Avoyelles Parish Schools

Department of Special Services

Document of Receipt of Confidential Information

Between Special Education & Regular Education Teachers

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| --- | --- | --- | --- |
| Student: |  | IEP Date: |  |
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| --- | --- | --- | --- |
| Special Teacher: |  | School: |  |
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Check all that applies:

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| --- | --- | --- | --- |
| 1. Accommodations Page |  | 14. Individual Health Services Plan |  |
| 2. IEP Goals |  | 15. Program Services Page |  |
| 3. Entire IEP |  | 16. Summary of Performance |  |
| 4. Strategies for Processing Deficit(s) |  | 17. Post School Transition Form |  |
| 5. Transition Plan |  | 18. Information Processing Profile Sheet |  |
| 6. IEP Goals/ Objectives |  | 19. Form for Regular Education Teacher Input |  |
| 7. Coordination of Services Form |  | 20. Order Forms for LIMC  Order Form for APH Catalog |  |
| 8. LIMC Registry Form |  | 21. IEP Progress Report Form |  |
| 9. Target Areas Menu |  | 22. Behavior Plan &/or Documentation Sheets |  |
| 10. PM 1 Form |  | 23. Student’s Behavior Chart |  |
| 11. PM 2 Form |  | 24. Avoyelles Parish IEP Checklist |  |
| 12. PM 3 Form |  | 25. Functional Behavior Form |  |
| 13. PM 4 Form |  | 26. List of Suggested Strategies & Interventions |  |

Distribute and disseminate forms as applicable on an individual basis for each student.

I have received and reviewed the information regarding the student’s IEP. I have been given instruction on how to implement my part of the IEP.

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| Date | Signature | Position | Form(s) Received |
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Updated 7/2019