

SPECIAL SERVICES COOPERATIVE OF WAMEGO

Student _____ School _____
Teacher/Therapist _____ District 323/320/329

AMENDED A.I.M.S CHECKLIST

Please send this form with the following information included to Diana at the special education office IMMEDIATELY after amending the IEP. Send in a manila envelope for confidentiality purposes.

I. FOR AN AMENDED IEP THAT DOES NOT REQUIRE A MEETING AND USES THE AMENDMENT FORM.

Changing the type of assessment, recommending ESY services or ESD (Extended Day Services the latter applies to USD 320 only), or changing a goal etc.

____ Permission to test form (IF APPLICABLE)

____ Amendment form with ORIGINAL SIGNATURES.

____ Amended IEP (No signatures required but must contain the new content and any added goals.)

____ T.I.P. (New Teacher Information Page reflecting changes)

II. FOR AN AMENDED IEP THAT REQUIRES A MEETING.

(Adding/Deleting a service or making a substantial change in placement (more or less than 25% of the child's school day, or a material change in service (25% more or less time in any one service.)

____ Meeting Notice

____ Permission to test form (IF APPLICABLE)

____ Amended IEP (Signatures required and must contain the new content and any added goal)

____ T.I.P (New Teacher Information Page reflecting changes that start the date the Amendment is signed)

____ Signed Consent for Placement Forms

____ Staffing Notes

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. (Updated 07/06/2009)