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| **Macintosh HD:Users:admin:Desktop:Screen Shot 2020-09-07 at 1.29.57 PM.png** | **2020-2021 Form****Request to REVIEW/FINALIZE IEP**  |

**IEP Review and Finalization Request**

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

**2)** **Was the parent given a copy of the Procedural Safeguards Notice?** (\*Response Required\*): \_\_\_ yes \_\_\_ no

**3)** Have all changes discussed at the meeting been made to Draft IEP? \_\_\_ yes \_\_\_ no

**4)** If sentence starters utilized, have all sections been “completed or deleted?” \_\_ yes \_\_ no \_\_ n/a

**5)** **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**!)

 Periodic Assessments (**REQUIRED** twice per year):

 \_\_\_ MAP Growth Reading (date: \_\_\_\_\_\_ ) \_\_\_ SANDI Reading (date: \_\_\_\_\_\_ )

 \_\_\_ MAP Growth Math (date: \_\_\_\_\_\_ ) \_\_\_ SANDI Math (date: \_\_\_\_\_\_ )

 Level 1 Vocational Assessments (All three **REQUIRED)** (\*Response 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: \_\_\_ )

**6)** Is each Annual Goal linked to a specific need in the Present Levels? \_\_\_ yes \_\_\_ no

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

**8) Anticipated Diploma/Certificate Type (check all that apply)** (\*response required\*):

 Standardized Only: \_\_\_ Regents HS Diploma \_\_\_ Local HS Diploma \_\_\_ CDOS Credential

 Alternate Only: \_\_\_\_ Skills and Achievement Commencement (SAC) Credential

**9)** Has the Attendance Page been completed (Incl. Participation by Phone) \_\_\_ yes \_\_\_ no

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

|  |  |
| --- | --- |
|  - LRE Checklist  - Student Lev 1  - Parent Lev 1  - Teacher Level 1  - Student Invite  - Consent to Invite  Agency  - Direct Invitation to Agency  - FBA/BIP (if req)  - NYSAA Justif1cation (Alt Assessment Only)  | \_\_\_ 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 \_\_\_ yes \_\_\_ no \_\_ not required |

**11)** a) Was the family **offered** free translation of the IEP into another language? \_\_\_ yes \_\_\_ no \_\_\_ not applicable

 b) If yes, did the family accept the offer? \_\_\_ yes \_\_\_ no \_\_\_ not applicable

 c) If yes, which language\* do they want the IEP translated into? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* Note that translation is only available for: Arabic, Bengali, Chinese, French, Haitian Creole, Korean, Russian, Spanish, & Urdu

**12)** 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!)

**13) *Brief* 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\*):

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

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

Counseling:

Speech:

OT:

PT:

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: