

MIDDLE SCHOOL GOAL:

Ensure that all students with an IEP or 504 plan are receiving appropriate special education services or accommodations

For all students with an IEP or 504 plan

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Obtain copy of most recent IEP/504 Plan and ensure it is current within the last year. If it's not, contact the school to see if a more recent version exists; if needed, work with the school and family to schedule a new meeting as soon as possible.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Participate in annual IEP meeting and/or 504 meeting; try to ensure the student and student's parent participates in this meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Confirm student is receiving all accommodations and services mandated by 504 or IEP, and is in the right classroom setting	<input type="checkbox"/> YES <input type="checkbox"/> NO		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Renew 504 Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Obtain copy of most recent psycho-educational evaluation and ensure it is current within the last 3 years (required for students with IEPs but not 504s)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Request new accommodation(s), if needed (requires parent's consent)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Request that the school conduct a new IEP or 504 evaluation, if needed (requires parent's consent)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Request that the school make changes to IEP, if needed (requires parent's consent)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Request an independent educational evaluation if student is not demonstrating progress and the school evaluation is not comprehensive (requires parental consent)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> If needed, Work with educational decision-maker to exercise due process rights on behalf of student (e.g., request mediation or an impartial hearing). <i>This should only happen after talking with the student's teachers, principal, IEP team, and case planning team (and when needed, the District Superintendent).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO		

GOAL TRACKING *Goal is considered complete if the student is receiving all accommodations and services AND is in the right classroom setting			
START DATE: _____	GOAL COMPLETED	DATE: _____	<input type="checkbox"/> GOAL CHANGED
YOUTH NAME: _____	<input type="checkbox"/> YES STUDENT IS RECEIVING ALL ACCOMMODATIONS AND SERVICES MANDATED BY 504 OR IEP		DATE: _____
COACH: _____	<input type="checkbox"/> NO NOTES:		NEW GOAL: _____
	<input type="checkbox"/> YES STUDENT IS IN THE RIGHT CLASSROOM SETTING		NOTES:
	<input type="checkbox"/> NO NOTES:		

ADDITIONAL NOTES

A large, empty rectangular box with a blue border, intended for additional notes.