured?

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

Group IEP Objectives—Math

Class _____

Time _____ Date _____

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

Math						
End Goal *						

*This is the goal or measurement.

How will the goal be measured?

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

Group IEP Objectives—Work Habits

Class _____

Time _____ Date _____

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

Work Habits						
End Goal *						

*This is the goal or measurement.

How will the goal be measured?

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

Group IEP Objectives—Work Habits

Class _____

Time _____ Date _____

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

Social Skills						
End Goal *						

*This is the goal or measurement.

How will the goal be measured?

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

Daily Progress Report For _____

Date	Goals and Objectives				

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 = _____

Progress Report For _____

Classroom Teachers: Fill in the table with the appropriate numbers

2 = mostly 1 = sometimes 0 = never

Wednesday

CLASS/SUBJECT

GOALS

Daily Total = _____

Thursday




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 _____

	CLASS/SUBJECTS								
GOALS/OBJECTIVES									

IEP Tracking Due Date

Name	Annual IEP Due	3 Year Reevaluation Due

IEP Evaluation Checklist For Chairperson

Student _____ Date of Birth _____ Age _____

School _____

Parents _____ Phone _____

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					
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 Team Members

Steps in Process					
Start date					
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					

IEP Evaluation Checklist For Team Members

Steps in Process					

Phone List

Name	Occupation or Service	Location or School	Phone Number	E-mail Address

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

IEP Team Members

Who	What	Phone Number	E-mail Address

Student Contact 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	

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	

*or Guardian/Caregiver

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	
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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

Student Class Schedule

Student Name		Student Number		School	
Time/Period	M T W Th F	Subject	Teacher and E-mail	Room	Comments

Teacher Class Schedule

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