

IEP or Amendment Completion Protocol

Within 72 hours of completing an IEP meeting, you are to send the original copies of the following documentation
in a single packet to: **HEMET USD District Office, Attn: Special Education Department**

[Don't forget to attach this form to the front of the IEP document packet]

Check all that apply:

- ☐ **TRANSLATION NEEDED**
- ☐ **EXIT IEP or DNQ**
- ☐ **PRESCHOOL**
- ☐ **CHANGE OF PLACEMENT** - Attach "Aeries Change Form" for COP

Complete the following:

Student Last Name:

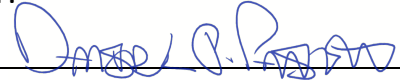
Student First Name:

Date of Birth:

IEP Date:

Case Carrier:

Signature:



Complete and Check-Off for Appropriate IEP

Initial IEP	Annual IEP
<ul style="list-style-type: none"> <input type="checkbox"/> Copy of SST Notes (if applicable) <input type="checkbox"/> Signed Assessment Plan <input type="checkbox"/> All testing protocols <input type="checkbox"/> Original Assessment Report(s) (signed by all assessors) <input type="checkbox"/> Team Meeting Notice <input type="checkbox"/> Team Member Excusal Form (if applicable) <input type="checkbox"/> Original IEP with original signature page attached <input type="checkbox"/> Completed Prior Written Notice (PWN) 	<ul style="list-style-type: none"> <input type="checkbox"/> Team Meeting Notice <input type="checkbox"/> Team Member Excusal Form (if applicable) <input type="checkbox"/> Original IEP with original signature page attached <input type="checkbox"/> Completed Prior Written Notice (PWN) <input type="checkbox"/> All Progress Reports for the year (IEP to IEP)
Triennial IEP	Amendment
<ul style="list-style-type: none"> <input type="checkbox"/> Signed Assessment Plan <input type="checkbox"/> All testing protocols <input type="checkbox"/> Original Assessment report(s) (signed by all assessors) <input type="checkbox"/> Team Member Excusal Form (if applicable) <input type="checkbox"/> Team Meeting Notice <input type="checkbox"/> Original IEP with original signature page attached <input type="checkbox"/> Completed Prior Written Notice (PWN) <input type="checkbox"/> All Progress Reports for the year (IEP to IEP) 	<ul style="list-style-type: none"> <input type="checkbox"/> Signed Assessment Plan <input type="checkbox"/> All testing protocols <input type="checkbox"/> Original Assessment report(s) (signed by all assessors) <input type="checkbox"/> Team Member Excusal Form (if applicable) <input type="checkbox"/> Team Meeting Notice <input type="checkbox"/> Original Amendment with original signature page attached <input type="checkbox"/> Completed Prior Written Notice (PWN)

Additional Items to Consider and Check-Off as Complete:

- ☐ Parents have provided consent to the IEP (signatures attached)
 - ☐ Parents have not provided consent to the IEP
 - ☐ Follow up IEP is scheduled
 - ☐ I have contacted Program Specialist (if needed)
- ☐ I have completed the affirm and attest procedure in SEIS
- ☐ I have provided a copy of the IEP to all necessary team members
- ☐ I have scanned and **uploaded all necessary documents into SEIS** within 72 hours of the IEP meeting (Required!)
- ☐ I have included all originals to be sent to District Office with this completed protocol