

IEP Checklist for _____

Services	Requested	Granted	Description
Audiology			
Otology			
Speech/Lang			
Interpreter			
SSW			
Psych			
OT			
PT			
Sign Class for parents			
Aide			
Other			
Program			
Categorical			
Mainstream			
Resource			
Other			
Technology			
FM system			
CC			
TTY trainer			
TTY for use			
Other			

Assessment Review	Requested	Granted	Description
Speech			
Language			
Audiology			
Achievement Battery			
Reading			
Math			
Written Lang			
Sign Skills			
PT			
OT			
Cognitive			
Neuropsych			
Behavior			
Technology			
Vocational			
Aptitude			
Other			
Transition Plan			
BIP			

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