\*This Form **NOT** Required for PRELIMINARY Review of IEP Due 2 Weeks Before IEP Meeting\*

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|  | **2023-2024 Form****Request for FINAL REVIEW/ FINALIZATION OF IEP**  |

**1)** **Student Name & OSIS** (\*Response Required)\*:

**2) Official Class Teacher / Case Manager:**

**3)** **Which of the following Assessments are listed in the Evaluation Results?** (\*Response Required\*):

 (Be sure to indicate the **EXACT** **DATE**. Month and Year is **NOT SUFFICIENT**!)

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| Periodic Assessments (**REQUIRED** twice per year): \_\_\_ MAP Growth Reading (FULL date: \_\_\_\_\_\_ ) \_\_\_ SANDI Reading (FULL date: \_\_\_\_\_\_ )\_\_\_ MAP Growth Math (FULL date: \_\_\_\_\_\_ ) \_\_\_ SANDI Math (FULL date: \_\_\_\_\_\_ )  |
| Level 1 Vocational Assessments (**All Three Required)**  \_\_\_ Student Level 1 (date: \_\_\_ ) \_\_\_ Parent Level 1 Voc (date: \_\_\_ ) \_\_\_ Teacher Level 1 Voc (date: \_\_\_ )  |
| Miscellaneous:  \_\_\_ The VARK (date: \_\_\_\_ ) \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_ (date: \_\_\_\_ ) \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_ (date: \_\_\_\_ )  |

**4) Anticipated Diploma/Certificate Type** (\*response required\*):

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| **Standardized:** **(check all that apply)** \_\_\_\_ Student is currently pursuing a Regents HS Diploma.  \_\_\_\_ Student is currently pursuing a Local HS Diploma.  \_\_\_\_ Student is currently pursuing a CDOS Credential.  |
| **Alternate:** \_\_\_\_ Student is currently pursuing a Skills & Achievement Commencement (SAC) Credential (non-diploma). |

**5) *Brief,* INDIVIDUALIZED, sentence (that will be entered on the PWN/PNP and sent to the parents) describing parental, student, teacher and/or related service provider concerns or student needs raised at meeting and how they will be addressed (e.g. via programs/services/goals/activities/request for reeval):** (\*Response Required\*):

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**6) Student’s Definition of Future Success (to be entered on the PWN/PNP and sent to the parents…see first sentence of Eval Results):** (\*Response Required\*):

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**7) Language Translation** (Must be offered to any family whose Home Language is listed here):

**\_\_\_**Arabic \_\_\_Bengali \_\_\_Chinese \_\_\_French \_\_\_Haitian Creole \_\_\_Korean, \_\_\_Russian \_\_\_Spanish \_\_\_Urdu \_\_\_N/A

 **8)** How will the parents receive a copy of the IEP?

\_\_\_ to be **emailed** by teacher \_\_\_ to be **emailed** by IEP Office \_\_\_ to be mailed by IEP Office \_\_\_ to be sent home by teacher

 (signed/e-signed permission needed!) (signed/e-signed permission needed!)

**9) Confirmation on how the student gets to school?** (\*response required\*) \_\_\_ metro/walk \_\_\_ yellow bus

**10)** Has the Attendance Page been completed (Incl. Participation by Phone) AND uploaded / faxed in? \_\_\_ yes \_\_\_ no

**11)** Have the following been faxed in **and** finalized?

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|  - LRE Checklist (**754X requirement**) - Student Lev 1 **(SPP-13 State Ed requirement!)** - Parent Lev 1 **(SPP-13 State Ed requirement!)**  - Teacher Level 1 **(SPP-13 State Ed requirement!)** - Student Invite **(SPP-13 State Ed requirement!)**  - Consent to Invite  Agency **(SPP-13 State Ed requirement!)**  - Direct Invitation to Agency **(SPP-13 State Ed requirement!)**  - FBA/BIP **(State Ed requirement when student needs this intervention!)**  | \_\_\_ yes \_\_\_ no \_\_\_ yes \_\_\_ no \_\_\_ yes \_\_\_ no \_\_\_ not returned \_\_\_ yes \_\_\_ no \_\_\_ yes \_\_\_ no \_\_\_ yes \_\_\_ no \_\_ not returned \_\_\_ yes \_\_\_ no \_\_ consent not given \_\_\_ yes \_\_\_ no \_\_ not required  |

**REQUIRED CONTACT INFORMATION for Chapter 408 Distribution:**

Provide First & Last Names of **ALL** Related Service Providers working with this student:

Counseling:

Speech:

OT:

PT:

Other Related Service Provider:

Provide First & Last Names of **ALL** Paraprofessionals working with this student:

Class Para:

1:1 Para:

1:1 Para:

Transportation Para:

Alternate Placement (Language) Para:

**Do Not Submit Unless ALL Annual Goals on the Last Finalized IEP**

**Have Been “Closed Out” for Mastery/Non-Mastery!!!**: