

DATA ENTRY AND LABELS
(Print on Avery Labels, form 5160)

Date:

First:

Last:

Address:

City, State, Zip:

Telephone:

DOB:

Current School:

Grade:

Age:

Gender:

Current Program:

Print Face UP

School :
Grade : Age :

School :
Grade : Age :

School :
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Grade : Age :

School :
Grade : Age :

Dr. Jerry Turner

Activity Log

(File Folder Cover)

IEE File for (Name)

Information		DOB
School/District		Grade
Current Placement		
IEE Purpose		
Parent(s) Phone		
Parent(s) Email		
Action	Date	Date
IEE Contract	Received / /	Returned / /
Initial IEE Team Email	Sent / /	
Student Records Request	Sent / /	Received / /
Parent Surveys Email	Sent / /	Received / /
Teacher Surveys Email	Sent / /	Received / /
Case Carrier Surveys Email	Sent / /	Received / /
Assessment Area	Assessment Used	Date
Cognitive		
Academic		
Social-Emotional		
Vocational		
Evidence	Comments	Date
Handwriting Sample		
Student Interview		
Classroom Observation		
Parent Input		
General Education Input		
Case Carrier Input		
Report Card Review		
Records Review		
Vision/Hearing		
Attendance		
Discipline/Behavior		
Action	Date	
Advanced Draft of IEE Email	Sent / /	
IEP Meeting Reminder Email	Sent / /	
IEP Meeting Date	/ /	
Next Triennial	/ /	
Invoice	Sent / /	Check Received / /

Notes:

ACTION LOG

(Cover of File Folder)



Assessment folder for: _____

School		DOB: _____
Placement		
Assessment Purpose		Age: _____
AP to Parents	Date: _____	Grade: _____
AP from Parents	Date: _____	
	Referral Date: _____	
	Assessment Date: _____	
	IEP Date: _____	
Area	Assessment used	Date completed
Cognitive		
Academic		
Behavioral		
Parent Input		
Gen. Ed. Teacher Input		
Sp. Ed. Teacher Input		
Classroom Observation		
Records Review		
Vision/Hearing		
Student Interview		
Attendance		
Discipline		

IEP Meeting held on:	
Next Triennial: (mo/yr)	

Notes TS - _____

Draft emailed - _____

Sentence Completion

Name: _____

I wish _____

The thing that bothers me most _____

I used to be afraid _____

If I could only _____

My father _____

I cannot understand _____

Most of all _____

It is wrong _____

I get so mad _____

Sometimes I hate _____

I need _____

My mother _____

I often wonder _____

I am sad when _____

If I were a parent _____

When I am in trouble _____

Sometimes I think _____

I like _____

I am _____

IEP TEAM MEETING AGENDA

For

- Introductions
- Purpose of the IEP Meeting
- Establishment of time parameters, if any (e.g. 2 hours, done by 4:00pm)
- Parent rights
- Update student information on IEP cover page (phone, address, etc.)
- Review of current assessments from the district
- Review of current independent assessments, if any
- Present levels of performance
- Review/determination of eligibility criteria for all areas of suspected disability.
(If assessed for SLD be sure to complete sections A, B, and C of page F.)
- If student is not eligible for special education
 - IEP should consist of
 1. Cover Sheet (A)
 2. Present Levels (B)
 3. Program Considerations (F)
 4. Signature Page
 5. Summary Page(s) as needed

For a student who is eligible, continue with all IEP pages

- Proposed goals and objectives, discuss, and arrive at consensus
- Individual transition plan, if required
- Special factors page
- Designated placement continuum, include at least three
- Review IEP team notes
- Sign all forms

NOTES

DDT			
Initial Impression			
School			
5			
Sports			
10			
Family			
15			
Friends			
20			
Orientation			
25			
Dating			
30			
Hx Dx			
35			
Medication			
40			
Post High School			
45			
50			

Name _____ Subject _____
Date _____ File _____

Student Questionnaire and Assessment Observation

Student lives at home with: 1. Mom 2. Dad 3. Both 4. _____

Number of siblings: _____

Homework: How much time do you spend on homework: _____

Usually complete when: 1. Right after School 2. Just before bed. 3. _____

Where is homework completed: 1: bedroom 2: kitchen 3. Living room

4: _____

Homework is turned in: 1. Sometimes 2. Often 3. Never

College Plan: 1. Yes 2. No

Drug use: 1. Yes 2. No

Smoking 1. Yes 2. No

Alcohol 1. Yes 2. No

On a scale of 1 to 10 (with 10 being the most difficult) how difficulty is:

Reading _____ School _____ 1-3 = 1

4-6 = 2

Math _____ Homework _____ 7-10 = 3

Writing _____

Observation:

Appearance: 1 Dirty 2 Unkempt 3 neat/clean

Handiness: 1 Left 2 Right

Cleanliness: 1 Dirty 2 Average 3 Very Clean

Odor: 1 Unpleasantly 2 Strong 3 Slight 4 None 5 Pleasant

Sitting Still: *Initially:* 1 Lots for movement 2 Squirming 3 Appropriate

During: 1 Movement increases 2 Maintained 3 Same 4. Decreased

Volume: 1 Soft 2 Appropriate 3 Loud

Speed: 1 Slow 2 Appropriate 3 fast

Use of Sentence Structure: 1 one or two word responses 2 appropriate 3 awkward

Pencil grip: 1 poor 2 slightly off 3 appropriate

Asking question: 1 clarification 2 off topic 3 inappropriate 4 challenging
5 defensive

IEE Case Management for _____ DOB _____

Special Education Director

Parent(s)

Case Manager

Name:	Name:	Name:
District:	Phone:	Phone:
Phone:	Email:	Email:
Email:		

Action	Remarks	Date
<ul style="list-style-type: none"> <input type="radio"/> Request for IEE <ul style="list-style-type: none"> <input type="radio"/> Parent <input type="radio"/> District 		
<ul style="list-style-type: none"> <input type="radio"/> Acknowledge request & gather information 		
<ul style="list-style-type: none"> <input type="radio"/> Decision to accept or reject case 		
<ul style="list-style-type: none"> <input type="radio"/> Respond to accept or reject case 		
<ul style="list-style-type: none"> <input type="radio"/> Email contract information to District 		
<ul style="list-style-type: none"> <input type="radio"/> Receive contract from District <ul style="list-style-type: none"> <input type="radio"/> Review contract terms 		
<ul style="list-style-type: none"> <input type="radio"/> Return signed contract to District or propose modifications 		
<ul style="list-style-type: none"> <input type="radio"/> Assessment permission letter to parents <input type="radio"/> Release of information letter to parents (U.S. Mail) SASE for return 	Mailing Address:	
<ul style="list-style-type: none"> <input type="radio"/> Receive parental permission letter <input type="radio"/> Receive release of information letter 		
<ul style="list-style-type: none"> <input type="radio"/> Request records from <ul style="list-style-type: none"> <input type="radio"/> District <input type="radio"/> Doctor <input type="radio"/> Therapist <input type="radio"/> _____ <input type="radio"/> _____ 		
<ul style="list-style-type: none"> <input type="radio"/> Schedule initial interviews <ul style="list-style-type: none"> <input type="radio"/> Parent <input type="radio"/> Teachers <input type="radio"/> School administration 		
<ul style="list-style-type: none"> <input type="radio"/> Schedule classroom observation(s) 		

○ Schedule assessments		
○ Score assessments, ○ Draft IEE ○ Schedule follow-up assessments (if necessary)		
○ Schedule IEP meeting		
○ Proof and finalize IEE		
○ Distribute IEE ○ Director of Special Education ○ Parent ○ Case Manager		
○ Scan and distribute protocols ○ Director of Special Education ○ Case Manager		
○ Receive questions about IEE/protocols		
○ Reply to questions		
○ Attend IEP meeting		
○ Invoice District/Parent ○ Mailed ○ Due date		
○ Receive Payment		
○ Close Case ○		

Comments/Remarks _____
