

## SPECIAL EDUCATION PAPERWORK COMPLIANCE CHECKLIST

### Five Star Interlocal Co-op 2014

Name of Student: \_\_\_\_\_ Sp. Ed. Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Evaluation	Move-In If <b>ACCEPTING</b> the evaluation, eligibility category, and entire IEP	Dismissal From Special Education	Annual IEP
<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 3 R.E.D. pg. 1- 2 <input type="checkbox"/> OSDE 4 Parent Consent, pg.1-2 <input type="checkbox"/> OSDE 5 MEEGS, pgs.1- 3 <input type="checkbox"/> OSDE 6 Notification of Meeting <input type="checkbox"/> Procedural Safeguards <input type="checkbox"/> OSDE 8 Written Notice, pg. 1-2  <b>If necessary:</b> <input type="checkbox"/> Speech/Language, OT, or PT Case History ( <b>if to be evaluated</b> ) <input type="checkbox"/> Speech/ Language, OT, or PT Evaluation Summary <input type="checkbox"/> OSDE12 Medical Certification ( <b>if required</b> ) <input type="checkbox"/> OSDE13 Vision Report ( <b>if required</b> ) <input type="checkbox"/> Send referral for evaluation to Co-op  <b>Remember: you have 45 school days from date of parent permission to hold MEEGS meeting</b>  <b>A full and individual evaluation must be conducted and eligibility established BEFORE special education and related services are initially provided.</b>  <b>A student MUST have an IEP BEFORE related services (OT, PT) can be referred.</b>	<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 8 Prior Written Notice pg.1-2 <input type="checkbox"/> Procedural Safeguards <input type="checkbox"/> Records from Prior School  <b>Remember: this meeting must be held within 10 school days of the student's enrollment</b>	<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 3 R.E.D. pg. 1-2 <input type="checkbox"/> <b>OR</b> OSDE 5 MEEGS <input type="checkbox"/> OSDE 6 Notification of Meeting <input type="checkbox"/> OSDE 8 Written Notice pg. 1-2 <input type="checkbox"/> Procedural Safeguards	<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 6 Notification of Mtg. Be sure to check ESY for all students. <input type="checkbox"/> OSDE 7 IEP pg. 1 Present Levels <input type="checkbox"/> OSDE 7 IEP pg. 2 Special Factors <input type="checkbox"/> <b>OSDE 7 IEP pg 3 Transition Services Plan – Goals 4 (Beginning 9<sup>th</sup> grade OR upon turning age 16)</b> <input type="checkbox"/> OSDE 7 IEP pg 5 Services <input type="checkbox"/> OSDE 7 IEP pg 6 Signature page <input type="checkbox"/> OSDE 8 Written Notice pg. 1-2 <input type="checkbox"/> Procedural Safeguards <input type="checkbox"/> Adaptations Modifications Supplementary Services <input type="checkbox"/> <b>Referral for Voc. Rehab. (if age 16 or older)</b>
Initial IEP If qualifies you must develop an IEP within 30 calendar days	3 Year Reevaluation Not Needed or No Additional Data Needed	3 Year Reevaluation Additional Data Needed	
<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 6 Notification of Meeting <input type="checkbox"/> OSDE 7 IEP <input type="checkbox"/> Procedural Safeguards	<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 3 R.E.D. pg. 1-2 <input type="checkbox"/> OSDE 6 Notification of Meeting <input type="checkbox"/> OSDE 8 Written Notice pg. 1-2 <input type="checkbox"/> Reevaluation Addendum  <input type="checkbox"/> OSDE12 Medical Certification ( <b>if required</b> ) <input type="checkbox"/> <b>Procedural Safeguards</b>	<input type="checkbox"/> OSDE 1 Record of Access <input type="checkbox"/> OSDE 2 Parent Contact Sheet <input type="checkbox"/> OSDE 3 R.E.D. pg. 1-2 <input type="checkbox"/> OSDE 4 Parent Consent pg. 1-2 <input type="checkbox"/> OSDE 6 Notification of Meeting <input type="checkbox"/> OSDE 8 Written Notice pgs. 1-2 <input type="checkbox"/> OSDE12 Medical Certification ( <b>if required</b> ) <input type="checkbox"/> Procedural Safeguards  <b>Remember: you have 45 school days from date of parent permission to hold MEEGS meeting</b>	****Procedural Safeguards = Parent's Rights