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** |
| [ ]  | II.A.1 | \_\_\_\_\_\_ | Current evaluation **60-Day**  |
| [ ]  | 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, if 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** |
|  |  |  |  |
|  |  |  | Comments: |
| **PEA ✓** | **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** |
| **PEA ✓** | **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** |

**Individualized Education Program**

|  |  |  |  |
| --- | --- | --- | --- |
| **PEA ✓** | **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 |
|  |  |  | Comments: |
| **PEA ✓** | **Line Item** | **I-O-U** | **Description** |
| [ ]  | III.A.3 | \_\_\_\_\_\_ | General required components of IEP are included |
| [ ]  |  |  | IEP has PLAAFP (refer to Guide Steps) |
| [ ]  | IN/OUTGoal 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 |
| [ ]  | 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 |
| **PEA ✓** | **Line Item** | **I-O-U** | **Description** |
| [ ]  |  |  | 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 |
| [ ]  | 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)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PEA ✓** | **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)  |
| [ ]  |  |  | 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 Comments: |
| [ ]  | III.A.8 | \_\_\_\_\_\_ | IEP reflects student educational needs **60-Day** |