

IEP Checklist for _____

Date _____

Service	Requested	Granted	Description
Audiology			
Otology			
Speech/Lang			
Interpreter			
Itinerant Teacher			
Teacher Consult.			
Notetaker			
SSW			
School Psych.			
OT			
PT			
Therapeutic Rec.			
S.L. Instruction			
S.L. for Parents			
Transportation			
Aide			
Other			
Program			
Categorical			
General Ed.			
Day School			
Residential			
Resource			
Other			
Technology			
FM system			
Sound Field			
CART			
Closed Captions			
TTY trainer			
TTY for use			

	Requested	Granted	Description
Visual Alerts			
Other			
Assessment Review			
Speech			
Language			
Audiology			
Achievement Battery			
Reading			
Math			
Written Lang.			
Sign Skills			
PT			
OT			
Cognitive			
Neuropsych.			
Recreation & Leisure			
Technology			
Pre-Vocational			
Vocational			
Aptitude			
FBA			
Social Skills			
Other			
Plans			
Transition Plan			
BIP			
Other			

IEP Checklist for Deaf Students

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