

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_ **Intervention Specialist:** \_\_\_\_\_

**Is the IEP:**

**New:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Review:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Transfer:**  Accepted: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Declined: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*If declined - continue services – 30 days to write new IEP*

**Give IEP to**

- Original to District Office**
- Copy to Parents**
- Copy of “IEP at a Glance” to Gen. Ed. Teachers**

**The Invitation:**

- Parent Invitation**
- Home District Invitation** (*If TVS is not home district*)
- Student Invitation** (*If student is age 13 and up*)
- Surrogate Invitation** (*If Foster Student*)
- General Education Teacher Invitation**
- Related Services Invitation** (*OT, PT, Speech, etc.*)
- TVS District Representative** (*Pupil Services, Principal, etc.*)

- Parent Input Form**
- EMIS at a Glance**
- Documentation of Attempts**
- Prior Written Notice (PR01)**
- Medicaid Form (PR10) – As Needed**
- Excusal from Participation – As Needed**
- I-13 Checklist – As Needed** (*if student is age 13 and up*)
- Progress Reports**
- Alternate Assessment Worksheet – With Signatures**
- Upload Completed Signature Page to IEP Anywhere – Section 14**
- Copy of Guide to Parent’s Rights in Special Education Offered to Parent**
- Meeting Notes**
- IEP has been Checked for Errors and Completed in IEP Anywhere**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Completed packet and IEP Checklist needs turned in to District Office no later than  
7 days after the meeting date.*