



Reading Proficiency Self-Assessment 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"/>		<input type="checkbox"/>	Team determined the student needs special education and related services 60-Day
<input type="checkbox"/>	II.A.4	_____	Eligibility considerations	<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"/>	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"/>	SPED72 matches eligibility
			<input type="checkbox"/> Vision	<input type="checkbox"/>		<input type="checkbox"/>	A—documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
			<input type="checkbox"/> Hearing	<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"/> Academics	<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a qualified professional 60-Day
			<input type="checkbox"/> Cognitive	<input type="checkbox"/>		<input type="checkbox"/>	HI—verification by a qualified professional 60-Day
			<input type="checkbox"/> Adaptive	<input type="checkbox"/>		<input type="checkbox"/>	HI—documents the language proficiency of the student
<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum	<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"/>	Educational needs to access the general curriculum, including assistive technology	<input type="checkbox"/>		<input type="checkbox"/>	MOID—documents performance on standard measures between 3 and 4 SD below the mean
<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"/>	MD—documents a learning and developmental problem resulting from multiple disabilities 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage	<input type="checkbox"/>		<input type="checkbox"/>	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	The impact of English language learning on progress in the general curriculum	<input type="checkbox"/>		<input type="checkbox"/>	OHI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a qualified professional 60-Day

Comments: _____

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PEA ✓	Line Item	I-O-U	Description
<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"/>	SLI—documents a communication disorder
<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"/>	SLD—certifies that each team member agrees or disagrees
<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents determination of effects of environmental, cultural, or economic disadvantage
<input type="checkbox"/>		<input type="checkbox"/>	SID—documents performance at least 4 SD below the mean
<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by a qualified professional 60-Day
<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"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days # of days over: _____ Reason: _____ 60-Day

Individualized Education Program

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no," indicate missing members)
		<input type="checkbox"/>	<input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results <input type="checkbox"/> Special Ed Teacher <input type="checkbox"/> Interpreter

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to Guide Steps)
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP
	IN/OUT		
	Goal 1:	<input type="checkbox"/>	
	Goal 2:	<input type="checkbox"/>	
	Goal 3:	<input type="checkbox"/>	
	Goal 4:	<input type="checkbox"/>	
	Goal 5:	<input type="checkbox"/>	
	Goal 6:	<input type="checkbox"/>	
	Goal 7:	<input type="checkbox"/>	
	Goal 8:	<input type="checkbox"/>	
	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
<input type="checkbox"/>	III.A.4	_____	Individualized services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	Special education services to be provided (If "out," indicate the missing requirement)
		<input type="checkbox"/>	Not specially designed instruction (SDI)
		<input type="checkbox"/>	No documentation of why SDI is provided by other personnel
		<input type="checkbox"/>	No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI
		<input type="checkbox"/>	Special education teacher not certified
		<input type="checkbox"/>	Other provider not certified (district only)
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services

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PEA ✓	Line Item	I-O-U	Description	Secondary Transition Line Items (III.A.6 & III.A.7)			
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, and program modifications	<input type="checkbox"/>			For students 16 years of age or older, documentation of required postsecondary components 60-Day 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 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) 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 Documentation of additional postsecondary transition components Progress reporting for services/activities By age 17, a statement of rights to transfer at age 18 IEP reflects student educational needs 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel	<input type="checkbox"/>	III.A.6	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Location, frequency, and duration of services and modifications (If "out," indicate the missing requirement) <input type="checkbox"/> Location <input type="checkbox"/> Frequency <input type="checkbox"/> Duration	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with nondisabled peers	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	SPED72 matches LRE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	III.A.5	<input type="checkbox"/>	Other considerations	<input type="checkbox"/>		<input type="checkbox"/>	
<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"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs	<input type="checkbox"/>		<input type="checkbox"/>	
<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"/>	
<input type="checkbox"/>		<input type="checkbox"/>	For students with HI, consideration of the child's language and communication needs	<input type="checkbox"/>	III.A.7	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	III.A.8	<input type="checkbox"/>	

Comments: _____
