



IEP Checklist for Parents

Use this list to determine if your child’s IEP contains all of the components required by IDEA. Remember to provide your input to the school in advance of your child’s IEP meeting.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the information in your child’s present level of performance (PLOP) clearly stated and supported with objective information and assessment or evaluation data, such as information from standardized testing, curriculum based measurements or performance on district or state-wide assessments?	Notes:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the present level of performance (PLOP) section of the IEP contain information about the academic, developmental and functional needs of your child?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are your concerns and expectations for your child included in the present level of performance (PLOP) section of the IEP?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are your child’s annual goals clearly stated and can they be measured?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Knowing the effects of your child’s disability, do the annual goals directly relate to your child’s needs as stated in the present level of performance (PLOP)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the specific way(s) to master the annual goals clearly stated?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the method(s) to monitor and evaluate your child’s progress toward the annual goals clearly stated?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the IEP indicate the amount of time your child will spend in general education?	



<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the special education services and related services recommended for your child supported by scientific research that supports their effectiveness? If not, what evidence has the school provided to indicate that the services and instructional methods proposed for your child have been found to be effective for children with similar learning difficulties and of similar age?	Notes:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the IEP state who will be responsible for implementing the services listed?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the appropriate related services addressed on the IEP?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you know how the IEP content will be communicated and shared with the staff responsible for their implementation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all of the appropriate accommodations listed?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the IEP indicate how your child will participate in state and district testing?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have any potential consequences of your child's assessment participation been explained to you? Have you discussed whether your child may or may not be allowed to move on to the next grade or graduate with a regular diploma?	