

EVALUATOR'S DUE PROCESS CHECKLIST

Student Name _____
WVEIS# _____ **Grade:** _____
Natural Guardian: Yes ___ **No** ___
If no, be sure educational rights were observed.
Meeting Date: _____

CHECK ALL THAT APPLY

Initial EC Meeting _____
 Reevaluation _____
 IEP Meeting Annual _____ Other _____
 MDR _____

INITIAL EC MEETING

_____ Meeting Notice
 _____ SAT Referral and Intervention Log
 _____ DP 2.1 Notice of Eval./Reeval. Request
 _____ Parent Report
 _____ Teacher Report
 _____ Observation
 _____ Psychological Components
 _____ Achievement Components
 _____ Other items on DP 2:1
 _____ Eligibility Committee Report/Checklist
 _____ Team Reports (___ SLD ___ AU ___ CD)

REEVALUATION MEETING

_____ Meeting Notice
 _____ Reevaluation Plan
 _____ DP 2.1 Notice of Eval./Reeval Request
OR
 _____ Eligibility Committee Report/Checklist
 _____ Team Reports (___ SLD ___ AU ___ CD)

MDR MEETING

_____ Meeting Notice
 _____ Incident Report
 _____ Disciplinary Action Review Form
 _____ IEP
 _____ BIP
 _____ Procedural Safeguards

_____ Additional ___ Testing ___ Screening Requested
 _____ Transfer ___ In-state ___ Out-of-state

IEP

_____ Meeting Notice of EC &/OR IEP
 _____ In Lieu of IEP Team Attendance Mtg.
 _____ Team Member Excusal
 _____ Original IEP
 _____ Part I Student Information
 _____ Part II Attendance
 _____ Part IIIa ESY Determination
 _____ Part IIIb ESY Services
 _____ Part IV Considerations
 _____ Part Va Assessment Data (Summative)
 _____ Part Vb Assessment Data (Formative)
 _____ Part VI Transition
 _____ PEP ___ Assess. ___ Goals ___ Align
 _____ Part VII Present Levels
 _____ Part VIII A. Annual Goals B. Annual Goals/Obj.
 _____ Part IX Services
 _____ Part X Placement
 _____ Part XI Testing
 _____ Part XII Prior Written Notice
 _____ Part XIII Initial Consent
 _____ Medicaid Service Plan ___ Y ___ NA
 _____ Regression/Recoupment Form
 _____ Permission to invite agency to next IEP
 _____ BIP (if applicable; required for BD)
 _____ Transportation
 _____ DP 9 – Interruption of Services

Reevaluation Due Date _____
 Exceptionality _____
 Services OT ___ PT ___ CD ___ HI ___ VI ___

Home School _____
 School Assigned _____
 Teacher Case Manager _____

Reviewed By: _____
 Date: _____

COMMENTS: