**Itinerant Early Childhood Special Education Caseload Management**

**IECSE Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Updates:**

| **#’s** | **Early Childhood Program** | **Early Childhood Teacher & Room #** | **Student** | **IEP Services Reflect the Model**(Check) | **Annual IEP Due Date** | **Frequency of DirectInstruction  in IEP** | **Frequency of Collaborative Meetings in IEP** | **Planning Matrix Completed & Updated**(Check)  | **Professional Development Provided** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | ⬜ |  |  |  | ⬜ |  |
|  |  |  |  | ⬜ |  |  |  | ⬜ |  |
|  |  |  |  | ⬜ |  |  |  | ⬜ |  |
|  |  |  |  | ⬜ |  |  |  | ⬜ |  |
|  |  |  |  | ⬜ |  |  |  | ⬜ |  |
|  |  |  |  | ⬜ |  |  |  | ⬜ |  |
|  |  |  |  | ⬜ |  |  |  |  |  |
|  |  |  |  | ⬜ |  |  |  |  |  |
|  |  |  |  | ⬜ |  |  |  |  |  |
|  |  |  |  | ⬜ |  |  |  |  |  |
|  |  |  |  | ⬜ |  |  |  |  |  |
|  |  |  |  | ⬜ |  |  |  |  |  |

