Completed ARD Checklist

Student Name: ____________
ARD Date: _______4/4/14________

*Please complete this checklist for every ARD (even if diagnostician is not at ARD).**

If an item is on the checklist, but was not needed in the ARD, mark **N/A**

**Please complete checklist in the order given.**

<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Did you record the ARD in the ARD log located in the conference room?</strong></td>
<td>X</td>
</tr>
</tbody>
</table>
| **2. Is the paperwork in the **correct** order?**
  
  If yes, it should go in the following order:
  
  • **Student History Page** (to prove ARD was locked) | X |
  
  • **Page 1** (“Locked” is checked at the top) | X |
  
  • **Page 2** | X |
  
  • **Page 3** | X |
  
  • **Supplement Pages** (*except AU Supplement)*
    
    • Assessment/Evaluation Planning Supplement | n/a |
    
    • _________________________ Supplement | n/a |
    
    • _________________________ Supplement | n/a |
    
    • FBA | X |
    
    • AT Form | X |
    
    • **Updated Academic IEPs** | X |
    
    • **Updated BIP IEPs** | X |
    
    • **Updated Speech IEPs** | n/a |
    
    • **Updated **____________________ IEPs (OT/PT/etc…) | X |
    
    • **New Academic IEPs** | X |
    
    • **New BIP IEPs** | X |
    
    • **New Speech IEPs** | n/a |
    
    • **New **____________________ IEPs (OT/PT/etc…) | X |
    
    • **Page 4** (current year) | X |
    
    • **SAW Worksheet** (current year) | X |
    
    • **Page 4b** (next year) | X |
    
    • **SAW Worksheet** (next year) | X |
    
    • **Page 5** | X |
    
    • **Page 6** | X |
    
    • **Page 7** (all signatures obtained?) | X |
    
    • **SHARS Form** | X |
    
    • **Page 9** - Deliberations (all members signed minutes?) | X |
    
    • **AU Supplement** (if was part of ARD) | X |
    
    • **Transportation** page | X |
    
    • **Invitation** (make sure original gets put with other originals) | X |
    
    • **Procedural Safeguards Receipt** | X |

| **3. Original (in order) given to diag. to send to Admin?**
  
  (paper clipped- **DO NOT STAPLE**) | X |
| **4. Copy for file given to diag?** (paper clipped- **DO NOT STAPLE**) | X |
| **5. Copies of IEPs, accommodations/modifications were given to the teachers who serve the student?** | X |

**If you answered “No” to any part, please complete before returning to the diagnostician.**

Teacher Signature: ____________ Deidra Fifee ______________________________
Date checklist was completed: _______4/4/14__________