

# TEACHER CHECK LIST

PLEASE  FOR EACH STUDENT:

- GRADE LEVEL
- BUILDING ASSIGNMENTS
- SERVICE CHART (Attend. Bldgs. & Providers)
- Check and Add 'Access Users' for each student!

## REQUIRED/HIGHLY RECOMMENDED

1. Please Check Student's Mailing Address
2. 'Race & Ethnicity' Fields --- REQUIRED!!
3. Use the forms, calendars, etc. which are in the program.
4. Once set-up: use the internal Email for sending forms, etc.
5. Run 'MIS ERROR CHECK' after data entry and before printing.
6. 'File' all forms used for the IEP in the Kidss Program after completion.
7. Print & Submit IEP Teacher Information Pages w/IEP signature page & paperwork to Cooperative Office 10-14 days after meeting]

## OTHER INFORMATION

All student records must have the following:

- a) Middle initial or a hyphen (-)
- b) Social Security # (No longer required)
- c) Kids State ID # (I will enter these, if not available)
- d) County of Residence
- e) Assign Child Count Field -- **use your LEA #** -- not building #
- f) SRS/JJA Field -- (Leave Blank)
- g) Vision & Hearing Dates - (District Nurses do have access)
- h) Lines numbered consecutively in 'anticipated service chart'
- i) Indicate a 'Primary Provider & Primary Bldg. for each Fiscal Year in the Anticipated Services Chart