

## Special Education Teacher Beginning of the YEAR Case Manager Verification

Teacher: \_\_\_\_\_  
School: \_\_\_\_\_  
School Year: \_\_\_\_\_

- In the space below, please indicate the activities completed by checking the box to verify completion of case manager responsibilities.

The following activities have been completed by the case manager as part of the beginning of the year school activities:

- Confirm the list of students on your caseload.
- Confirm that the actual printed (LEGAL) IEP matches the finalized IEP in Edplan.
- Confirm that the student’s schedule supports the service written on the IEP Special Services page.
- Verify any/all assistive technology, accommodations, and/or adapted equipment are available and ready to be used by the student and teachers on the first day of school.
- Create and print out “IEP at a Glance” for each student on your caseload.
- Create a copy of “IEP at a Glance” for each student on your caseload and provide to each and of their teachers prior to the first day of classes.
- Invite the regular education teacher to contact you if they have any questions about the IEP or its contents.
- Plan a course of action for triennials due this school year with your Special Education Lead Teacher and/or Psychologist.
  - If a Triennial Evaluation (no change to classification) follow Triennial Evaluation Checklist; or
  - If a Re-Evaluation (there is an expected / possible change to the child’s classification or eligibility) follow the Checklist for Re-Evaluation.
- Contact each of the parents of the students on your caseload
  - Introduce yourself
  - Confirm your work to date (above)
  - Invite a discussion about any concerns/worries they may have about the new school year.
  - Close by assuring them they can communicate with you and that you will likely see them at Open House.
- Complete this IEP Review Checklist / Verification form by completing / filling in the required information.
- Submit a copy of this completed checklist / verification form to your Special Education Lead Teacher prior to September 15<sup>th</sup>.

Comments / Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Special Education Teacher / Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_