

**2009-2010**

**SPECIAL SERVICES COOPERATIVE OF WAMEGO**

Student \_\_\_\_\_ School \_\_\_\_\_  
Teacher/Therapist \_\_\_\_\_ District 323/320/329  
Students State Assessment Area(s) of Need \_\_\_\_\_

**A.I.M.S CHECKLIST**

Please send this form with the following information included to Diana at the special education office IMMEDIATELY after completing the IEP. Send in a manila envelope for confidentiality purposes. It is helpful if the information can be sent in the order listed.

- \_\_\_\_\_ Copy of the 10 day meeting notice.
- \_\_\_\_\_ Permission to test form (IF APPLICABLE)
- \_\_\_\_\_ Staffing notes from the meeting (and any other meetings that have taken place within the IEP year.)
- \_\_\_\_\_ Goals/objectives pages from the last IEP with updates (met/unmet).  
To save paper, copy only the goal sheets BUT be sure the student's name and IEP date are noted on them.
- \_\_\_\_\_ Progress reports written since the last IEP. Print off all statuses and all goals.
- \_\_\_\_\_ Proposed Action/Placement Form (KS 103 Prior Written Notice /form)
- \_\_\_\_\_ New IEP with ORIGINAL SIGNATURES
- \_\_\_\_\_ T.I.P (Teacher Information Page)
- \_\_\_\_\_ Other forms i.e. reports, testing data, teacher input forms, other releases, original protocols.
- \_\_\_\_\_ Snapshot
- \_\_\_\_\_ Early Childhood Outcomes Form for all initial placements of EC and EC/Speech only students.
- \_\_\_\_\_ Permission to Submit Electronically form (**Must be resigned yearly**)

**-----COMPLIANCE SELF CHECK-----**

- \_\_\_\_\_ I checked for General errors in Webkidss and fixed those on the list.
- \_\_\_\_\_ I printed off and attached the General errors list. (Hit **Control P** to print)
- \_\_\_\_\_ I signed the IEP.
- \_\_\_\_\_ The content of the IEP matches those on the anticipated services chart.
- \_\_\_\_\_ If my student is taking the KAMM, there is a goal to match **each** subject area.
- \_\_\_\_\_ If my student receives special transportation it is on the anticipated services page.

**MY SIGNATURE BELOW VERIFIES THAT I HAVE CHECKED EACH OF THE AREAS LISTED ABOVE.**

\_\_\_\_\_  
(Teacher Signature) (Date)

**PLEASE SEND THIS PACKET WITH CHECK MARKS NEXT TO THE ITEMS SENT. IF SOMETHING IS NOT INCLUDED, INDICATE, WHY, WHERE THE MISSING ITEM IS, AND HOW OR WHEN IT WILL BE TURNED IN.**