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 ü** | **Line Item** | **I-O-U** | **Description** |
| [ ]  | II.A.1 | \_\_\_\_\_\_ | Current evaluation **60-Day**  |
| **Stop outline** |  | \_\_\_\_\_\_ | **For initial evaluation, the student was evaluated within 60 calendar days****# of days over:** **Reason:** **60-Day** |

**Individualized Education Program**

|  |  |  |  |
| --- | --- | --- | --- |
| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
| [ ]  | III.A.1 | \_\_\_\_\_\_ | Current IEP (date: ) **60-Day** |
| [ ]  | **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 |
| **PEA ü** | **Line Item** | **I-O-U** | **Description** |
| [ ]  |  |  | 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  |

Comments: