



Student Form

SSID Number: _____

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) |
| <input type="checkbox"/> | | <input type="checkbox"/> | Parent request timeline | | | | 60-Day |
| <input type="checkbox"/> | | <input type="checkbox"/> | Current information provided by the parents | | | | <input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral |
| <input type="checkbox"/> | | <input type="checkbox"/> | Current classroom-based assessments | | | | <input type="checkbox"/> Hearing <input type="checkbox"/> Communications |
| <input type="checkbox"/> | | <input type="checkbox"/> | Teachers and related service providers observation(s), including pre-referral interventions | | | | <input type="checkbox"/> Academics <input type="checkbox"/> Assistive tech. |
| <input type="checkbox"/> | | <input type="checkbox"/> | Formal assessments | | | | <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills |
| <input type="checkbox"/> | II.A.3 | _____ | Team determination of need for additional data | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> Adaptive <input type="checkbox"/> _____ |
| <input type="checkbox"/> | | <input type="checkbox"/> | Team determined that existing data was sufficient or determined that additional data was needed | <input type="checkbox"/> | | <input type="checkbox"/> | Performance in educational setting and progress in general curriculum |
| <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"/> | Educational needs to access the general curriculum, including assistive technology |
| <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"/> | For reevaluations, 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"/> | 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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|--------------------------|-----------|--------------------------|---|--------------------------|-----------|--------------------------|--|
| <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 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"/> | SPED72 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 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"/> | | <input type="checkbox"/> | 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 | <input type="checkbox"/> | II.A.5 | _____ | 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 | | | | |

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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.1 | _____ | Current IEP (date: _____) 60-Day | <input type="checkbox"/> | III.A.4 | _____ | Individualized services to be provided |
| <input type="checkbox"/> | III.A.2 | _____ | IEP review/revision and participants | <input type="checkbox"/> | | <input type="checkbox"/> | Special education services to be provided (If "out," indicate the missing requirement) |
| <input type="checkbox"/> | | <input type="checkbox"/> | IEP reviewed/revision annually (previous date: _____) | | | | <input type="checkbox"/> Not specially designed instruction (SDI) |
| <input type="checkbox"/> | | <input type="checkbox"/> | IEP team meeting included required participants (if "no," indicate missing members) | | | | <input type="checkbox"/> No documentation of why SDI is provided by other personnel |
| <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative | | | | <input type="checkbox"/> No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI |
| <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results | | | | <input type="checkbox"/> Special education teacher not certified |
| <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> Special Ed Teacher <input type="checkbox"/> Interpreter | | | | <input type="checkbox"/> Other provider not certified (district only) |
| <input type="checkbox"/> | III.A.3 | _____ | General required components of IEP are included | <input type="checkbox"/> | | <input type="checkbox"/> | Consideration of related services |
| <input type="checkbox"/> | | <input type="checkbox"/> | IEP has PLAAFP (refer to Guide Steps) | <input type="checkbox"/> | | <input type="checkbox"/> | Consideration of supplementary aids, services, and program modifications |
| <input type="checkbox"/> | | <input type="checkbox"/> | Measurable annual goals related to PLAAFP | <input type="checkbox"/> | | <input type="checkbox"/> | Consideration of supports for school personnel |
| | IN/OUT | | | <input type="checkbox"/> | | <input type="checkbox"/> | Location, frequency, and duration of services and modifications |
| | Goal 1: <input type="checkbox"/> | | | <input type="checkbox"/> | | | (If "out," indicate the missing requirement) |
| | Goal 2: <input type="checkbox"/> | | | | | | <input type="checkbox"/> Location |
| | Goal 3: <input type="checkbox"/> | | | | | | <input type="checkbox"/> Frequency |
| | Goal 4: <input type="checkbox"/> | | | | | | <input type="checkbox"/> Duration |
| | Goal 5: <input type="checkbox"/> | | | | | | |
| | Goal 6: <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | Consideration of the need for extended school year |
| | Goal 7: <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | Extent to which student will not participate with nondisabled peers |
| | Goal 8: <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | SPED72 matches LRE |
| | Goal 9: <input type="checkbox"/> | | | | | | |
| | Goal 10: <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | Documentation of eligibility for alternate assessment, if appropriate 60-Day | | | | |
| <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"/> | Current progress report includes progress toward goals (If "out," indicate the missing requirement) | | | | |
| | | | <input type="checkbox"/> No description of timeline | | | | |
| | | | <input type="checkbox"/> Goals not measurable | | | | |
| | | | <input type="checkbox"/> Not done in accordance with timeline | | | | |
| | | | <input type="checkbox"/> Not reflective of measurement criteria in goal | | | | |

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| <input type="checkbox"/> | III.A.5 | _____ | Other considerations |
| <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"/> | Consideration of individual accommodations in testing, if appropriate |
| <input type="checkbox"/> | | <input type="checkbox"/> | Consideration of communication needs of the student |
| <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"/> | | <input type="checkbox"/> | For students with HI, consideration of the child's language and communication needs |

| PEA ✓ | Line Item | I-O-U | Description |
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| <input type="checkbox"/> | | <input type="checkbox"/> | The student's course of study supports the identified postsecondary goal(s) |
| <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"/> | Documentation that the student was invited to the meeting |
| <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"/> | III.A.7 | _____ | Documentation of additional postsecondary transition components |
| <input type="checkbox"/> | | <input type="checkbox"/> | Progress reporting for services/activities |
| <input type="checkbox"/> | | <input type="checkbox"/> | By age 17, a statement of rights to transfer at age 18 |
| <input type="checkbox"/> | III.A.8 | _____ | IEP reflects student educational needs 60-Day |

Secondary Transition Line Items (III.A.6 & III.A.7)

| PEA ✓ | Line Item | I-O-U | Description |
|--------------------------|-----------|--------------------------|---|
| <input type="checkbox"/> | III.A.6 | _____ | For students 16 years of age or older, documentation of required postsecondary components 60-Day |
| <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 |
| <input type="checkbox"/> | | <input type="checkbox"/> | Measurable postsecondary goals updated annually |
| <input type="checkbox"/> | | <input type="checkbox"/> | Documentation that the postsecondary goals were derived from age-appropriate assessment(s) |
| <input type="checkbox"/> | | <input type="checkbox"/> | Documentation of one or more transition services/activities that support the postsecondary goal(s) |

Procedural Safeguards/Parental Participation

| PEA ✓ | Line Item | I-O-U | Description |
|--------------------------|-----------|--------------------------|---|
| <input type="checkbox"/> | IV.A.1 | _____ | Notices provided at required times and in a language and form that is understandable to the parent |
| <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"/> | All required notices provided in a language that is: 1. the native language of the parent 2. understandable to public 60-Day |

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| PEA ✓ | Line Item | I-O-U | Description |
|--------------------------|-----------|--------------------------|--|
| <input type="checkbox"/> | IV.A.2 | _____ | PWN provided at required times and contains required components |
| <input type="checkbox"/> | | <input type="checkbox"/> | PWN provided to parents at required times in the last 12 months |
| <input type="checkbox"/> | | <input type="checkbox"/> | For PWN, a description of the action proposed or refused by the PEA |
| <input type="checkbox"/> | | <input type="checkbox"/> | For PWN, explanation of why the agency proposed or refused to take the action |
| <input type="checkbox"/> | | <input type="checkbox"/> | For PWN, description of any options considered and why these options were rejected |
| <input type="checkbox"/> | | <input type="checkbox"/> | For PWN, description of evaluation procedures, tests, and records used as a basis for the decision |
| <input type="checkbox"/> | | <input type="checkbox"/> | For PWN, description of any other relevant factors |
| <input type="checkbox"/> | | <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 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: |
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| PEA ✓ | Line Item | I-O-U | Description |
|--------------------------|-----------|--------------------------|---|
| <input type="checkbox"/> | IV.A.3 | _____ | 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 |

| PEA ✓ | Line Item | I-O-U | Description |
|--------------------------|-----------|--------------------------|---|
| <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 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 60-Day For suspension or IAES placement, student continued to be provided FAPE, including services and adaptations described in the IEP 60-Day |

Comments: