

WARREN COUNTY SCHOOLS
IEP Checkout Sheet

School: _____

Teacher Name: _____

Student's Names	Invitation to Conference	Area of Eligibility	Additional Areas of Need	Special Factors (all factors must be addressed)	Present Level of Educational Performance (directly related to goal)	Annual Goal(s)	Short Term Objectives/Benchmarks	Criteria for Mastery	How progress will be measured (one for each objective/benchmark)	Aids, services, modifications in regular program	NC Testing Program	Frequency and Location of Services	Related Services	Continuum of Alternative Placement	Extent (Explanation)	How Parents will be informed	ESY (Extended School Year)	Parent Signature or Documentation of 2 attempts	Comments	Transition Services (14 and over)	DEC 5	Minutes

EC Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Principal Designee Signature: _____ Date: _____