

Instructions for On-Site Monitoring

PEAs completing an on-site monitoring will follow these steps:

- The Program Support and Monitoring (PSM) specialist and the PEA director meet in Year 3 to discuss on-site monitoring activities.
- If not targeted for SSIP participation, the PEA, in consultation with the PSM specialist, selects one outcome focus area (see the Introduction for focus areas).
- The PEA selects a team.
- In Year 4, the PEA prepares a secure room for the monitoring activities.
- The PEA and PSM team conduct complete file reviews of a representative sample of student files (see the OSM-2 form for assistance in selecting files).
 - For security reasons, and ability to establish trends, files must be hard copies. Reviewing files within software programs is a liability for both ADE/ESS and the PEA.
- The PEA and PSM team complete classroom observations.
- The PEA and PSM team collect data for Indicators 11 (Child Find—initial evaluations) and 13 (Secondary Transition).
- The PSM team inputs data and generates a draft Summary of Findings.
- The PEA and PSM team review the draft Summary of Findings report.
- The PEA and PSM team determine the level of performance in the areas of Child Find, Evaluation/Reevaluation, Individualized Education Program, and Procedural Safeguards/Parental Participation and hold an exit conference.
- The PEA and PSM team develop a Corrective Action Plan (CAP).
- The PEA and PSM specialist schedule at least three (3) follow-up visits/desk audits during the corrective action year. One of these visits will be specific to reviewing the 60-day corrective action items.
- PSM sends written notification of findings no later than 30 days from the completion of the Summary of Findings discussion.
- The PEA has one calendar year from the written notification of findings to correct all individual instances of noncompliance. The PSM specialist verifies correction.
- The PSM specialist reviews a representative sample of subsequent files to ensure systemic correction and sustainability.

- The PSM specialist will review the CAP for completion of CAP activities. This may require the PEA to produce evidence of trainings provided, training materials, agendas, etc.
- The PEA completes the Supplemental CAP activities (compliance-related outcome focus areas).

Instructions for On-Site Compliance Scoring and Summary Documentation

The PEA and PSM team will use the calls of “I” for **In Compliance**, “O” for **Out of Compliance**, and “U” for those items that are **Unreported** or do not apply for all on-site file review forms and worksheets.

The steps for developing the final reports are listed below:

A compliance call is made for each individual line item reviewed using the Guide Steps. Enter an I, O, or U on the corresponding line for each item on the form.

1. Once the forms and worksheets have been completed, the data are entered into the monitoring application. The application automatically calculates the compliance level of each line item by summarizing the data that was collected from all sources and transfers the data into the draft Summary of Findings (SOF).
2. Together, the PEA and PSM team members review each of the four sections (Child Find, Evaluation/Reevaluation, IEP, and Procedural Safeguards/Parental Participation) in the draft Summary of Findings (SOF) report.
3. Based upon the review of all data, the team determines the level of performance of the PEA for each of the four sections. There are four options for each section: Substantial Evidence of Effective Systems, Inconsistent Evidence of Effective Systems, Minimal Evidence of Effective Systems, or No Evidence of Effective Systems.
4. The PEA and PSM teams reach agreement on the areas of strength and concern based upon all data gathered. The strengths and concerns related to the special education program will be documented in the Written Notification of Findings letter sent to the PEA after the monitoring. The level of performance for the four sections in the draft SOF will also be noted in this letter.
5. The monitoring application will generate a Corrective Action Plan (CAP) framework. The PEA team, in collaboration with the PSM specialist, will develop the CAP so that it is meaningful to the PEA and clearly outlines the activities and requirements necessary for the correction of noncompliance and the attainment of sustainability. Discussion for the CAP should clearly identify the reason the noncompliance occurred, consider solutions for the PEA to correct the systems, and suggest internal verification that the PEA can implement to ensure sustainability.

Special Education On-Site Monitoring File Sample Selection

PEA: _____

Number of students in special education	10 or fewer	11–100	101–250	251–500	501 or more
Number of eligible student files	All	11–20	21–40	41–65	66+
Initial evaluations of students found not eligible— line item II.A.5 only	2	2	5	8	12+

Select a representative sample of files based upon your student population. This may include the following, if they are applicable:

- Files from each school site
- Initial evaluations
- Parent request for evaluation
- All disability categories
- All service delivery models within the PEA
- English language learners (ELLs)
- Students who are 16 years of age or older (Indicator 13)
- Students in dropout recovery programs
- Out-of-district placements (ASDB, private day school, and residential placement)
- Students from an elementary-only district that are tuitioned (not open enrolled) to a neighboring unified or high school district
- Students phased out of special education services
- Students who have been suspended, have been expelled, or have moved to an interim alternative educational setting (IAES) for longer than 10 days
- Students initially evaluated and found not eligible (Indicator 11)
- Preschool students

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Additional items needed for the monitoring:

- List of student files to be reviewed (Please use the OSM-3 form.)
- Copy of on-site monitoring section of the Arizona Monitoring Manual (available online)
- Guide Steps for each PEA team member
- Copy of current SPED 72 report from AzEDS
- Documentation of systems of referral in place for children from birth to 5 years (including AzEIP referral and/or the district of residence)
- Hearing and vision screenings (if not maintained in student file)
- Home language surveys (if not maintained in student file)
- Copy of Arizona English Language Learner Assessment (AZELLA) (if not maintained in student file)
- Current progress reports

General Background Information

1. The PEA and the PSM specialist will complete the monitoring setup form.
2. The PEA will identify the work hours for staff.
3. The PEA and the PSM specialist will review and finalize the agenda for the on-site monitoring prior to the start of the on-site monitoring.
4. The PEA will make arrangements for a work area with adequate table space for the monitoring team.
5. The PEA will make available a computer, printer, and other technical supports and supplies needed during monitoring.

The following matrix may be used to assist you in determining the sample to be selected for the monitoring:

Service Delivery Options	A	E D	E D P	O I	M D	M D S S I	M I D	M O I D	S I D	O H I	T B I	H I	V I	S L D	S L I	D D	P S D
Included in general education class 80% or more of the day (A)																	
Included in general education classroom between 40% and 79% of the school day (B)																	
Included in general education classroom for less than 40% of the school day (C)																	
PEA-operated special school (D)																	
Tuitioned to other public school (D)																	
Private day school (D)																	
Private residential (E, EA, EB, or EC)																	
Homebound/hospital/institution settings (H)																	
ASDB/PDSD (D)																	

On-Site Monitoring File Sample

OSM-3

PEA: _____

Date of Review: _____

List all student files and indicate the purpose of review for each file selected.

Student Last Name, First Initial	DOB	School or Teacher	Eligibility Category	Initial Eval	Initial Eval Did Not Qualify	Pre-K	English Language Learner (ELL)	Dropout Recovery Program (DRP)	Approved Private Day	Secondary Transition/ Elementary Tuitioned Out to Neighboring HS	Phased Out	Suspended / Expelled	Reviewer Signature or Initials
SSID													
1.													
SSID													
2.													
SSID													
3.													
SSID													
4.													
SSID													
5.													
SSID													
6.													
SSID													
7.													
SSID													
8.													
SSID													
9.													
SSID													
10.													
SSID													

C4

Student Form

CS

	PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PSD—documents more than 3.0 SD below the mean in one or more areas
	<input type="checkbox"/>		<input type="checkbox"/>	Assessments and other evaluation materials are administered in a language and form most likely to yield accurate information 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	SLI—documents a communication disorder
	<input type="checkbox"/>		<input type="checkbox"/>	Sped 72 matches eligibility	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents a significant discrepancy between achievement and ability in one of the identified areas or failure to respond to intervention (RTI)
	<input type="checkbox"/>		<input type="checkbox"/>	A—documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>		<input type="checkbox"/>	SLD—certifies that each team member agrees or disagrees
	<input type="checkbox"/>		<input type="checkbox"/>	DD—documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for a child who is at least 3 years of age, but under 10 years of age	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents determination of effects of environmental, cultural, or economic disadvantage
	<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a qualified professional 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	SID—documents performance at least 4 SD below the mean
	<input type="checkbox"/>		<input type="checkbox"/>	HI—verification by a qualified professional 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a qualified professional 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	HI—documents the language proficiency of the student	<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by a qualified professional 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	MIID—documents performance on standard measures between 2 and 3 SD below the mean	<input type="checkbox"/>	II.A.5		VI—documents the results of an individualized Braille assessment for a student who is considered blind
	<input type="checkbox"/>		<input type="checkbox"/>	MOID—documents performance on standard measures between 3 and 4 SD below the mean				For initial evaluation, the student was evaluated within 60 calendar days
	<input type="checkbox"/>		<input type="checkbox"/>	MD—documents a learning and developmental problem resulting from multiple disabilities 60-Day				# of days over: _____
	<input type="checkbox"/>		<input type="checkbox"/>	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI 60-Day				Reason: _____
	<input type="checkbox"/>		<input type="checkbox"/>	OHI—verification by a qualified professional 60-Day				60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a qualified professional 60-Day				

COMMENTS: _____

Student Form

SSID No: _____ DOB: _____ Student: _____ Eligibility: _____

Ethnicity: _____ School: _____ Teacher: _____ Monitor: _____

Primary home language indicated by the parent: _____ Language in which the student is most proficient: _____

Evaluation/Reevaluation

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.1	_____	Current evaluation 60-Day	<input type="checkbox"/>	II.A.4	_____	Eligibility considerations
<input type="checkbox"/>	II.A.2	_____	Review of existing data	<input type="checkbox"/>		<input type="checkbox"/>	Student assessed in all areas related to the suspected disability (including academic, behavior, current vision and hearing status) and for preschool, a CDA (indicate areas that have not been assessed) 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Parent request timeline				<input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents				<input type="checkbox"/> Hearing <input type="checkbox"/> Communications
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom-based assessments				<input type="checkbox"/> Academics <input type="checkbox"/> Assistive tech.
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service providers observation(s), including pre-referral interventions				<input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data were needed	<input type="checkbox"/>		<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology
<input type="checkbox"/>		<input type="checkbox"/>	For reevaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	For reevaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or for reevaluation only, documented efforts to obtain consent	<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of English language learning on progress in the general curriculum
				<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability 60-Day

COMMENTS: _____

Student Form

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		Individualized Education Program					
PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
				<input type="checkbox"/>	III.A.4	<input type="checkbox"/>	Individualized services to be provided
<input type="checkbox"/>	III.A.1	<input type="checkbox"/>	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Special education services to be provided (If "out", indicate the missing requirement)
<input type="checkbox"/>	III.A.2	<input type="checkbox"/>	IEP review/revision and participants				<input type="checkbox"/> Not specially designed instruction (SDI)
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)				<input type="checkbox"/> No documentation of why SDI is provided by other personnel
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Special Ed Teacher <input type="checkbox"/> Interpreter </div>				<input type="checkbox"/> No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI
<input type="checkbox"/>	III.A.3	<input type="checkbox"/>	General required components of IEP are included	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Special education teacher not certified
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to Guide Steps)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Other provider not certified (district only)
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program modifications
<input type="checkbox"/>		<input type="checkbox"/>	For students eligible for alternate assessments only, short-term instructional objectives or benchmarks	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals (If "out", indicate the missing requirement) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> No description of timeline </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Goals not measurable </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Not done in accordance with timeline </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Not reflective of measurement criteria in goal </div>	<input type="checkbox"/>		<input type="checkbox"/>	Location, frequency and duration of services and modifications (If "out", indicate the missing requirement) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Location </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Frequency </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Duration </div>
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year
				<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with nondisabled peers
				<input type="checkbox"/>		<input type="checkbox"/>	Sped 72 matches LRE

COMMENTS: _____

Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.5	<hr/>	Other considerations	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s)
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of strategies/supports to address behavior that impedes student's learning or that of others	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s)
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the student was invited to the meeting
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student	<input type="checkbox"/>		<input type="checkbox"/>	Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting when parent consent has been obtained
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs				
<input type="checkbox"/>		<input type="checkbox"/>	For students who are ELL, consideration of language needs related to the IEP	<input type="checkbox"/>	III.A.7	<hr/>	Documentation of additional postsecondary transition components
<input type="checkbox"/>		<input type="checkbox"/>	For students with HI, consideration of the child's language and communication needs	<input type="checkbox"/>		<input type="checkbox"/>	Progress reporting for services/activities
Secondary Transition Line Items (III.A.6 & III.A.7)				<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18
<input type="checkbox"/>	III.A.6	<hr/>	For students 16 years of age or older, documentation of required postsecondary components 60-Day	<input type="checkbox"/>	III.A.8	<hr/>	IEP reflects student educational needs 60-Day Reason for "O" call
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals <input type="checkbox"/> No evidence of goals <input type="checkbox"/> Goal content not postsecondary <input type="checkbox"/> Not measurable <input type="checkbox"/> Required goal areas not addressed	Procedural Safeguards/Parental Participation			
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals updated annually	<input type="checkbox"/>	IV.A.1	<hr/>	Notices provided at required times and in a language and form that is understandable to the parent
<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age-appropriate assessment(s)	<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support the postsecondary goal(s)	<input type="checkbox"/>		<input type="checkbox"/>	All required notices provided in a language that is: 1. the native language of the parent 2. understandable to public 60-Day

COMMENTS: _____

Student Form

PEA ✓
☐

Line Item
IV.A.2

I-O-U

Description
PWN provided at required times and contains required components

☐

☐

PWN provided to parents at required times in the last 12 months

☐

☐

For PWN, a description of the action proposed or refused by the PEA

☐

☐

For PWN, explanation of why the agency proposed or refused to take the action

☐

☐

For PWN, description of any options considered and why these options were rejected

☐

☐

For PWN, description of evaluation procedures, tests, records used as a basis for the decision

☐

☐

For PWN, description of any other relevant factors

☐

☐

For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of the procedural safeguards can be obtained

☐

☐

For PWN, sources to obtain assistance in understanding the notice

Referral	Additional Data	Eligibility	Initial Placement	IEP/FAPE	Suspension/Expulsion
Implementation Date:	Implementation Date:	Implementation Date:	Implementation Date:	Implementation Date:	Implementation Date:
PWN Provision Date:	PWN Provision Date:	PWN Provision Date:	PWN Provision Date:	PWN Provision Date:	PWN Provision Date:

COMMENTS: _____

Student Form

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	IV.A.3	<hr style="width: 50px; border: 0.5px solid black;"/>	Discipline procedures and requirements followed
<input type="checkbox"/>		<input type="checkbox"/>	Notified parent on the same date the disciplinary decision was made
<input type="checkbox"/>		<input type="checkbox"/>	If a change in placement occurred, the IEP team conducted a review within 10 school days to determine the relationship between the student's disability and behavior
<input type="checkbox"/>		<input type="checkbox"/>	If the IEP team determined that behavior was a manifestation of the student's disability, an FBA was conducted and a BIP implemented or if already in place, a BIP reviewed and modified, as necessary 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	If the IEP team determined that behavior was a manifestation of the student's disability, the student was returned to placement from which the student was removed, unless the parent and PEA agreed to a change of placement 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For suspension or IAES placement, student continued to be provided FAPE, including services and adaptations described in the IEP 60-Day

COMMENTS: _____

Agency Form

AF

Date: _____

Specialist: _____

PEA: _____

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	I.A.1	_____	PEA has board-approved policies and procedures for child find.
<input type="checkbox"/>	I.A.1	_____	Child find procedures are disseminated to parents.
<input type="checkbox"/>	I.A.1	_____	PEA maintains invitation list and agenda for private school/home schooled involvement.

COMMENTS: _____

Child Find Worksheet

	PEA/District						
	Campus						
	Name	DOB	SSID	Entry data (record date)	Date screened or records reviewed (record date)	I.A.2 Child find for K–12 grades occurs within 45 days of entry (I O)	I.A.2 Follow-up occurred if concerns were noted on the screening (I O U)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

	PEA/District						
	Campus						
	Name	DOB	SSID	Entry data (record date)	Date screened or records reviewed (record date)	I.A.2 Child find for K–12 grades occurs within 45 days of entry (I O)	I.A.2 Follow-up occurred if concerns were noted on the screening (I O U)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Summary of Performance Worksheet

All unified districts and high schools use this section

	PEA/District			
	Campus			
	Name	DOB	SSID	III.A.7 Documentation of a summary of performance (I O)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

	PEA/District			
	Campus			
	Name	DOB	SSID	III.A.7 Documentation of a summary of performance (I O)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Child Find (Evaluation Timeline—Indicator 11) Analysis and Action Plan

Paperwork and Process Review	Does the PEA have a tracking system that provides special education staff with the ability to follow the progress of a student through the evaluation process in order to ensure that timelines are not missed because of inattention to deadlines? If so, describe the process.	Analyzing the evaluation process, including the tracking system once a student has been referred for an evaluation, what are the roles and responsibilities of each member of the MET? How do these roles and responsibilities impact the process?	Examine the manner in which the team determines what, if any, additional data are needed. At what point in the process is parental consent acquired? How does this impact the process?	Examine the impact of caseloads on the process. Are additional staff needed or are more explicit agreements with contractors required?	Examine the process when the evaluation needs of a student exceed the staff's area of expertise or experience. Do you have ready resources to follow up on vision, hearing, or behavioral concerns? Has the need for medical certification contributed to any delay?
Findings					
Evidence					
Staffing and Personnel Review	Review the quantity and qualifications of staff within the PEA to determine their ability to complete the evaluation timelines, including the ability to evaluate low-incidence disabilities.	Determine if there has been an increase or decrease in the percentage of qualified and fully certified staff over the last three years. What factors may have contributed to any changes?	Identify activities in the areas of hiring, retention, personnel development, and salary analysis that the PEA has undertaken to improve staff percentages.	Identify the number of unfilled evaluator positions in the PEA during the current school year.	Examine the number of contracted evaluators, including bilingual evaluators. How do the numbers impact the process?
Findings					
Evidence					
Problem Statement(s):					
Actionable Cause(s):					
Goal:					

Secondary Transition (Indicator 13) Analysis and Action Plan

C 10

Data Review	Review current IEPs to determine if they facilitate and document compliance of all the required components that support the articulated goals and if the planning will reasonably enable the student to meet the postsecondary goals.	Determine if there is any inconsistency in the levels of compliance among school sites. If so, identify specific factors that may have contributed to the number of compliant or noncompliant student files at each site. Is this a site-specific compliance issue or a district-wide compliance issue?	Identify the number and types of trainings, conferences, and course work in which staff has participated outside of the PEA. List the professional development opportunities related to transition offered within the PEA.	Determine if the PEA has identified transition resources, including age-appropriate assessments. List those resources currently being utilized and develop a list of other possible resources that could facilitate transition planning.	Review professional development opportunities attended by staff responsible for the required transition components.
Findings					
Evidence					
Supports and Services	Determine if the PEA staff is knowledgeable about the procedures necessary for completing all the required transition components.	Identify the years of experience, for each special education staff, who works with students 16 years of age and older.	Examine the involvement of personnel in transition and development. Has the PEA designated one or more individuals to assume this responsibility?	Describe the manner in which the PEA staff communicates with each other across departments in relation to transition planning.	Describe the manner in which the PEA has interacted with their ADE/PSM specialist and/or a secondary transition specialist. If no working relationships have been established, describe steps that will be taken to ensure such a partnership.
Findings					
Evidence					
Problem Statement(s):					
Actionable Cause(s):					
Goals:					