

Capistrano Unified School District
 San Juan Capistrano, California
SPECIAL EDUCATION
ANNUAL REVIEW CHECKLIST

Current Information

Student Name: _____
 Birthdate: _____
 School: _____
 Current Placement: _____
 Annual Review Date: _____
 Triennial Review Date: _____

Program Update (for changes only)
 Program: _____
 Level: _____
 Location: _____
 Start Date: _____
 Services Added: _____
 Services Deleted: _____
 Transportation Changes: _____

This checklist is to be completed and attached to the white copies of the forms listed below. All white copies must be sent to the Special Education Department immediately after the IEP Meeting. If the SpEd21 is used, the complete packet must be held at the site until parent consent is obtained. It is the case carrier's responsibility to obtain parent consent in a timely manner. Forms are to be arranged in the order listed below. All forms must be included in the packet.

Please complete the program change box when appropriate.

Form	School Check	District Office Check
1. IEP, Part I (SpEd 9)	<input type="checkbox"/>	<input type="checkbox"/>
2. Comments/IEP Team Meeting Notes (if used) (SpEd 10)	<input type="checkbox"/>	<input type="checkbox"/>
3. Parent Consent Obtained After IEP Meeting (if necessary) (SpEd 21)	<input type="checkbox"/>	<input type="checkbox"/>
4. IEP Part II, (Goals & Objectives) (SpEd 11)	<input type="checkbox"/>	<input type="checkbox"/>
5. ITP (14 years and above)	<input type="checkbox"/>	<input type="checkbox"/>
6. Assessment Documentation Teacher (SpEd 18A)	<input type="checkbox"/>	<input type="checkbox"/>
7. Classroom Teacher Documentation Form - Elementary (SpEd 15) Annual Review/ Classroom Teacher - Secondary (SpEd 16)	<input type="checkbox"/>	<input type="checkbox"/>
8. Parent/Guardian Notice of IEP (SpEd 8)	<input type="checkbox"/>	<input type="checkbox"/>
9. Previous IEP, Part II (indicating achievement of goals/objectives)	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by (signature): _____