Pre-K Annual IEP Checklist—Related Service

| | Student: | Age: |
|----------|---|------|
| | Teacher/Location: | |
| | IEP Meeting—Date/Time: | |
| | E-mail/meet with teacher for communication skills present level | |
| | Enter information into the IEP • Present level | |
| | ☐ Goals | |
| | □ Services minutes | |
| | Release of Information (if needed) | |
| a | Send Releases (if needed) | |
| | Update data sheet | |