



**Alachua County Public Schools
Head Start Program**

IEP Monthly Teacher Review Checklist (1308.19 Performance Standard)

Student Name: _____ Teacher: _____

School Code: _____ IEP Date: _____ Disability Designee: _____

Disability Team & Education Instructional Team IEP Review Date:

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

IEP Goal Progress Review Dates: (note these dates should correlate with the LAP-3 dates)

- Evaluation in File: Yes No Evaluation Date: _____
- Present Level of Functioning: Social Emotional Communication Motor
 Self Help Cognitive Areas of Development
- Annual Goals: Social Emotional Communication Motor
 Self Help Cognitive Areas of Development

<p><u>Related Services:</u></p> <ul style="list-style-type: none"> • Audiology • Counseling services • Medical services (<i>for diagnostic or evaluation purposes only</i>) • Occupational therapy • Parent counseling and training • Physical therapy • Psychological services • Recreation • Rehabilitation counseling • School health services • Social work services • Speech pathology • Transportation • Adaptive Equipment 	<p><u>Comments:</u></p>
<p><u>Additional Comments:</u></p>	

Education Signature: _____ Date: _____

Disability Team Member: _____ Date: _____