Student Name:	
ID# Routing Stip 2/2017	☐ If a participant was invited (OT/PT, Etc) but is not present at the IEP
For office use only: IW IC IN CF DB #s PD MA	Meeting a Parent Consent to Excuse Members is complete, signed by the parent and attached to the invitation.
7.51 direct data dinj. 111	□ PARENT/GUARDIAN SIGNATURE (on signed IEP) for the Procedure
Mtg Date: TDS:	Safeguards Notice.
CMTS:	SEC I – Special Considerations (IEP) ☐ All relevant boxes are checked appropriately and if checked YES all
	instructions on the IEP Form are complete with the IEP
Routing Slip completed by:	☐ Visual impairment needs a communication plan, Speech/communication
Sign here Special Education Form(a) in/ore FINALIZED IN IED MIDITED	needs, assistive tech needs, LEP is considered for provisions of FAPE,
 □ Special Education Form(s) is/are <u>FINALIZED IN IEP WRITER</u> □ Copies of the Special Education Form(s) have been made for the 	and/or PBSP is attached if appropriate. ☐ All ES students do exhibit behaviors that impede his/her learning and
Confidential and Classroom files. Please attach copies if student will not be	therefore need checked Yes and completed PBSP is attached.
attending your school.	SEC II Present Levels (IEP)
NORER	 Present levels of academic achievement (e.g., most recent evaluation of the student, results of formative assessments, curriculum-based
☐ All numbered areas on NOREP are complete ☐ #7-PDR% is the same PDR% from Sec VII/Education Placement of IEP	assessments, transition assessments, progress toward current goals)
☐ #7PDR% and Total SES% is indicated and they add up to 100% or more	☐ Present levels of function performance (e.g., results from a functional
☐ #7-SES% is broken down to show all special education services (i.e. LS	behavioral assessment, results of ecological assessments, progress toward current goals)
41.75% ES 41.75% Speech 1.5 OT 1% PT1%)	☐ If student has a PBSP it should be addressed under present levels of
☐ #7 – Regular% and/or ESL% is not included in breakdown ☐ Parental Consent is checked as requesting an informal meeting, approved,	functional performance.
or not approved w/a reason why and action requested.	☐ If student has any related services the student's current condition and need
☐ PARENT/GUARDIAN SIGNATURE(on signed NOREP/IEP)	for service(s) is included and is described in professionally and medically relevant terms.
☐ An invitation to Participate is included with the NOREP	☐ If student has a school health service student's diagnosis is indicated.
LEP REVISION	☐ If student has a PCA student's need for 1 on 1 aide is described.
☐ The revision section on the IEP Cover Page is complete to include (a)	 Parental concerns for enhancing the education of the student if provided by parent, there were no concerns it is stated as so.
Documentation of IEP changes agreed upon, (b) Date of Revision, (c) Participants/Roles, and (d) IEP Section(s) amended.	☐ How the student's disability affects involvement and progress in the general
☐ The IEP Team Meeting Date, IEP Implementation Date and Anticipated	education curriculum.
Duration if the IEP remains the same on Page1 of the IEP.	☐ Student's strengths
☐ Attach are all revised IE Sections. ☐ If a related service is added or changed the projected beginning date of that	 Academic, developmental, and functional needs related to student's disability
service is the same date as the revision date.	SEC III – Transition Services (IEP) for students who turn 14 or older
☐ IEP Revision has been Saved, Locked and Regenerated in IEP Writer	during the duration of this IEP (If Appropriate)
☐ An Invitation to the revision meeting is attached	☐ Transition Services Section of Routing Slip is complete SEC IV – Participation in Assessments (IEP)
☐ A NOREP is attached if student's educational placement has changed No need to continue the completion of the Routing Slip	□ Participation in State and Local Assessments is complete using the
IEP In the second and the completion of the rectang crip	instructions indicated on the IEP and assessment guidelines provided to
□ INITIAL/PLACEMENT IEP	you/LEA by the State of PA
□ RE-EVALIEP	 An Accommodations form from Docushare is printed and attached if IEP SEC IV indicates. See attached accommodations sheet
□ ANNUAL IEP	☐ Note: PASA can only be administered to students who met the state
☐ Does student receive Speech & Language services?	guidelines provided to your LEA by the State of PA
(If checked the <u>Speech/language Section</u> must be complete) ☐ Will student turn 14 or older during the duration of this IEP?	 Provided is an explanation of why student will participate in the PASA assessment if appropriate
(If checked <u>Transition Services Section</u> must be complete)	SEC V – Goals and objectives
Submit IEP in the following order (with the NOREP first) to the Special	☐ All appropriate Annual Goal Pages are complete and attached using the
Education Office no later than 10 days after the IEP is complete and signed, or immediately after your 3 rd invite request has been made with no response.	instructions indicated on the IEP ☐ Goals are written in standard based form
☐ UNSIGNED IEP includes 3 invites & you mailed a copy of the IEP to he	☐ ALL GOAL PAGES contain the PA State Standard
parent with the unsigned IEP cover letter.	
☐ SIGNED IEP with PARENT/GUARDIAN SIGNATURES on NOREP, Team	SEC. VI
Participants Page, Procedural Safeguards, and Invitation; If applicable on the Lifetime MA Form, IEP Waiver Form, and/or PBSP	❖ PROGRAM MODIFICATIONS AND (SDI) □ Program modifications and Specially – Designed Instruction are indicated
□ Please <u>use blue ink</u>	using the instructions on the IEP.
☐ IEP Cover/Page 1 of IEP	❖ B. Related SVCS
☐ If IEP was initiated because of an Initial ER or RR, IEP is not dated and signed prior to the new ER/RR date	 All related services are listed if appropriate, including school health services, OT, PT, speech, specialized transportation and/or PCA
☐ Duration of IEP Date is not more than 1 year from IEP Team Meeting Date	☐ Psychological services are only included if the Re-Eval Due Date is during
(not IEP implementation date)	he duration of the IEP at a frequency of 4 hrs/1x per year.
IEP Team Participation	☐ Related Srvc pg projected beginning dates are the same as the IEP
□ PARENT/GUARDIAN SIGNATURE (on signed IEP) as a participant to the IEP Meeting	implementation date on IEP Cover pg. 1 and Anticipated Duration Dates are the same as the IEP Duration Date on the IEP Cover pg 1.
☐ IEP has been signed by a RegEd Tchr, SpEd Tchr & LEA	☐ Related services pg must have accurate frequency and duration of services
☐ SPEECH Therapist, Adptd PE, CTE, CAR, Student, etc. signatures if	listed
appropriate Note: OT/PT do not sign IEP pg 2 if they do not attend the mtg.	□ OT/PT a/o Speech Related Service (s) is indicated as either individual or

group

☐ Transportation can only be listed if the student is receiving specialized	☐ Communication needs box is checked under IEP Section 1- Special
transportation services (i.e. 2 hrs a day/5x a week)	Considerations
☐ <u>Communicate with all service providers</u> so that language that supports	☐ Individual and/or group is indicated on related services page
the related service provided is accurately included.	Present Levels from the Speech Pathologist are included under IEP Section
 ❖ C. SUPPORTS FOR SCHOOL PERSONNEL ☐ Staff to receive the supports and the supports needed to implement the 	II – Present Levels describing student's current condition and need for service in professionally and medically relevant terms
student's IEP are listed as appropriate.	☐ Prog. Modification(s) & SDI from the Speech Pathologist are included under
D. GIFTED SUPPORT SERVICES	IEP Section VI (A)
☐ Gifted Support Services for a student identified as Gifted with a Disability	Related services include speech under IEP Section VL (B)
are included as appropriate.	☐ Speech & Lang. Support is checked under IEP Section VII (B,2) Type of
❖ E. EXTENDED SCHOOL YEAR (ESY)	Support
☐ ESY is discussed and completed as appropriate	☐ Considered in the PDR chart is the percentage of speech services student
☐ Documented is modification information to support the ESY eligibility	spends not in a regular education classroom under IEP Section VIII (A) PDF
determination. SEC VII – Education Placement	Transition Services & Gareer Technical Program SECTION
☐ Amount of Special Ed Supports (SES) is correct: If SES is 20% or less of	
the day = IT/ If SES is 21-79% = SUPPL/ If SES is 80% or more of the day	An invitation was addressed and presented to the student, the attendance
= FT as noted on the IEP.	box is checked appropriately, the invite is signed by the student and the invite is attached.
☐ All appropriate Types of Special Ed Supports are checked (or unchecked)	Student was present at the IEP meeting and the student has signed the
☐ Name of School District and ESD School where IEP will be implemented is	signature page as well as the invitation.
indicated	☐ The invitation to the parent must have the <i>for parents</i> statement checked
☐ If school in SEC VII is not the neighborhood school, the NO box is checked	under Transition Planning and Services.
with a reason as to why.	☐ The invitation to the student must have the for student statement checked
SEC VIII – PENNDATA REPORTING	under Transition Planning and Services.
☐ The appropriate calculation formulas from Pg 10 were used for PDR/SPED %, or the electronic PDR/SPED % calculation page found in DocuShare	☐ The IEP has been reviewed with the student
was used.	❖ The following is indicated in Present Levels – IEP Sec. II:
□ ADDITIONAL PAGES if appropriate: PBSP, Communication Plan,	☐ An Interest Inventory/Survey to determine post-secondary goals of the
Additional Page for Present Levels, ER/RR, Parent Waiver to move directly	student has been performed and is attached
to the IEP Meeting.	☐ The Interest Inventory/Survey date is included under present levels along with a narrative of the findings
☐ Attached is a signed parent waiver to move directly to the IEP Mtg. if the	☐ Present levels of academic achievement (e.g. most recent evaluation of the
IEP was initiated because of an Initial ER or RR AND the scheduled IEP	student, results of formative assessments, curriculum-based assessments,
date indicated on the invitation is NOT at least 10 days after the evaluation	transition assessments, progress toward current goals) are given and
was presented to the parents. INVITATION(S)	related to Interest Inventory/Survey results.
☐ Invite was issued prior to IEP Meeting OR attached is a signed parent	☐ Present levels of functional performance (e.g. results from a functional
waiver to move directly to IEP Mtg in addition to the Invite.	behavioral assessment, results of ecological assessments, progress toward
☐ Purpose(s) of the meeting is indicated	current goals) are indicated and levels in relation to post-grad goal(s) are indicated (employability, mobility, behavior, daily living activities, etc.)
☐ PARENT/GUARDIAN SIGNATURE (on signed IEP/NOREP/Revision)	☐ If student has a PBSP it should be addressed under present levels of
☐ Attendance box is checked by parent	functional performance.
☐ If IEP is <u>unsigned</u> there are <u>three separate invitations</u> attached and	☐ Present levels related to current post secondary transition goals (e.g.
finalized individually in IEP Writer.	results of formative assessments, curriculum-based assessments, progress
☐ A Parent Consent to EXCUSE MEMBERS (ON SIGNED IEP) FROM ATTENDING THE IEP Team Mtg. is attached to excuse any member not in	toward current goals) including employment, independent living, and
attendance at the Mtg.	agency are addressed.
MEETING Notification Contact Log	☐ Parental concerns for enhancing the education of the student if provided by
☐ Signed IEP – Contact Log is attached	parent, if there were no concerns it is stated as so. How the student's disability affects involvement and progress in the general
☐ Unsigned IEP — includes the minimum of 3 documented invitation requests	education curriculum and how the student's ability affects the obtainment of
with supporting invitations attached	transition goals.
IEP PROGRESS REPORTS	☐ Student's strengths non-post grad and student's strengths relative to post-
☐ Attached and completed are all four quarters of the progress reports	grad goals are indicated.
reflecting every annual goal of the student's previous IEP. Note: If previous	☐ Academic, developmental, and functional needs related to student's
IEP was not in effect an entire year it is likely there will be less than 4 quarters completed. Initial/Placement IEPs do not need any progress	disability and to the student's transition goals.
reports.	❖ <u>Transition Grid – IEP Section III</u>
□ Progress Reports were sent home quarterly	☐ Each post-secondary goal area (Post-secondary Education/Training,
MA Billing Requirements	Employment, and Independent Living, if appropriate) includes the transition post-school goal/service that the student has identified in bold writing.
☐ Either a MA Lifetime Consent Form with original PARENT/GUARDINA	Provided is a coordinated set of activities for the student's file which can be
SIGNATURE or an MA Billing Notice is attached to IEP; (do not pre-check or	built upon in subsequent years
date anything from this form – let parent do that)	☐ The projected Beginning Date is the same as the Implementation Date on
MA billing CONSENT RESPONSE was entered by you in IEP Writer after	the IEP Cover Page
the mtg if an MA Lifetime Parent Consent form was signed with this IEP.	☐ Need SP/OT/PT/PCA/Nurse is clearly explained
SPEECH/LANGUAGE SECTION	☐ The Anticipated Duration date is the same as the duration date on the IEP
Received Memo or verbal directions from the Speech & Lang Pathologist	Cover Page. This date ends at least one day prior to the date of the IEP
and following the directions from the speech pathologist this IEP includes:	meeting in the following year.
☐ Annual MA billing notice form is attached or MA Lifetime Consent is attached & signed	The following is complete if the student attends or is planning to attend Central Tech High School
□ NOREP #7 includes speech service and percent in textbox	
THE TACKET WE INDICATE ADDITIONAL SELECTION OF THE POPULATION OF T	│ □ IEP SECTION III — CIP code is indicated
☐ Speech pathologist has signed the IEP as a team participant or has been	☐ IEP SECTION III – CIP code is indicated