

**NCKSEC IEP Review Checklist (EC-6, Gifted)**

Staff Member: \_\_\_\_\_ Student: \_\_\_\_\_ Initial Review Date: \_\_\_\_\_

IEP Accepted/No Changes Needed: \_\_\_\_\_ Final Review Date/IEP Changes Accepted: \_\_\_\_\_

<b>IEP Section</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
<b>Demographics/General Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
All information filled in					
Was the IEP conducted on or before the annual review date? If not, justification required.					
<b>Present Levels (PLAAFP)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Identify and consider the strengths of the student					
Information provided by the parent(s) and documentation that the IEP team considered that parental input?					
Statement of how the student's exceptionality affects his/her involvement and progress in the general curriculum					
Indicates how need will be met					
Measurable baseline data regarding the student's current functioning/performance level in the targeted areas of need					
<b>Goals</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Goal for each targeted area of need (from PLAAFP)? If not, is there documentation of supports to address those needs?					
Each goal identifies Behavior, Condition, Criteria and Timeframe					
Indicates how progress towards the annual goal will be measured					
Each goal developed from the PLAAFP baseline data and obtainable					
Goals linked to common core, essential elements or other state standard					
For students taking the DLM, benchmarks/objectives included for all goals					
<b>Special Education Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Special Transportation F/L/D and Initiation Date					
Frequency/Location/Duration of services (Current School Year)					
Frequency/Location/Duration of services (Next School Year)					
Narrative and Anticipated Services Chart match					
<b>Related Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Frequency/Location/Duration of services (Current School Year)					

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IEP Section	Yes	No	N/A	Comments	Reviewed
Frequency/Location/Duration of services (Next School Year)					
Narrative and Anticipated Services Chart match					