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**

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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | II.A.1 | \_\_\_\_\_\_ | Current evaluation **60-Day** |
|  | II.A.2 | \_\_\_\_\_\_ | Review of existing data |
|  |  |  | Parent request timeline |
|  |  |  | Current information provided by the parents |
|  |  |  | Current classroom-based assessments |
|  |  |  | Teachers and related service providers observation(s), including pre-referral interventions |
|  |  |  | Formal assessments |
|  | II.A.3 | \_\_\_\_\_\_ | Team determination of need for additional data |
|  |  |  | Team determined that existing data was sufficient or determined that additional data was needed |
|  |  |  | For reevaluation only, parents were informed of reason and right to request data |
|  |  |  | Obtained informed parental consent or, for  reevaluation only, documented efforts to obtain consent |
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|  |  |  | Comments:  Comments:  Comments: |
| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | II.A.4 | \_\_\_\_\_\_ | Eligibility considerations |
|  |  |  | 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**  Vision  Social/behavioral  Hearing  Communications  Academics  Assistive tech.  Cognitive  Motor skills  Adaptive |
|  |  |  | Performance in educational setting and progress in general curriculum |
|  |  |  | Educational needs to access the general curriculum, including assistive technology |
|  |  |  | For reevaluations, any additions or modifications to the special education services are needed for the student to progress in the general curriculum |
|  |  |  | The impact of any educational disadvantage |
|  |  |  | The impact of English language learning on progress in the general curriculum |
|  |  |  | Team determined the student has a specific category of disability **60-Day** |
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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  |  |  | Team determined the student needs special education and related services **60-Day** |
|  |  |  | Assessments and other evaluation materials are administered in a language and form most likely to yield accurate information **60-Day** |
|  |  |  | SPED72 matches eligibility |
|  |  |  | A—documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction |
|  |  |  | 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 |
|  |  |  | ED—verification by a qualified professional **60-Day** |
|  |  |  | HI—verification by a qualified professional **60-Day** |
|  |  |  | HI—documents the language proficiency of the student |
|  |  |  | MIID—documents performance on standard measures between 2 and 3 SD below the mean |
|  |  |  | MOID—documents performance on standard measures between 3 and 4 SD below the mean |
|  |  |  | MD—documents a learning and developmental problem resulting from multiple disabilities **60-Day** |
|  |  |  | MDSSI—documents multiple disabilities that include at least one of the following: VI or HI **60-Day** |
|  |  |  | OHI—verification by a qualified professional **60-Day** |
|  |  |  | OI—verification by a qualified professional **60-Day** |
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|  |  |  | Comments: |
| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  |  |  | PSD—documents more than 3 SD below the mean in one or more areas |
|  |  |  | SLI—documents a communication disorder |
|  |  |  | SLD—documents a significant discrepancy between achievement and ability in one of the identified areas or failure to respond to intervention (RTI) |
|  |  |  | SLD—certifies that each team member agrees or disagrees |
| **Stop outline** |  |  | SLD—documents determination of effects of environmental, cultural, or economic disadvantage |
| **Stop outline** |  |  | SID—documents performance at least 4 SD below the mean |
| **Stop outline** |  |  | TBI—verification by a qualified professional **60-Day** |
| **Stop outline** |  |  | VI—verification by a qualified professional **60-Day** |
| **Stop outline** |  |  | VI—documents the results of an individualized Braille assessment for a student who is considered blind |
| **Stop outline** | **II.A.5** | \_\_\_\_\_\_ | **For initial evaluation, the student was evaluated within 60 calendar days**  **# of days over:**  **Reason:**  **60-Day** |
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**Individualized Education Program**

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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | III.A.1 | \_\_\_\_\_\_ | Current IEP (date: ) **60-Day** |
|  | III.A.2 | \_\_\_\_\_\_ | IEP review/revision and participants |
|  |  |  | IEP reviewed/revised annually  (previous date: ) |
|  |  |  | IEP team meeting included required participants **(if “no,” indicate missing members)**  Parent  PEA Representative  Gen Ed Teacher  Test Results  Special Ed Teacher Interpreter |
|  | III.A.3 | \_\_\_\_\_\_ | General required components of IEP are included |
|  |  |  | IEP has PLAAFP (refer to Guide Steps) |
|  | IN/OUT  Goal 1:   Goal 2:   Goal 3:   Goal 4:   Goal 5:   Goal 6:   Goal 7:   Goal 8:   Goal 9:   Goal 10:  |  | Measurable annual goals related to PLAAFP |
|  |  |  | Documentation of eligibility for alternate assessment, if appropriate **60-Day** |
|  |  |  | For students eligible for alternate assessments only, short-term instructional objectives or benchmarks |
|  |  |  | Current progress report includes progress toward goals  (If “out,” indicate the missing requirement)  No description of timeline  Goals not measurable  Not done in accordance with timeline  Not reflective of measurement criteria in goal |
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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | III.A.4 | \_\_\_\_\_\_ | Individualized services to be provided |
|  |  |  | Special education services to be provided  (If “out,” indicate the missing requirement)  Not specially designed instruction (SDI)  No documentation of why SDI is provided by other personnel  No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI  Special education teacher not certified  Other provider not certified (district only) |
|  |  |  | Consideration of related services |
|  |  |  | Consideration of supplementary aids, services, and program modifications |
|  |  |  | Consideration of supports for school personnel |
|  |  |  | Location, frequency, and duration of services and modifications  (If “out,” indicate the missing requirement)  Location  Frequency  Duration |
|  |  |  | Consideration of the need for extended school year |
|  |  |  | Extent to which student will not participate with nondisabled peers |
|  |  |  | SPED72 matches LRE |
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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | III.A.5 | \_\_\_\_\_\_ | Other considerations |
|  |  |  | Consideration of strategies/supports to address behavior that impedes student’s learning or that of others |
|  |  |  | Consideration of individual accommodations in testing, if appropriate |
|  |  |  | Consideration of communication needs of the student |
|  |  |  | Consideration of assistive technology devices and service needs |
|  |  |  | For students who are ELL, consideration of language needs related to the IEP |
|  |  |  | For students with HI, consideration of the child’s language and communication needs |

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

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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | **III.A.6** | \_\_\_\_\_\_ | **For students 16 years of age or older, documentation of required postsecondary components 60-Day** |
|  |  |  | Measurable postsecondary goals  No evidence of goals  Goal content not postsecondary  Not measurable  Required goal areas not addressed |
|  |  |  | Measurable postsecondary goals updated annually |
|  |  |  | Documentation that the postsecondary goals were derived from age-appropriate assessment(s) |
|  |  |  | Documentation of one or more transition services/activities that support the postsecondary goal(s) |
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|  |  |  | Comments: |
| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  |  |  | The student’s course of study supports the identified postsecondary goal(s) |
|  |  |  | Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s) |
|  |  |  | Documentation that the student was invited to the meeting |
|  |  |  | 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 |
|  | III.A.7 | \_\_\_\_\_\_ | Documentation of additional postsecondary transition components |
|  |  |  | Progress reporting for services/activities |
|  |  |  | By age 17, a statement of rights to transfer at age 18 |
|  | III.A.8 | \_\_\_\_\_\_ | IEP reflects student educational needs **60-Day** |

**Procedural Safeguards/Parental Participation**

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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | IV.A.1 | \_\_\_\_\_\_ | Notices provided at required times and in a language and form that is understandable to the parent |
|  |  |  | Procedural safeguards notice provided to parents within the last 12 months **60-Day** |
|  |  |  | 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 ü** | **Line Item** | **I-O-U** | **Description** | Referral | Additional Data | Eligibility | Initial Placement | IEP/FAPE | Suspension/  Expulsion |
|  | IV.A.2 | \_\_\_\_\_\_ | PWN provided at required times and contains required components | 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: |
|  |  |  | 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, and 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 |  |  |  |  |  |  |

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| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
|  | IV.A.3 | \_\_\_\_\_\_ | Discipline procedures and requirements followed |
|  |  |  | Notified parent on the same date the disciplinary decision was made |
|  |  |  | 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 |
|  |  |  | 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 ü** | **Line Item** | **I-O-U** | **Description** |
|  |  |  | 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** |
|  | Comments: |  | For suspension or IAES placement, student continued to be provided FAPE, including services and adaptations described in the IEP **60-Day** |