

LONG COUNTY SCHOOL SYSTEM
 Special Education Department
Due Process Cover Sheet-IEP Meetings

Name: _____ D.O.B.: _____ School: _____ Grade: _____

Check the appropriate box below and attach the listed paperwork; send to the Annex, Attn: J. Dasher

<input type="checkbox"/>	Annual Review	
	Date	
Notice of Meeting	_____	
Original IEP Reviewed	_____	
(Updated goals form attached)	_____	
New IEP Completed	_____	

<input type="checkbox"/>	Interim Placement
<p><i>Refer to Interim Student Action Form for recommendations regarding IEP, Eligibility, and Evaluation.</i></p>	
	Date
Notice of Meeting	_____
IEP (Accept, modify, or write new)	_____
Consent for Placement (Long Co.)	_____
Eligibility (provide date for one of the following two options):	
Accept or modify Eligibility	_____
OR	
Date to Begin Reevaluation	_____

<input type="checkbox"/>	Annual Review and Redetermination	
	Date	
Notice of Meeting	_____	
Original IEP Reviewed	_____	
(Updated goals form attached)	_____	
New IEP Completed	_____	
Redetermination	_____	

<input type="checkbox"/>	IEP Change/Amendment	
	Date	
Notice of Meeting	_____	
Print IEP Pages with Changes	_____	
Original IEP Begin/End Dates	_____	

<input type="checkbox"/>	Annual Review and Initial Evaluation/Reevaluation	
	Date	
Notice of Meeting	_____	
Reevals Only: Original IEP Reviewed	_____	
(Updated goals form attached)	_____	
New IEP Completed	_____	
Initials Only: Parental Consent for Placement	_____	

<input type="checkbox"/>	Other	
	Date	
Notice of Meeting	_____	
_____	_____	
_____	_____	

Primary Exceptionality: Placement _____

Service Delivery Model _____ # of sgmts per week _____

Service Delivery Model _____ # of sgmts per week _____

Service Delivery Model _____ # of sgmts per week _____

Secondary Exceptionality: Placement _____

Service Delivery Model _____ # of sgmts per week _____

Service Delivery Model _____ # of sgmts per week _____

Related Services: Placement _____

Service Delivery Model _____ # of sgmts per week _____