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** | **II.A.5** | \_\_\_\_\_\_ | **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.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 ü** | **Line Item** | **I-O-U** | **Description** |
|  | 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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) |
|  |  |  | 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**  Comments: |