

PPS Special Education Paperwork Checklist

Student Name:	Student Name:
Case Manager:	Case Manager:
<p>Re-evaluation</p> <p>Required Forms: <input type="checkbox"/> All Synergy Forms have been validated</p> <p>Eval Planning: <input type="checkbox"/> (MTG) Meeting Request * (finalize it) <input type="checkbox"/> Meeting Minutes* <input type="checkbox"/> (CN1) Notice of Triennial (Prior Notice of the decision to evaluate) <input type="checkbox"/> (CN2) Parent Permission (consent to evaluate) *</p> <p>Eligibility Determination: <input type="checkbox"/> (MTG) Meeting Request (finalize it) <input type="checkbox"/> Meeting Minutes <input type="checkbox"/> All Evaluation Reports* <input type="checkbox"/> Medical Statement or Health Assessment* [required for ED (60), OI (70), TBI (74), OHI (80), ASD (82), CD Voice (50), HI (20), VI (40), DB (42), ID (10). Team may obtain for other, if appropriate.] <input type="checkbox"/> (DIS) Disability Statement(s)/Eligibility Statements (Document List) for ALL disabilities considered <input type="checkbox"/> (EligSU) Eligibility Summary <input type="checkbox"/> (PWNE) Notice of Eligibility (Prior Written Notice regarding eligibility decision)</p>	<p>Annual IEP</p> <p>Required forms: <input type="checkbox"/> All Synergy Forms have been validated <input type="checkbox"/> (MTG) Meeting Request (Meeting Notice) <input type="checkbox"/> Meeting Minutes <input type="checkbox"/> Completed Progress Reports for all Annual Goals on previous IEP (all quarters) <input type="checkbox"/> (PLC) Placement Determination <input type="checkbox"/> Complete IEP (If for HS age, transition section must be completed) <input type="checkbox"/> (PWNI) Notice of IEP (Prior Notice of Special Education Action)</p>
<p>IF Applicable: <input type="checkbox"/> Authorization to Use/Disclose Educational and Protected Health Information <input type="checkbox"/> Written Agreement Not to Conduct a Three Year Reevaluation (replaces items with * above ONLY if continuing the same eligibility. <input type="checkbox"/> Written Agreement to Extend Evaluation Timeline for SLD evaluation or for a move-in student <input type="checkbox"/> Completed Progress notes on ALL Annual Goals (if eligibility is terminated)</p>	<p>If Applicable: <input type="checkbox"/> Functional Behavioral Assessment/ Behavioral Support Plan/Review <input type="checkbox"/> Written Agreements to Excuse Team Members <input type="checkbox"/> ESY Packet <input type="checkbox"/> (TD-7) if transportation is required as a related service. <input type="checkbox"/> Manifestation Determination (form is located on the sped forms page) <input type="checkbox"/> Attach the following documents to attachments tab of IEP: FBA, BSP, Safety Protocols</p>
<p>**All Documents NOT created in Synergy SE must be attached to the current Process tab under single student view.</p>	<p>**All Documents NOT created in Synergy SE must be attached to the current Process tab under single student view.</p>

10/23/18

If you need support with Synergy SE including fixing Validation errors please call 503-916-3375 choose option 3