

Completing Ch. 408 Forms

Chapter 408 Teacher & Related Service Provider Verification Form (Form 2)

After the IEP is finalized and BEFORE THE IMPLEMENTATION DATE all teachers and related service providers who see the student must sign the 408 verifying they have been made aware of the contents of the IEP document including mandates, assistive technology, management needs, supports, etc...

Program Recommendations: Write in SETTS, 12:1:1, 8:1:1, 6:1:1

List All Related Services: Anyone listed in this box MUST sign – Counseling, Speech, OT, PT

Signature of Principal's Designee: Varies by Site – leave this section blank. The designee knows to sign it.

IEP Implementation Date: Ten school days after the IEP meeting has been held. You can find this date on the Cover Page and the Recommended Special Education Programs and Services Page of the IEP.

**ALL SIGNATURES MUST BE DATED AFTER IEP MEETING
and BEFORE IMPLEMENTATION DATE.**

Chapter 408 Paraprofessional Verification Form (Form 3)

Assignment - check appropriate box describing your role. Transportation paras can use the OTHER box.

Classroom Paraprofessionals must sign ONE page for each student in the class. If the class is a 6:1:1, the para signs six sheets. If the class is a 12:1:1, the para signs 12 sheets.

1:1 Paraprofessionals sign ONE SHEET ONLY for the student they are assigned.

Please give completed forms to the Principal's Designee at your site.



Department of Education

Chancellor Richard A. Carranza

SAMPLE

District 75 / Citywide Programs
Ketler Louissaint, Superintendent

P352X The Vida Bogart School for All Children
Principal: Lourdes Mendez
Assistant Principals: Sara Better, Christina Proscia, Steve Giordano, Jessica Beach, Jaclyn Ruth

Chapter 408 Teacher & Related Service Provider Verification Form (Form 2)

By signing below, you are verifying that:

- You have been informed, prior to implementation of the IEP, of your responsibility to implement the recommendations on the student's IEP...
You have electronic access or received a copy of the IEP for the student listed below...
You have been informed that the contents of the IEP must be reviewed with all paraprofessionals who provide service to the student...
You have been informed that you must ensure that all paraprofessionals who work under your direction understand the needs of the student...
You have been informed that student IEPs must remain confidential and should not be disclosed to any other person(s) consistent with the School District's Policy...

Form with fields for Student Name (BAM BAM RUBBLE), School Year (2018-2019), Grade (2), Program Recommendation (6:1:1), List of related services (OT, PT, SPEECH), Signature of Principal's Designee (UNIT COORDINATOR, Assistant Principal, IEP COACH), IEP Implementation Date (2-19-19), and a table of teacher/service provider verifications.

This completed form must be kept on record in a master binder of all student forms and kept confidential in a secure, locked area, to be maintained by the principal's designee(s), in the event of a requested review by the New York State Education Department.

This distribution/review process must occur every time a new IEP is developed (i.e., after IEP is initially developed and after each annual IEP meeting, amendment, reconvene, re-evaluation, or three-year review), and a new form must be completed at that time.

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SAMPLE

District 75 / Citywide Programs
Ketler Louissaint, Superintendent

P352X The Vida Bogart School for All Children
 Lourdes Mendez, Principal
 Sara Better, Assistant Principal
 Christina Proscia, Assistant Principal
 Steve Giordano, Assistant Principal
 Jessica Beach, Assistant Principal
 Jaclyn Ruth, Assistant Principal (IA)

**Chapter 408 Paraprofessional Verification Form
(Form 3)**

As a Paraprofessional, you are signing that:

- You have reviewed the contents of the student's IEP with the Principal's Designee or Primary Provider.
- You confirm that you have been advised and understand the needs of the student as it relates to your role as a Paraprofessional.
- You can request to review the IEP on an ongoing basis with the Principal Designee/Primary Provider.
- You have been informed that the student's IEP must remain confidential and should not be disclosed to any other person(s) consistent with the School District's Policy for ensuring confidentiality of student records.

Assignment (check appropriate box)

- Classroom Paraprofessional Crisis Paraprofessional
- Health Paraprofessional Toileting Paraprofessional
- Alternate Placement Paraprofessional Orientation/Mobility Paraprofessional
- Other (specify): _____

Student Name	Student ID Number	School Year	Grade	Date of IEP
BAM BAM RUBBLE	123456789	2018-19	2	2-14-19

I have reviewed the student's IEP and agree with the statements above.

Paraprofessional's Name (print): Mr. Doug Heffernan

Paraprofessional's Signature: *Mr. Doug Heffernan* Date 2-14-19

Principal's Designee/Primary Provider Name (print): (AP, UC, or IEP COACH)

Principal's Designee/Primary Provider Signature: _____ Date 2-18-19

This completed form must be kept on record in a master binder of all student forms, maintained by the principal's designee(s), and kept confidential in a secure, locked area, in the event of a requested review by the New York State Education Department.

This distribution/review process must occur each time a new IEP is developed (i.e., after IEP is initially developed and after each annual IEP meeting, amendment, reconvene, re-evaluation, or three-year review), and a new form must be completed at that time.