

Due Process Checklist for IEP

Student Name: _____

School: _____

I. Parent Notification of Individual Education Program

DATE: _____

A. Parent sent Prior Written Notice (dated June 2011) (2) months prior to IEP expiration date: _____

- (1) Medicaid letter attached
- (2) Prior Notice of Proposed/Refused Action sent, if needed
- (3) Health Screening Checklist enclosed
- (4) Teacher Interview Forms (Sped, Regular)
- (5) Assistive Technology Form

B. Dates all other persons involved with the IEP conference notified:-

Speech _____ APE _____ Reg. Class Teacher _____ ODR _____

OT _____ PT _____ School Counselor _____ *PA Staff _____ Nurse _____

C. Notice faxed to Adult Service Agencies for Transition IEPs _____

D. Second notice sent to parent because there was no response within three (3) days and/or parent needed to reschedule _____

E. Parent contacted by telephone or in person because there was no response to 2nd notice within three (3) days _____

F. Parent called at least one (1) day before conference. If no telephone, send note home with child _____

II. Louisiana's Educational Rights of Exceptional Children booklet sent and/or given to parent _____

III. Verification that parent will attend conference

Parent agreed to attend conference: _____

- A. By return of signed IEP notice _____
- B. Through telephone or personal contact _____
- C. By signing and returning a note to that effect _____

IV. IEP Conference held with all required participants

A. Seclusion Restraint Policy send and/or given to parent _____

B. Parent agreed with and signed IEP _____

C. Parent disagreed with IEP: _____

(1) The Director of Special Education notified, in writing _____

(2) Recommended to Director of Special Education whether or not the school system should initiate actions to override the parent's refusal of consent _____

V. If parent did not attend a review IEP conference after three documented contacts, parent sent:

A. Prior Notice of Proposed or Refused Action *and* _____

B. Copy of IEP _____

VI. Completed IEP and copy of this form sent to IEP Facilitator _____

Signature