

## TEACHER VERIFICATION OF IEP REVIEW

\*By signing this form you agree that the Speech-Language Pathologist provided you with both a written and verbal explanation of the speech and language services for the following students in your classroom.

**SCHOOL:** \_\_\_\_\_

**SPEECH-LANGUAGE THERAPIST:** \_\_\_\_\_

[\*including but not limited to - disability, minutes, classroom and/or testing accommodation, IEP goals, and other relevant sections of ARD paperwork]

Teacher Name	Student Name	Date
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