



State of Arizona
Department of Education

Tom Horne
Superintendent of
Public Instruction

MEMORANDUM

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To: Directors and Special Education Staff

From: Diane Mignella,
Director of Program Support and Monitoring

Subject: IDEA monitoring document

Enclosed is the monitoring document that will be used by the Arizona Department of Education, Exceptional Student Services (ADE/ESS), throughout FY 2010-2011. The monitoring system is designed to ensure compliance with State and Federal requirements for the Individuals with Disabilities Education Act Amendments of 2004 and the Arizona Revised Statutes.

While ADE/ESS continues to use a six-year cycle for monitoring, we have also implemented a yearly review of a PEA's data related to special education. Compliance and results indicator data, PEA Determinations, dispute resolution findings, policies and procedures, and annual site visit data are all now reviewed annually by the assigned Program Specialist in collaboration with the PEA director.

Regardless of where you are in the monitoring cycle, I urge you to begin to evaluate your special education program against the indicators in the monitoring guide.

You are free to make copies of this guide so that staff is aware of the requirements for each of the major components in special education. They are also available on the Arizona Department of Education Web page www.azed.gov/ess/programsupport. If you have any questions please contact the Program Specialist for your school or district.

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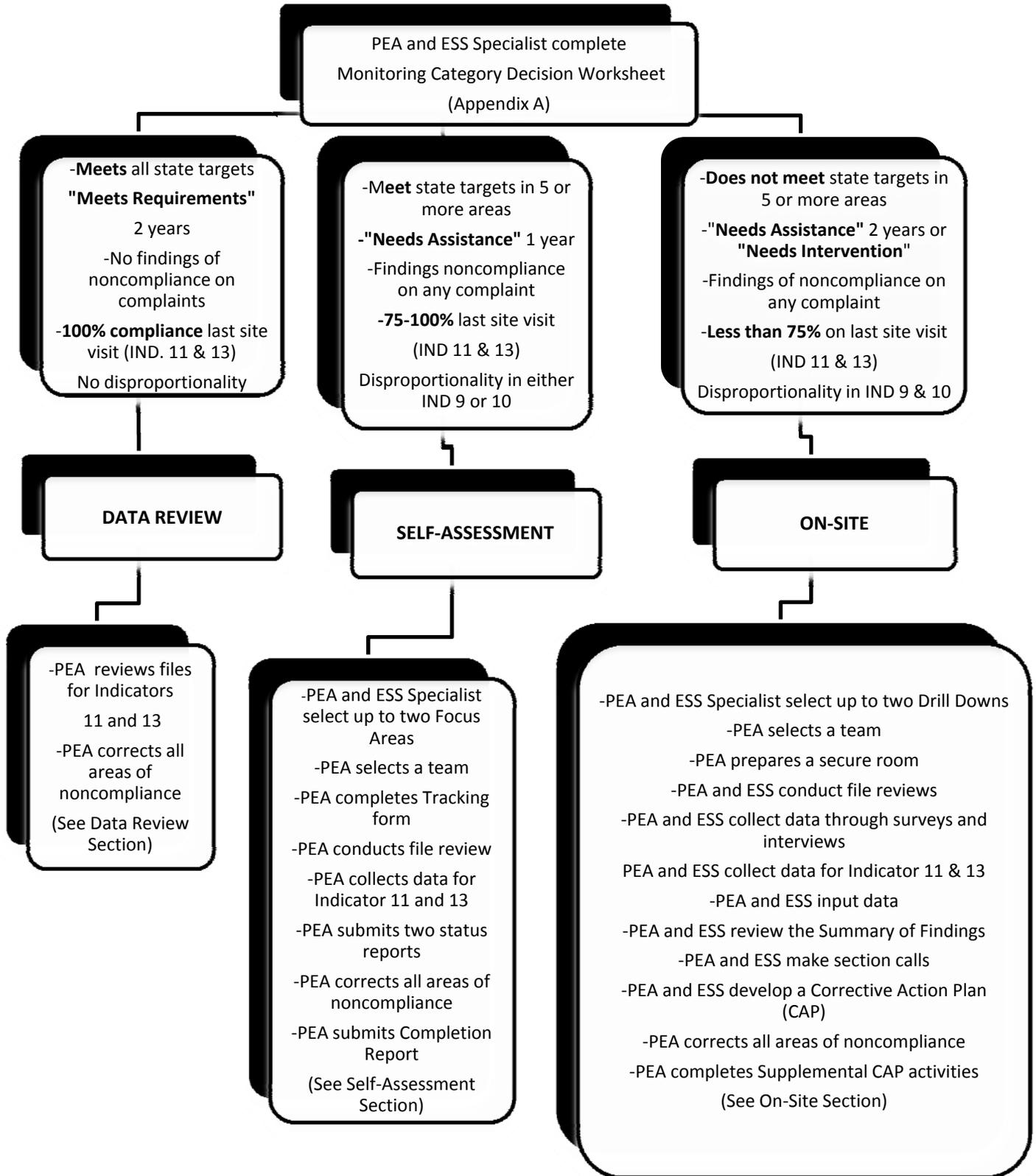
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ESS Monitoring Model



Introduction

The Individuals with Disabilities Education Act, as amended in 2004, requires that states carry out monitoring and evaluation activities to determine the effectiveness of educational programs in meeting the needs of students with disabilities. The Arizona Department of Education, Exceptional Student Services, (ADE/ESS) views effectiveness as:

- Meeting the procedural requirements of the statutes **and**
- Ensuring quality learning and life outcomes for children

ESS Monitoring Model

The Arizona monitoring system was revised in 2009 to increase the focus on data in addition to procedural compliance requirements for each public education agency (PEA). The monitoring system combines compliance and performance in the review of PEA policies, procedures, and practices. Components of monitoring include a yearly review of the U.S. Department of Education (USDOE), Office of Special Education Programs (OSEP) compliance and results Indicators 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, and 13. Annual PEA Determinations, Dispute Resolution data, and audit findings are also reviewed each year.

The program specialist assigned to the district, charter school, or secure facility will meet with the PEA director each spring to discuss the data and plan for any upcoming monitoring activities. Please see Appendix A for the Monitoring Category Decision Worksheet used to review data.

The better the data across systems, the better able the PEA is to provide quality programs for students with disabilities. While Arizona has maintained the 6 year cycle for monitoring with assigned activities always occurring in Year 4 of the cycle, PEAs can also be moved into Year 4 anytime systemic issues arise related to the review of data. Conversely, PEAs with outstanding data will have a less intensive assignment when they are in Year 4 of the monitoring cycle. Regardless of the assigned monitoring year or monitoring type, PEAs are required to comply with all requirements under IDEA.

- **Data Review:** PEAs that met all state targets for students with disabilities on results and compliance indicators, were timely in correction of dispute resolution findings or had no findings, met requirements for PEA determination, and have current, approved policies and procedures.
- **Self-Assessment:** PEAs with compliance issues in one or more of the areas listed above but no evidence of systemic concerns.
- **On-Site:** PEAs that have systemic issues in any of the areas listed above. On-Site monitoring will consist of all compliance line items in the monitoring Guide Steps and will be organized similarly to what was previously a Level 2 monitoring.

For PEAs located within secure care facilities (i.e., county juvenile detention facilities, county jails, the Arizona Department of Juvenile Corrections, and the Arizona Department of Corrections), refer to the Secure Care section to find specific Secure Care information and forms.

For PEAs whose data consistently reflect outstanding student outcomes and practices that support ongoing compliance with federal and state laws, **Data Review** will be the monitoring type. It is the belief of ESS that those programs show sustainability. Only the review of Indicators 11 (Child Find-initial evaluation timeline) and 13 (secondary transition) will be required.

When a PEA shows evidence of strong programs but is inconsistent in a few areas where data are not meeting the State Target, a **Self-Assessment** will be the monitoring type. The review of indicators 11 and 13 will also be required. The **Self-Assessment** will be an opportunity for the PEA to analyze issues in-depth and to find solutions for improvement and sustainability.

When a PEA shows evidence of systemic issues of non-compliance, an **On-Site** will be the monitoring type. The procedural requirements of the law have been tied to the OSEP indicators listed below and the compliance line items in the monitoring manual are aligned to the Part B State Performance Plan (SPP)/Annual Performance Report (APR) Related Requirements document from OSEP.

Graduation	Math Proficiency	Parent Involvement
Dropout	Suspension/Expulsion	Disproportionality
Reading Proficiency	LRE-School Age	

Procedural compliance is only one element of good outcomes for students. PEAs participating in an **On-Site** monitoring will also be required to “drill down” to determine root causes in areas of poor student performance on the OSEP results indicators. Each drill down will be guided by (but not restricted to) ESS-provided directions. Compliance indicator drill downs will also be assigned if non-compliance is identified at the time of the on-site activities.

Arizona has found it beneficial to include PEA staff as active partners with ADE/ESS in examining the implementation of programs. The PEA and ESS team work together to complete the **On-Site** monitoring with some tasks completed by the PEA staff after training by ESS. **On-site** activities will typically be completed within one week. The PEA must have an agency team as active participants.

Funding for Various Activities

Special Education Student Count	On-Site	Self-Assessment
1,000 or more	\$2000	\$1500
700 - 999	\$1500	
500 - 699	\$1000	\$1000
100 - 499	\$750	
99 or fewer	\$500	

Please access the ADE Grants management website at www.ade.az.gov/gme to submit your application for funding to support this monitoring.

You must complete the grant application and have it approved PRIOR to your monitoring start date. Applications that are not approved by the monitoring start date will not be funded.

Technical assistance plays a significant role in the general supervision of PEAs in Arizona. ESS Program Specialists conduct annual visits with each PEA on their caseload to review the PEA’s data related to Indicators 11, 12, and 13. Feedback and technical assistance are given when a PEA is not achieving 100% compliance on those indicators. Program Specialists also provide ongoing technical assistance related to any other issues and questions that may arise. Targeted training can be provided when data warrant.

Approaches to Oversight

The ADE/ESS system is based upon the concept that oversight is an ongoing process that ensures continuous program improvement.

The cycle for continuous program improvement is structured around activities over a 6-year period as follows:

- Year 1:** PEA Data Review; Review of policies and procedures; Student Exit Form data
- Year 2:** PEA Data Review; Collection of Post School Outcomes; Parent Survey data
- Year 3:** PEA Data Review and Preparation for monitoring
- Year 4:** PEA Data Review; Self-Assessment; On-Site Monitoring;
- Year 5:** PEA Data Review; Corrective Action Plan (CAP) closeout
- Year 6:** PEA Data Review and Implementation of improvement strategies

Methods and procedures used to implement the ADE/ESS oversight system are consistent, but flexible, in order to adapt to the varying needs of children, educational settings, and administrative realities. A PEA may be moved into Year 4 of the cycle and assigned monitoring activities anytime data indicates systemic issues. The interruption of funds to any PEA by ADE/ESS due to systemic noncompliance will result in the consideration for an on-site monitoring each year the PEA's data are reviewed.

Specific components for each step in the oversight cycle are detailed in this document.

Monitoring Outcome Possibilities

Year 1-Review of revised special education policies and procedures

Status	Outcome
Compliance	Eligible to apply for federal funding
Noncompliance	Ineligible to apply for federal funding

Year 4-Data Review, Self-Assessment or On-Site monitoring

Status	Outcome
Data Review Only – 100% compliance on indicators 11 and 13	Two paid registrations to either Directors Institute or Transition Conference
Self-Assessment- Score of 10/10 on performance tasks and all supporting documentation compliant	One paid registration to either Directors Institute or Transition Conference
Other	Technical assistance using monitoring tools for teaching

Year 5-On-Site & Self-Assessment monitoring closeout

Status	Outcome
Closed	Congratulatory letter and continuation of IDEA funding
Not closed	Progressive enforcement until compliance is achieved.

Progressive Enforcement Steps

If a PEA is unable to complete the Corrective Action Plan within a year from the date of the notification of findings letter the following steps will be taken to ensure improvement. PEAs are entitled to request a hearing if they wish to challenge the enforcement action.

1	Interruption of IDEA payments until adequate compliance is achieved. For charter schools not receiving IDEA funds, a request for withholding of 10% of state funds.
2	Special monitor or permanent withholding of IDEA funds for a specific year. For charter schools not receiving IDEA funds, a request for withholding of 10% of state funds.
3	For charter schools, a request to the appropriate board for a notice of intent to revoke the charter.
4	With State Board approval, interruption of Group B weighted state aid.
5	Request to Attorney General for assistance in law enforcement.

“Calls” & “Findings”

A “call” related to compliance status is made for every line item in the monitoring. Line items are those monitoring areas included on all forms, interviews and surveys in the monitoring oversight manual. Using the guidance provided in the Arizona Monitoring System Manual, a call is made as to the compliance or noncompliance of each item. All data are then compiled into a report called the Summary of Findings (SOF). Line item calls of noncompliance in the SOF require correction. Subsequent data will be reviewed to verify correction. Individual student specific areas of noncompliance also require correction. A Corrective Action Plan (CAP) will be developed to address the correction of findings of noncompliance. An Individual Report of Noncompliance (IRON) will be created to track each student-specific item requiring correction.

There are 19 possible “findings” in the ADE/ESS monitoring process. A finding is the written notification from ADE/ESS to the PEA that the PEA is in non compliance for a given line item in the SOF. This notification is done in the form of a letter mailed no later than 30 days following the completion of all monitoring activities. The citation related to the area of noncompliance, along with a description of the qualitative and/or quantitative data, is included in the notification.

All findings are reported to OSEP as part of the state’s SPP/APR. The SPP/APR is used by OSEP to determine Arizona’s Annual Determination. Data from monitoring also impacts the Annual Determination of each PEA in the state.

While the correction of noncompliance is a requirement of monitoring, an additional area of focus for ADE/ESS centers on program improvement. PEAs are to examine their processes and systems throughout the monitoring activities and to focus on improving programs while also correcting noncompliance. This examination is subject to validation and verification.

Part B SPP/APR Indicators

1. **Graduation**-Percent of youth with IEPs graduating with a regular diploma.
2. **Dropout**-Percent of youth with IEPs dropping out.
3. **Statewide Assessment**-AYP, participation, and performance
4. **Suspension/Expulsion**-Suspension/expulsion rates
5. **LRE Placement** - Percent of ages 6-21 children removed from regular class, served in public/private separate school, residential, homebound, hospital.
6. **Preschool Settings** – Percent of preschool children with IEPs in settings with typically developing peers.
7. **Preschool Outcomes** – Percent of preschool children with improved positive social-emotional skills/acquisition and use of knowledge and skills; use of appropriate behaviors.
8. **Parent Involvement** – Percent of parents with child receiving SPED services who report schools facilitated parent involvement.
9. **Disproportionality** – Percent of PEAs with disproportionate representation due to inappropriate identification.
10. **Disproportionality in Specific Disability Categories** – Percent of PEAs with disproportionate representation in specific disability categories due to inappropriate identification.
11. **Child Find (Evaluation Timeline)** – Percent of children determined eligible within 60 days.
12. **Part C to B Transition** – Percent of children with an IEP by 3rd birthday.
13. **Secondary Transition**– Percent of youth age 16+ with IEPs with measurable postsecondary goals and transition services.
14. **Secondary Transition / Post-School Outcomes**– Percent of youth who had IEPs and are no longer in secondary school; and who are enrolled in postsecondary school or employed.
15. **Monitoring, Complaints, and Hearings** – General supervision system identifies and corrects noncompliance within one year.
16. **Written Complaints** – Percent of signed written complaints with reports issued within 60 day timeline.
17. **Due Process Hearings** – Percent of due process hearings within 45 days.
18. **Hearing Requests that went to Resolution** – Percent of hearing requests resolved through resolution agreements.
19. **Mediations** – Percent of mediations resulting in mediation agreements.
20. **Timeliness of State-Reported Data and Reports** – State-reported data are timely and accurate.

Data Review Monitoring

Instructions for Data Review Monitoring

PEAs completing the Data Review as their monitoring activity must submit the completed **Data Review** student file review forms to the ESS Program Specialist for acceptance on or before May 2, 2011. PEAs are expected to conduct a genuine, thorough review of files and to provide evidence of the correction of noncompliance identified from the file reviews. The focus of the reviews will be Indicators 11 & 13, Child Find (initial evaluation timeline) and Secondary Transition, as appropriate.

- In Year 3, ESS Program Specialist and PEA Director complete the Monitoring Type Decision Worksheet and based on the data, the PEA is determined to be Data Review.
- ESS Specialist provides PEA with **Data Review** student file review form which focuses on Indicator 11 (Child Find - initial evaluation timeline) and Indicator 13 (Secondary Transition).
- The Data Review timeline begins on **October 1, 2010**.
- Initial targeted student file review results due to ESS Program Specialist **on or before January 17, 2011**. This can be done by submitting a summary of the results or by submitting the completed **Data Review** student file forms.
- All initial evaluations completed within the past year and all IEPs for students 16 years and older must be reviewed.
- Final student file form documentation, including the correction of any noncompliance, must be submitted **on or before May 2, 2011**.
- The monitoring will be closed if all items are compliant by **May 2, 2011**. A corrective action plan will be required for any student-specific or systemic noncompliance identified at the conclusion of the monitoring activities.
- For any corrective action required, the one-year timeline for correction of noncompliance goes into effect and enforcement activities apply.

Data Review Student Form

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Compliance Indicator Line Items

	PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. 60-Day # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day
	<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
	<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
	<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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				

A2

COMMENTS: _____

Self-Assessment Monitoring

Instructions for Self-Assessment Monitoring

- In Year 3, ESS Specialist and PEA Director complete the Monitoring Type Decision Worksheet (see Appendix A) and based on the data, the PEA meets the criteria for the Self-Assessment model of monitoring.
- In Year 4, PEAs in Self-Assessment have the opportunity to attend regional training provided by ESS on the Self-Assessment process prior to the **October 1 start date**.
- ESS Specialist provides PEA with the required Self-Assessment forms for documentation of activities and for student file review specific to PEA's Focus Area(s).
- PEA selects a team to complete Self-Assessment activities.
- PEA completes the Self-Assessment Planning and Tracking Form and submits the form to the ESS Specialist no later than **November 15, 2010**.
- PEA conducts student file reviews using the forms provided by ESS Specialist.
- PEA collects data for Indicators 11 and 13 during the student file review activity.
- PEA submits first status report that includes documentation of initial file review no later than **January 17, 2011**, using the required form.
- PEA will consult with ESS Specialist on the Guide Steps as needed to validate accurate calls on student forms.
- ESS completes a sample validation of compliance calls.
- PEA submits second status report no later than **April 01, 2011**, using the required form.
- PEA corrects each individual instance of noncompliance.
- ESS verifies correction of noncompliance.
- PEA completes all numbered items on the Self-Assessment Document for each focus area.
- PEA submits the Self-Assessment Completion Report no later than **May 2, 2011**.
- Any identified student-specific or systemic noncompliance will result in a written notification of findings and a corrective action plan.
- The written notification of findings will be mailed no later than 30 days following completion of the monitoring activities.

Self-Assessment Planning and Completion

PEAs completing **Self-Assessments** as their monitoring activity must submit the required documents to the ESS Program Specialist for review and acceptance. PEAs are expected to conduct a genuine, thorough review of issues and challenges related to the identified focus area(s) by using the required process with supporting protocols provided by ESS. An action plan that the PEA believes will result in continuous improvement and evidence of compliance as well as the correction of any noncompliance on student file reviews will be the concluding components of the assessment. PEAs must complete an individual analysis for each focus area that was determined by the PEA and the ESS Specialist during the pre-monitoring visit.

ESS has created documents intended to assist the PEA in the completion of the **Self-Assessment(s)**. PEAs are required to use the provided forms/documents as part of ensuring timely completion of tasks, correction of noncompliance and efficiency of reporting. As stated above, PEAs with two focus areas are required to use/submit these documents for each identified area.

The documents include:

Self-Assessment Document – Specifically created for each Self-Assessment focus area containing a list of numbered items that are required to be addressed as part of the Self-Assessment process.

SAM-2/SAM-3 – Specifically created to set the number of files to be reviewed during the Self-Assessment process. Additionally, these two forms will assist the PEA in ensuring that a representative sample of student files is selected for review.

Self-Assessment Student Form – Specifically created forms containing line items that are tied to the Self-Assessment focus area and are required to be used for file review. The last page of each Self-Assessment Student Form includes line items related to Compliance Indicators 11 and/or 13 which are required as part of the Self-Assessment. Some Self-Assessment focus areas may already include these line items.

Self-Assessment Planning and Tracking Form – Specifically created as a multi-purpose document that is to be used throughout the Self-Assessment process by both the PEA and the ESS Specialist.

Status Report Form – Specifically created for PEAs to use for documenting and electronically submitting Self-Assessment(s) progress for the two required status reporting dates listed on the Self-Assessment Planning and Tracking Form.

Self-Assessment Completion Report – Specifically created for PEAs to use as a framework for the final submission of the Self-Assessment(s). PEAs can elect to “cut and paste” or “attach” the analysis narrative in order to electronically submit to the ESS Specialist.

Key Points to Successful Completion of Self-Assessment(s)

- PEAs must address **all** numbered items on the Self-Assessment Document.
- Each document submitted during the Self-Assessment process must be unique and individualized to each PEA and for each Self-Assessment focus area.
- The Self-Assessment timeline officially begins on **October 1, 2010**.
- The Self-Assessment Planning and Tracking Form requires the PEA to document the proposed strategy and to record anticipated completion dates (not already pre-determined by ESS) for each performance task.
- Additionally, the Self-Assessment Planning and Tracking Form will serve as a means of providing feedback from ESS to the PEA and as the final scoring of the Self-Assessment.
- A Status Report Form for each Self-Assessment area is to be electronically submitted to the ESS Program Specialist on or before the required dates listed on the Planning and Tracking Form.
- The Self-Assessment Completion Report and supporting documentation, including evidence of the correction of each individual case of noncompliance on student files, must be submitted on or before **May 2, 2011**.
- ESS will conduct validation follow-up related to the file review component of the Self-Assessment to ensure that calls are made according to the Guide Steps.
- After submission, ESS will score the Self-Assessment(s) using the Self-Assessment Planning and Tracking Form.
- There is a total of 10 points possible on the Self-Assessment – PEAs completing two Self-Assessment focus areas will be scored on the combined successful completion of each task for both focus areas.
- Scores of 7 or lower will generate corrective action. For any corrective action required, the one-year timeline for correction of noncompliance goes into effect and enforcement activities apply.

PEAs ARE ENCOURAGED TO ENGAGE IN FREQUENT COMMUNICATION WITH YOUR ESS SPECIALIST TO ENSURE ACCURACY OF CALLS THROUGHOUT THE SELF-ASSESSMENT PROCESS

Self-Assessment Planning and Tracking Form Support Document

Separate Self-Assessment Planning and Tracking Forms are required for each Indicator focus area

Performance Task- This column offers a step-by-step account of the required tasks of the Self-Assessment process.

Proposed Strategy- This column is to be completed by the PEA to describe the plan for completion of the specific task. Not all tasks listed on the Self-Assessment Planning and Tracking Form will require a proposed action (expectations, if applicable, will be noted below for each task).

Projected Completion Date- The PEA is required to enter projected completion dates for all areas as part of the submission of the Planning and Tracking Form.

Required Completion Date- Since all required documents (excluding student file forms) must be submitted electronically to the ESS Specialist, the date that the email was received will be used as the submission date.

ESS Feedback- This column is for use by the ESS Specialist. The ESS Specialist will use this area to document dates that items were received and to provide feedback to the PEA relevant to the specific performance task. Additionally, the ESS Specialist will provide written comments related to the components of the Final Submission of the Self-Assessment Completion Report.

Completion √ (Page 1)- Indicates that the activity was completed no later than the required completion date.

Outcome √ (Points) (Page 2)- Each performance task is required. The ESS Specialist will document completion of each task by making a notation on the Planning and Tracking Form. Timely completion of the preliminary activities as well as each Performance Task related to the Completion Report has a corresponding point value assigned. Successful completion of each task will earn a point value as indicated by a √ in the box. Final scoring will not occur until the final submission of the Completion Report.

Establishment of Self-Assessment Team- The PEA will document all participating team member names and titles. ESS encourages that the team be comprised of members from different disciplines (i.e. special education, related service providers, site administrators, etc.). The PEA may deem it appropriate to include an explanation of how team composition was determined. It should be noted that a “team” means more than one person and must include one member employed by the PEA.

Submission of Planning and Tracking Form- The PEA must complete all required areas and electronically submit the Planning and Tracking Form to ESS Specialist for review no later than **November 15, 2010**.

First Status Report (to Include Documentation of Initial Targeted Student File Review) - PEA will complete and electronically submit the required Status Report Form that includes results of the initial file review to the ESS Specialist no later than **January 17, 2011**. This includes the results of the compliance indicator (11 and/or 13) review. The PEA will submit a summary of the results and copies of the Student Forms. Information must be specific enough to determine the reasons for each “OUT” call related to the line item on the Self-Assessment Student Form. Note that any “OUT” call will require evidence of correction of each individual instance of noncompliance to be submitted with the final submission of the completion report.

Self-Assessment Planning and Tracking Form Support Document

ESS Consult with PEA on Guide Steps- ESS Specialist will consult with the PEA as needed to validate calls made during the initial student file review to ensure accuracy.

Second Status Report Submitted to ESS Specialist- The PEA will complete and electronically submit the required Second Status Report Form no later than the **April 1, 2011**.

Preliminary Activities by Required Completion Date- All preliminary activities are expected to be completed in a timely manner no later than the required completion date. Timely completion of all activities will be considered when awarding points upon the completion of each Self-Assessment focus area.

Final Submission of Self-Assessment Completion Report- The completed report must be electronically submitted to the ESS Specialist no later than **May 2, 2011**. PEAs may choose to revise and resubmit the final report only if the revised report is submitted on or before **May 2, 2011**.

Completion of ALL Items in the Self-Assessment Document Evidencing a Genuine and Thorough Review of Issues and Challenges Related to the Self-Assessment Focus Indicator Area - All numbered items listed on the Self-Assessment Document must be addressed and included in the final Self-Assessment Completion Report. PEA must include clear documentation detailing the Self-Assessment as a whole and as it relates to each of the items on the Self-Assessment Document. A PEA should consider all elements during the process and when developing the Self-Assessment Completion Report. Statements to the effect of "No problems noted," would not be considered genuine or thorough. It is possible that the process may take a PEA above and beyond the required items and it is expected that such additions would be explored and documented. The ESS Specialist will utilize the Self-Assessment Document to review each final Self-Assessment Completion Report to ensure that all items have been included and that there is evidence of a genuine and thorough review. All items must be addressed to earn a ✓ and points.

Supporting Documentation- Any additional documentation (surveys, charts, graphs, reports) that was part of the Self-Assessment process should be attached and submitted with the Self-Assessment Completion Report no later than **May 2, 2011**.

Evidence of Correction on All Noncompliance Through ESS Desk Audit- Self-Assessment Student Forms used in the process must be submitted to the ESS Specialist with the final submission. Student Forms should include both those used in the initial file review and in the final review. Evidence of correction of each individual instance of any noncompliance on the initial file review forms must be documented (the boxes under the PEA column on the student forms can be checked or initialed as the PEA's assurance that the noncompliance has been corrected). New files reviewed at the end of the process should indicate compliance as a result of the Self-Assessment process. This includes the results of the compliance indicator (11 and/or 13) review. The ESS Specialist will validate PEA calls on student file forms by selecting a sample of files from those reviewed by the PEA. ****Submission** - if the PEA submits the Student Forms by mail, the ESS Specialist must receive the documents no later than **May 2, 2011**.

Self-Assessment Planning and Tracking Form

Performance Task	Proposed Strategy	Projected Completion Date	Required Completion Date	ESS Feedback to PEA (for ESS use only)	Completion √
Establishment of Self-Assessment Team			No Later Than 11/15/10		
Submission of Planning and Tracking Form			No Later Than 11/15/10		
First Status Report Submitted to ESS Specialist (to include documentation of initial targeted student file review)	**Use Status Report Form**		No Later Than 01/17/11		
ESS Consult with PEA on Guide Steps as needed			No Later Than 02/01/11		
Second Status Report Submitted to ESS Specialist	**Use Status Report Form**		No Later Than 04/01/11		

Self-Assessment Planning and Tracking Form

Performance Task	Proposed Strategy	Projected Completion Date	Required Completion Date	ESS Feedback to PEA (for ESS use only)	Outcome ✓ (Points)
Preliminary Activities by Required Completion Date			No Later Than 04/01/11		_____ (1 Point)
Final Submission of Self-Assessment Completion Report			No Later Than 05/02/11		_____ (1 Point)
- Completion of <u>ALL</u> Items on the Self-Assessment Document Evidencing a Genuine and Thorough Review of Issues and Challenges Related to the Self-Assessment Focus Indicator Area			No Later Than 05/02/11		_____ (3 Points)
- Supporting Documentation			No Later Than 05/02/11		_____ (1 Point)
- Evidence of Correction of All Individual Instances of Noncompliance Through ESS Desk Audit			No Later Than 05/02/11	**ESS Specialist Data Entry**	_____ (4 Points)
				Total Points: (10 points possible)	

PEA Status Report Form

(To be completed by the PEA)

PEA:

Specialist:

Focus Area:

First Status Report: (Due no later than 01/17/11)

Second Status Report: (Due no later than 04/01/11)

PEA Self-Assessment Completion Report

Focus Area: _____

PEA: _____

Submitted: _____

ESS Specialist: _____

Team Members with Titles:

Initial File Review Results: (Use the SAM-2 and SAM-3 forms in the Monitoring Manual to ensure diverse representation of student files. Summarize the results of the initial student file reviews including the number of files reviewed and the total number of "OUT" calls)

PEA Self-Assessment Completion Report

Focus Area: _____

PEA: _____

Submitted: _____

ESS Specialist: _____

Document and/or attach the results from the items listed on your Self-Assessment Document specific to the focus area:

PEA Self-Assessment Completion Report

Focus Area: _____

PEA: _____

Submitted: _____

ESS Specialist: _____

Taking the Self-Assessment process into consideration, what does the PEA team believe to be the most valuable aspect/outcome? What would you change about the Self-Assessment process?

Special Education Self-Assessment File Sample Selection

PEA: _____

Number of special education students	10 or Less	11-100	101-250	251-500	501 or more
Number of eligible student files	All	11-20	20-30	30-40	40-55
Number of files of students found not eligible (initial evaluations)	2	2	5	8	12

1. Minimum of _____ files.
2. Minimum of 2 files from each school site.
3. At least **50% of files are initial placements** within the last 365 days, if available.
4. Minimum of 2 files for every disability category PEA is serving—include a sample from each school site. Include some from self-contained setting, resource setting, and regular education setting.
5. Minimum of _____ files of English Language Learners (EL), if available.
6. Minimum of _____ files for out-of-district placements (ASDB, day treatment, and residential placement).
7. Minimum of _____ files of students who have been suspended, expelled, or moved to an IAES for longer than 10 days, if applicable.
8. Minimum of _____ files of students initially evaluated and found to be not eligible.

Additional items needed:

1. List of student files to be reviewed. Please use the SAM 3 form.
2. Copy of ESS Monitoring Manual (received during current school year).
3. Guide Steps for each team member, including a copy of the forms.
4. Copy of current census.
5. Home Language Survey, if not in selected student files.
6. Copy of Language Proficiency Assessment or EL file for selected English Language Learners.

The following matrix may be used to assist in determining the sample to be selected for the monitoring.

Service Delivery Options	A	E D	E D P	O I	M D	M D S S I	M I M R	M O M R	S M R	O H I	T B I	H I	V I	S L D	S L I	D D	P S D
Regular class with supplementary aids/service																	
Regular class with itinerant instruction																	
Special class resource room																	
Cross-categorical resource room																	
Self-contained class																	
Cross-categorical - S/C																	
PEA-operated special school																	
Tuitioned to other public school																	
Co-op or county program																	
Private day school																	
Private residential																	
Homebound/hospitalized/institution																	
ASDB/PDSD																	

SELF-ASSESSMENT MONITORING FILE SAMPLE

SAM-3

PEA: _____

DATE OF REVIEW: _____

List all student files and indicate the purpose of review for each file selected.

Student Last name, First initial	Census # or DOB	School or Teacher	Eligibility Category	Initial Eval	Initial Eval Ineligible	Reeval	High School Transition	Phased Out	Suspend	Reviewer Signature or Initials
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										

Self-Assessment Document Graduation

1. Review the data related to the graduation rates. It is critical that each public education agency collect, maintain, and submit accurate data.
 - a. The source of this data is SAIS (Student Accountability Information System), which collects the data reported by the public education agencies. Determine if the data for your agency's special education students are reported accurately.
 - b. The graduation rates are based on a 4-year cohort, which is a standard 4-year high school career beginning with a student's first-time enrollment in the ninth grade.
2. Compare the graduation rates for general education students with the rates for special education students. If the general education rate exceeds the special education rate, develop some hypotheses as to the reasons for the difference. Investigate the hypotheses by interviewing students with disabilities who have not graduated with their cohort. Summarize the responses from the interviews. Maintain copies of the interview responses as supporting documentation.
3. Using items III.A.1, III.A.2 & III.A.6 on the ESS student file form, review the secondary transition plan for each special education student who did not graduate. Determine if each transition plan contained all the required components, such as transition assessments, measurable postsecondary goals, transition services and activities, an annual IEP goal to support postsecondary goal(s), evidence of parent/student consent and invitation to outside agency if team determined such services were needed, courses of study, and that the measurable postsecondary goals were updated annually. Document any interventions that were made to promote graduation for each student. Detail the results of this review and maintain copies of the student file review forms. Any identified noncompliance must be corrected.
4. Determine what strategies, if any, were used to connect students (who later failed to graduate) with programs and/or agencies that support students who are at-risk. Include a description of the strategies.
5. Review the transcripts and courses of study for the students who did not graduate to determine if any patterns emerge from the group. Report the results of that review for any group of students with similar transcript history.
6. Describe how transition services were provided to **each student receiving special education services** during the twelve months preceding the academic year for which numbers indicate an unusually low graduation rate. If transition services were provided to some students and not others, indicate what those services were and report how the provision of transition services correlated to the likelihood of graduating.
7. Describe the agency's participation in any school/district-wide initiative to increase the rate of graduation.
8. Describe any unique or special circumstances that the ADE/ESS unit needs to know in order to understand why your agency's graduation rates for students with IEPs are low.
9. Develop an action plan to address areas of concern with regard to the low graduation rate. Provide a detailed description of the plan with this analysis.

Graduation Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Graduation Self-Assessment Line Items

Individualized Education Program

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<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"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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			<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

B16

COMMENTS: _____

Graduation Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____

COMMENTS: _____

Self-Assessment Document Dropout

1. Review the data related to the dropout rates for grades 9–12. It is critical that each public education agency collect, maintain, and submit accurate data.
 - a. The source of this data is SAIS (Student Accountability Information System), which collects the data reported by the public education agencies. Determine if the data for your agency’s special education students are reported accurately.
 - b. Dropouts are defined as students who are enrolled in school at any time during the school year but are not enrolled at the end of the school year and did not transfer, graduate, or die.
2. Determine if your agency has an effective procedure to ensure that the exit code for any student who had previously been coded as either “dropped out” or “moved, not known to be continuing” is changed once the agency receives a request for records from another school. Provide a detailed explanation of the procedure.
3. Compare the dropout rates for general education students with the rates for special education students. If the special education rate exceeds the general education rate, develop some hypotheses as to the reasons for the difference. Investigate the hypotheses by interviewing students with disabilities who have dropped out. Utilizing some of the information from the Post School Outcomes Survey may be helpful for this analysis. Summarize the responses from the interviews. Maintain copies of the interview responses as supporting documentation.
4. Using items III.A.1, III.A.2 & III.A.6 on the ESS student file form, review the secondary transition plan for each special education student who dropped out. Determine if each transition plan contained all the required components, such as transition assessments, measurable postsecondary goals, transition services and activities, evidence of parent/student consent and invitation to outside agency if team determined such services were needed, courses of study, and that the measurable postsecondary goals were updated annually. Document any interventions that were made to promote graduation for. Document any interventions that were made prior to the student dropping out. Detail the results of the review and maintain copies of the student file review forms. Any identified noncompliance must be corrected.
5. Determine what process, if any, was used to connect students (who later dropped out of school) with programs and/or agencies that support students who are at-risk for dropping out. Identify the dropout prevention services the school currently utilizes.
6. Review the transcripts and courses of study for the students who have dropped out to determine if specific courses, specific grade levels, or any other pattern emerges. Report the results of that review for any group of students with similar transcript history prior to dropping out.
7. Describe how transition services were provided to **each student receiving special education services** during the twelve months preceding the dropout in the academic year for which numbers indicate an unusually high dropout rate. If transition services were provided to some students and not others, indicate what those services were and report how the provision of transition services correlated to the likelihood of graduating.
8. Describe the agency’s participation in any school/district-wide initiative for dropout prevention.
9. Describe any unique or special circumstances that the ADE/ESS unit needs to know in order to understand why your agency’s rates are excessive.
10. Develop an action plan to address areas of concern with regard to the high dropout rate. Provide a detailed description of the plan with this analysis.

Dropout Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Dropout Self-Assessment Line Items

Individualized Education Program

B19

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<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"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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			<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

COMMENTS: _____

Dropout Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____

B20

COMMENTS: _____

Self-Assessment Document

Performance on Statewide Assessment—Reading Proficiency

LRE Questions – Do you have the right service delivery system to serve your students well?

1. Analyze existing placements by disability to determine options/patterns of the PEA. Utilize the ESS student file review form items II.A.4, III.A.3, III.A.4, and III.A.5. Maintain copies of the completed student file form reviews. Any identified non-compliance must be corrected.
2. Cross check reading achievement by placement to determine if students in some placements are demonstrating higher achievement than in others with the same disability.
 - a. If so, identify factors contributing to such differences.
 - i. Impact of the severity of the disability
 - ii. Continuum at individual school sites
3. What types of Assistive Technology devices/services and other supports are available to the students and teachers to foster the greatest independence in the Least Restrictive Environment?
4. Summarize the PEA's strengths and concerns with respect to LRE as it relates to reading achievement.

Certification Questions – Do you have staff that is well qualified to teach reading?

5. Determine if there has been an increase or decrease in the percentage of fully certified special education teachers over the last three years.
 - a. If so, determine what factors contributed to the change.
 - b. Identify the activities the PEA has undertaken to improve certification percentages in the areas of hiring, retention, personnel development for credentialing, and salaries analysis.
 - c. Identify the number of unfilled special education positions existing in your PEA during the current school year.
6. Determine the numbers/percent of teachers (both general education and special education) who are “highly qualified” to teach reading.
7. Develop an action plan to address the improvement in the area of concern. Provide a detailed description of the plan with this analysis.

Curriculum Questions – Do you have reading curricula that are sufficiently responsive to varied needs?

8. Identify the current reading curriculum used in the general education program. Does it address these five critical areas as appropriate: phonemic awareness, phonics, fluency, vocabulary, and comprehension? Analysis results of core reading programs are available upon request from the Arizona Department of Education at AcadStandards@azed.gov
9. What supplemental materials/curricula are in use for special education students? To what degree do these materials meet the criteria with regard to “explicit and systematic instruction”?
10. What curriculum based measures (CBM) are used with general education and special education students?
11. Describe the process and the extent of how the information from the CBM is used to drive modifications to instruction.
12. Develop an action plan to address areas of concern with regard to reading curriculum. Provide a detailed description of the plan with this analysis.

Reading Proficiency Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	MIMR – documents performance on standard measures between two and three standard deviations below the mean 60-Day	<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"/>	MOMR – documents performance on standard measures between three and four SD below the mean 60-day	<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"/>	ED – verification by a psychologist or psychiatrist 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	OHI – verification by a doctor of medicine 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PSD – documents more than 3.0 SD below the mean in one or more areas 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	HI – verification by an audiologist				
<input type="checkbox"/>		<input type="checkbox"/>	HI – documents the language proficiency of the student.	<input type="checkbox"/>	III.A.3	<input type="checkbox"/>	Individualized Education Program General required components of IEP are included.
<input type="checkbox"/>		<input type="checkbox"/>	VI – verification by an ophthalmologist 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)
<input type="checkbox"/>		<input type="checkbox"/>	VI – documents the results of an individualized Braille assessment for students who are considered to be blind.	<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	OI – verification by a doctor of medicine 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SMR – documents performance at least four SD below the mean 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"/>	A – documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals.
<input type="checkbox"/>		<input type="checkbox"/>	TBI – verification by a doctor of medicine 60-Day				

B23

COMMENTS: _____

Reading Proficiency Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.4	<hr style="width: 100%;"/>	Individualized Services to be provided	<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.
<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.	<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.				
<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year.				
<input type="checkbox"/>	III.A.5	<hr style="width: 100%;"/>	Other Considerations				
<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"/>	Consideration of individual accommodations in testing, if appropriate.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.				
<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.				

B24

COMMENTS: _____

Reading Proficiency Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

B25

COMMENTS: _____

Self-Assessment Document

Performance on Statewide Assessment—Math Proficiency

LRE Questions – Do you have the right service delivery system to serve your students well?

1. Analyze existing placements by disability to determine options/patterns of the PEA. Utilize the ESS student file review form items II.A.4, III.A.3, III.A.4 & III.A.5. Maintain copies of the completed student file review forms. Any identified noncompliance must be corrected.
2. Cross check **math** achievement by placement to determine if students in some placements are demonstrating higher achievement than in others with the same disability.
 - a. If so, identify factors contributing to such differences.
 - i. Impact of the severity of the disability
 - ii. Continuum at individual school sites
3. What types of Assistive Technology devices/services and other supports are available to the students and teachers to foster the greatest independence in the Least Restrictive Environment?
4. Summarize the PEA's strengths and concerns with respect to LRE as it relates to math achievement.

Certification Questions – Do you have staff that is well qualified to teach math?

5. Determine if there has been an increase or decrease in the percentage of fully certified special education teachers over the last three years.
 - a. If so, determine what factors contributed to the change.
 - b. Identify the activities the PEA has undertaken to improve certification percentages in the areas of hiring, retention, personnel development for credentialing, and salaries analysis.
 - c. Identify the number of unfilled special education positions existing in your PEA during the current school year.
6. Determine the numbers/percent of teachers (both general education and special education) who are "highly qualified" to teach math.
7. Develop an action plan to address the improvement in the area of concern. Provide a detailed description of the plan with this analysis.

Curriculum Questions – Do you have math curricula that are sufficiently responsive to varied needs?

8. Identify the **mathematics** curriculum used in the general education program. Does it include the five main process strands and the concepts that broadly define the skills and knowledge students are expected to know and do? Do teachers use the performance objectives under each concept to incorporate learning across grade levels and integrate within the curricula?
9. What supplemental materials/curricula are in use for special education students? To what degree do these materials meet the criteria with regard to the Arizona math standards and do they include the availability of a variety of tools?
10. What curriculum based measures (CBM) are used with general education and special education students?
11. Describe the process and the extent of how the information from the CBM is used to drive modifications to instruction.
12. Develop an action plan to address areas of concern with regard to math curriculum. Provide a detailed description of the plan with this analysis.

Math Proficiency Self-Assessment Student Form

	PEA ✓	Line Item	I-O-U	Description		PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>		<input type="checkbox"/>	MIMR – documents performance on standard measures between two and three standard deviations below the mean 60-Day		<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"/>	MOMR – documents performance on standard measures between three and four SD below the mean 60-day		<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"/>	ED – verification by a psychologist or psychiatrist 60-Day		<input type="checkbox"/>		<input type="checkbox"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	OHI – verification by a doctor of medicine 60-Day		<input type="checkbox"/>		<input type="checkbox"/>	PSD – documents more than 3.0 SD below the mean in one or more areas 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	HI – verification by an audiologist					Individualized Education Program
	<input type="checkbox"/>		<input type="checkbox"/>	HI – documents the language proficiency of the student.		<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included.
	<input type="checkbox"/>		<input type="checkbox"/>	VI – verification by an ophthalmologist 60-Day		<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)
	<input type="checkbox"/>		<input type="checkbox"/>	VI – documents the results of an individualized Braille assessment for students who are considered to be blind.		<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP. 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	OI – verification by a doctor of medicine 60-Day		<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate. 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	SMR – documents performance at least four SD below the mean 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"/>	A – documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction		<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals.
	<input type="checkbox"/>		<input type="checkbox"/>	TBI – verification by a doctor of medicine 60-Day					

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COMMENTS: _____

Math Proficiency Self-Assessment Student Form

B29

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.4	_____	Individualized Services to be provided	<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.
<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.	<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.				
<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year.				
<input type="checkbox"/>	III.A.5	_____	Other Considerations				
<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"/>	Consideration of individual accommodations in testing, if appropriate.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.				
<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.				

COMMENTS: _____

Math Proficiency Self-Assessment Student Form

Compliance Indicator Line Items

	PEA ✓	Line Item	I-O-U	Description		PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____		<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
	<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day		<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
	<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants		<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)		<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher		<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
	<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day					
	<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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					
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day					

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COMMENTS: _____

Self-Assessment Document Suspension/Expulsion

1. Review the number submitted to the ADE/ESS related to suspensions/expulsions to determine if your agency reported accurately. If not, review the directions for reporting suspensions/expulsion and attend the ADE/ESS data workshop.
2. Compare the suspension/expulsion rates for general education students with the rates for special education students. If results are significantly different, examine why.
3. Utilizing the ESS student file review form items III.A.5 & IV.A.4, review the disciplinary history for each suspended/expelled special education student. Document any interventions that were implemented prior to the decision to suspend the student and determine if changes in the IEP – including additional service delivery – might have resulted in behavioral changes that could have made suspension unnecessary. Maintain copies of the completed student file review forms.
4. Determine what process, if any, was used to connect the families of students with disciplinary issues to school-based or outside health and social services agencies. What resources does the school have to identify untreated mental/behavioral health issues?
5. Utilizing the ESS student file review form items II.A.1- IV.A.4, review the manifestation determinations for **each** suspended/expelled special education student, including the adequacy of the evaluation, IEP, service delivery, functional behavioral assessment, and behavior intervention plan. Report the results of that review for each student.
6. Describe how the agency provided services to **each** suspended/expelled student with disabilities during the period that exceeded 10 school days, listing the alternate settings used by your agency. If additional alternate settings were available but not used, please indicate what those options were.
7. Describe the agency's participation in any school/district wide discipline initiative such as the Positive Behavioral Supports Initiative, Character Counts, or any other structured school climate project.
8. Describe any unique or special circumstances that the ADE/ESS needs to know in order to understand why your agency's rates are excessive.
9. Develop a written plan to correct any noncompliance issues and to modify any school/district practices that have resulted in an excessive suspension rates for students with disabilities. Provide a detailed description of that plan with this analysis.

Suspension/Expulsion Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Suspension/Expulsion Self-Assessment Line Items

PEA ✓ 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**

<input type="checkbox"/> Vision	<input type="checkbox"/> Social/Behavioral
<input type="checkbox"/> Hearing	<input type="checkbox"/> Communications
<input type="checkbox"/> Academics	<input type="checkbox"/> Assistive Tech
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Motor Skills
<input type="checkbox"/> Adaptive	<input type="checkbox"/> Other _____

_____ Performance in educational setting and progress in general curriculum

_____ Educational needs to access the general curriculum, including assistive technology.

_____ For re-evaluations, 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 EL on progress in general curriculum.

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.1	_____	Current Evaluation 60-Day
<input type="checkbox"/>	II.A.2	_____	Review of Existing Data
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents.
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom based assessments.
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service provider observation(s), including pre-referral interventions.
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data were needed.
<input type="checkbox"/>		<input type="checkbox"/>	For re-evaluation only, parents were informed of reason and right to request data
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or, for re-evaluation only, documented efforts to obtain consent.

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COMMENTS: _____

Suspension/Expulsion Self-Assessment Student Form

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PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	OHI - verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI - verification by an audiologist
<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"/>	HI - documents the language proficiency of the student.
<input type="checkbox"/>		<input type="checkbox"/>	DD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for child who is at least three years of age, but under ten years of age	<input type="checkbox"/>		<input type="checkbox"/>	VI - verification by an ophthalmologist 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLI - documents a communication disorder	<input type="checkbox"/>		<input type="checkbox"/>	VI - documents the results of an individualized Braille assessment for students who are considered to be blind.
<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"/>	OI - verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD - certifies that each team member agrees or disagrees	<input type="checkbox"/>		<input type="checkbox"/>	SMR - documents performance at least four SD below the mean 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD - documents determination of effects of environmental, cultural or economic disadvantage.	<input type="checkbox"/>		<input type="checkbox"/>	A - documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
<input type="checkbox"/>		<input type="checkbox"/>	MIMR - documents performance on standard measures between two and three standard deviations below the mean 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI - verification by a doctor of medicine 60-day
<input type="checkbox"/>		<input type="checkbox"/>	MOMR - documents performance on standard measures between three and four SD below the mean 60-Day	<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"/>	ED - verification by a psychologist or psychiatrist 60-Day	<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"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas 60-Day

COMMENTS: _____

Suspension/Expulsion Self-Assessment Student Form

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PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	PSD - documents more than 3.0 SD below the mean in one or more areas 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	For students eligible for alternate assessments only, short term instructional objectives or benchmarks
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals.
<input type="checkbox"/>	II.A.6	_____	Census information (SAIS) is accurate <input type="checkbox"/> 1-student not eligible receiving services <input type="checkbox"/> 2-student not eligible for sped	<input type="checkbox"/>	III.A.4	_____	Individualized Services to be provided
Individualized Education Program				<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included.	<input type="checkbox"/>	III.A.5	_____	Consideration of the need for extended school year.
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)	<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with non-disabled peers.
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Other Considerations
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate. 60-Day	<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"/>	Consideration of individual accommodations in testing, if appropriate.
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.

COMMENTS: _____

Suspension/Expulsion Self-Assessment Student Form

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PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.				
<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
Secondary Transition Line Items (III.A.6)							
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, measurable post-secondary goals and services/activities are included. 60-Day	<input type="checkbox"/>	III.A.8	_____	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable post-secondary goals. 60-Day <input type="checkbox"/> No evidence of goals <input type="checkbox"/> Goal Content not post-secondary <input type="checkbox"/> Not measurable <input type="checkbox"/> Required goal areas not addressed	<input type="checkbox"/>			IEP reflects student educational needs. 60-Day Reason for "O" call <input type="checkbox"/> No link between Evaluation and IEP <input type="checkbox"/> PLAAFP- all student needs not addressed <input type="checkbox"/> IEP goals not aligned with needs <input type="checkbox"/> Postsecondary transition components not addressed
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day				

COMMENTS: _____

Suspension/Expulsion Self-Assessment Student Form

Procedural Safeguards/Parental Participation				PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description				
<input type="checkbox"/>	IV.A.2	_____	Notices provided at required times and in a language and form that is understandable to the parent	<input type="checkbox"/>			For PWN, sources to obtain assistance in understanding notice.
<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months. 60-Day	<input type="checkbox"/>	IV.A.4	_____	Discipline procedures and requirements followed
<input type="checkbox"/>		<input type="checkbox"/>	All required notices provided in language that is: 1. the native language of the parent 2. understandable to public. 60-Day	<input type="checkbox"/>			Notified parent on the same date the disciplinary decision was made.
<input type="checkbox"/>	IV.A.3	_____	PWN provided at required times and contain required components	<input type="checkbox"/>			For PWN, explanation of why the agency proposed or refused to take action
<input type="checkbox"/>		<input type="checkbox"/>	PWN provided to parents at required times in the last 12 months.	<input type="checkbox"/>			For PWN, description of any options considered and why options were rejected
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of action proposed or refused by PEA	<input type="checkbox"/>			A FBA was conducted or reviewed (when already in place)
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, explanation of why the agency proposed or refused to take action	<input type="checkbox"/>			Behavior interventions were developed and implemented, or reviewed when already in place the IEP
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any options considered and why options were rejected	<input type="checkbox"/>			If a change in placement has occurred, the IEP team conducted a review within 10 schools days to determine the relationship between the student's disability and behavior.
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of evaluation procedures, test records used as a basis for the decision	<input type="checkbox"/>			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 parent and PEA agree to change of placement
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any other relevant factors	<input type="checkbox"/>			For suspension or IAES, student continued to be provided FAPE, including services and adaptations described in the IEP
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained.				

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COMMENTS: _____

Self-Assessment Document School-Age LRE

1. Review the current reporting requirements for all the Service Codes, particularly the requirement that PEAs report the percentage of time that a student is inside the regular class. (not the percentage of time the student is receiving special education.)
2. Using the student file form items III.A.3 and III.A.4, examine the placement options in actual use in your agency for each disability group. Is there variability in placements within each disability or do you see any instances of all students with the same disability being served in exactly the same setting? Provide a detailed description and maintain the completed student forms. Any identified noncompliance must be corrected.
3. Develop the same type of description using grade by placement data. Is the pattern of more restrictive settings seen in some grades but not in others or is the problem universal? Provide a detailed description.
4. If you have multiple sites for each age group (elementary, middle, high school), then examine the placement data by site. Use multiple years of data in order to determine if IEP team placement decisions are being influenced differently in different schools.
5. Examine the reasons that students in more restrictive settings are placed in those settings. Are they placed in self-contained programs because of behavior issues or because of educational need?
6. Provide a detailed description of the staff development that has taken place in the areas of:
 - a. Diverse learners and cultural differences
 - b. Behavior management strategies including functional behavioral assessment and behavior intervention plans
 - c. Instructional strategies such as learning styles
 - d. Collaboration skills
 - e. Accommodations
 - f. Assistive Technology
7. Inspect the physical plant at each facility to determine if there are access issues that prevent students from participating with their typical peers.
8. Inspect staffing patterns to determine if sufficient supports for general education teachers are available to support an inclusive environment.
9. Provide evidence that the decision-making process (IEP) was based on meaningful dialogue related to the opportunity for integrated placements for each student.
10. Describe your agency's policies, procedures, and practices used to determine that the education of a child cannot be achieved satisfactorily in the general classroom.
11. What are the impediments to a more inclusive environment for students with disabilities in your agency? Include only those over which you have some control. Examples include such things as teacher attitude, administrative support, culture of collaboration, use of assistive technology, etc.
12. Develop an action plan to remove impediments to serving students with disabilities with typically developing peers to the maximum extent appropriate and provide a detailed description of that plan with this analysis.

School Age LRE Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

School Age LRE Self-Assessment Line Items

Individualized Education Program				PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included.	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year.
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with non-disabled peers.
<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.				
<input type="checkbox"/>	III.A.4	_____	Individualized Services to be provided				
<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.				
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.				
<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.				

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COMMENTS: _____

School Age LRE Self-Assessment Student Form

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Compliance Indicator Line Items				PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<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"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

COMMENTS: _____

Self-Assessment Document
Parent Involvement
Response Rate below State Target

1. The District/Charter must obtain a 10% response rate on the online parent survey in addition to completing all other items listed below.
2. What are the method(s) you are currently using to inform and provide an understanding to all school-based personnel regarding the IDEA'04 regulations on parental involvement? If training is provided, identify who is responsible and the frequency of such training(s). Report on your methods of assessing the program's effectiveness and any follow-up activities/strategies that ensure knowledge acquisition and application.
3. Review the system currently in place to assist personnel in developing and maintaining communication with parents. List the specifics of your system including training (district-wide and school specific if you have multiple campuses), administrative support, materials, and resources. If there is not such a system, complete a needs assessment and develop a system that will meet your District/Charter's unique needs. Maintain copies of the needs assessment results.
4. Using the ESS student file review form items IV.A.2 & IV.A.3, review the process for providing parents with their procedural safeguards and prior written notice in a sample of student files. Maintain copies of the completed student forms. Any identified non compliance must be corrected.
5. Does the District/Charter have a Parent Liaison? If yes, what are his/her responsibilities? Address the pros and cons of having such a position in your District/Charter.
6. Identify the various ways in which District/Charter personnel communicate with and involve parents in the decision-making process.
 - Include a discussion of all modes of communication (i.e. method and frequency) and projected outcomes
 - Identify circumstances specific to students in special education (i.e. evaluation/reevaluation, IEP development and review, suspension—including "in school" suspension, expulsion)
7. What opportunities does the District/Charter currently offer for parent training/information? If appropriate, examine the opportunities at each level--elementary/middle/high school--and articulate the number of parent participants, strengths, and possible needs. Develop a list of outside resources you could utilize in providing informational/training opportunities for parents.
8. Report on how the District/Charter's parent-teacher conferences integrate with the student's special education and related services.
9. How does your District/Charter handle parent complaints and/or disagreements? If there is not such a policy or process in place, identify ways in which the District/Charter could structure, implement and track such a process including a detailed description and sequence of steps to be taken and personnel responsible.

Parent Involvement (Response) Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Parent Involvement Measurement Self-Assessment Line Items

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"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher

Procedural Safeguards/Parental Involvement

<input type="checkbox"/>	IV.A.2	_____	Notices provided at required times and in a language and form that is understandable to the parent
<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	All required notices provided in language that is: 1. the native language of the parent 2. understandable to public. 60-Day

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	IV.A.3	_____	PWN provided at required times and contain required components
<input type="checkbox"/>		<input type="checkbox"/>	PWN provided to parents at required times in the last 12 months.
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of action proposed or refused by PEA
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, explanation of why the agency proposed or refused to take action
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any options considered and why options were rejected
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of evaluation procedures, test records used as a basis for the decision
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any other relevant factors
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained.
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, sources to obtain assistance in understanding notice.

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COMMENTS: _____

Parent Involvement (Response) Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: ____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day				

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COMMENTS: _____

Self-Assessment Document
Parent Involvement
Involvement Measurement below State Target

1. Utilizing the ESS student file review form, items III.A.1, III.A.2, IV.A.2 & IV.A.3, review all written documentation that the agency gives to parents throughout the special education process (meeting notices, PWN, PSN, evaluation reports, IEPs, etc). Determine if documents are written at a level appropriate to elicit parent response and involvement. Are all notices written in the language of the parents or provided in another mode of communication? Maintain copies of the completed student file review forms. Any identified non-compliance must be corrected.
2. Examine documentation related to meeting attendance. What is used to document parent participation in various meetings? Are parents given adequate notice in order to attend? What efforts are made within the agency to schedule meetings to accommodate culturally and socio-economically diverse groups of parents, as well as their schedules and needs?
3. Determine the resource options your agency maintains in order to assist parents. How is this information disseminated? What ongoing support to parents is provided? List the parent agencies/groups used as resources (Parent Information Network, Pilot Parents of Southern Arizona, Raising Special Kids, etc.). Describe when and how your agency has utilized the various resources.
4. What opportunities have been provided to agency staff related to cultural and disability awareness? Review how your agency has ensured staff involvement and ongoing staff support.
5. What methods are utilized to ensure on-going communication with parents by school staff? Review your agency's policies and procedures for handling parent input, including concerns and disagreements. Examine any issues that were not successfully resolved and determine alternative approaches that could be utilized in the future. Provide a detailed description with this analysis.

Parent Involvement (Involvement Measurement) Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Parent Involvement Measurement Self-Assessment Line Items

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"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results <input type="checkbox"/> Interpreter <input type="checkbox"/> Special Ed Teacher

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	IV.A.3	_____	PWN provided at required times and contain required components
<input type="checkbox"/>		<input type="checkbox"/>	PWN provided to parents at required times in the last 12 months.
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of action proposed or refused by PEA
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, explanation of why the agency proposed or refused to take action
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any options considered and why options were rejected
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of evaluation procedures, test records used as a basis for the decision
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any other relevant factors
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained.
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, sources to obtain assistance in understanding notice.

Procedural Safeguards/Parental Involvement

<input type="checkbox"/>	IV.A.2	_____	Notices provided at required times and in a language and form that is understandable to the parent
<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	All required notices provided in language that is: 1. the native language of the parent 2. understandable to public. 60-Day

COMMENTS: _____

Parent Involvement (Involvement Measurement) Self-Assessment Student Form

		Compliance Indicator Line Items		PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day				

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COMMENTS: _____

Self-Assessment Document Disproportionality

1. Examine your ethnicity enrollment in each disability category.
 - a. Which ethnicities have high enrollment in ED (including ED-P), MR, OHI, SLI, Autism or SLD? Describe below.
 - b. Are there any ethnicities with unusually low enrollment in these disability categories? Describe below.
2. Identify any possible variables that have contributed to over- or under-representation of certain ethnicities in the identified categories. Describe below.
 - a. Examine closely your transfer student information and list the students in each of the categories who are currently receiving services in your education agency¹ but who were not identified in your education agency. List and analyze below.
 - b. Are there any other mitigating circumstances that could help explain your data if your data suggests that there is over-representation (i.e., consider the possibility of a high number of group homes in your education agency which may serve a particular category of students). Describe below.
3. Describe the pre-referral intervention procedures in each school in your agency. If the implementation of the agency's procedures differ between schools, analyze the referral and identification rates for each site and consider the impact of the pre-referral processes on those numbers.
4. Utilizing the ESS student file review form items II.A.2- II.A.4, list all the cognitive, academic, and behavioral measures used to evaluate students for special education placement. Maintain copies of the completed forms. Any findings of noncompliance must be corrected.
5. After reviewing the above measures, answer the following questions:
 - a. Does your education agency have sufficient numbers of personnel with the proper training to administer and to interpret these assessments? If not, could this lack of either personnel or proper training have led to over-representation or under-representation?
 - b. After reviewing the measures and their sampling data, are the measures identified above non-biased and appropriate assessments for use with the populations in question?

In the event you have found exceptions with either or both of (a) and (b) above, how will you correct the situation? Be specific in your action plan.
6. Describe the nature of training **and** dates your education agency has provided training on such matters as cultural awareness for minority populations, implications of poverty for teaching and assessment, minority assessment, etc. to personnel involved in pre-referral, referral, evaluation, and placement. Respond below.
 - a. Are you satisfied with your education agency's training and in-service efforts in this area?
(a) _____YES _____NO
 - b. If not, what will you do to improve in this area? Identify professional development activities for staff to be undertaken with expected completion dates.
7. Based upon your analyses and a finding of disproportionate representation of one or more minority groups in your education agency please describe the factors which you believe have contributed to the over-or-under-representation?
8. Where you have found unjustified disproportionality, what specific actions will you take to address and correct the situation? Be specific and provide timelines for implementation of corrective action.

¹ Include any private school tuitioned students for which your education agency pays (non-voucher students).

Disproportionality Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Disproportionality Self-Assessment Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
			Evaluation/Re-evaluation	<input type="checkbox"/>	II.A.4	_____	Eligibility Considerations
<input type="checkbox"/>	II.A.2	_____	Review of Existing Data	<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"/> Vision <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Hearing <input type="checkbox"/> Communications <input type="checkbox"/> Academics <input type="checkbox"/> Assistive Tech <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor Skills <input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents.				
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom based assessments.				
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service provider observation(s), including pre-referral interventions.				
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments				
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data were needed.	<input type="checkbox"/>		<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology.
<input type="checkbox"/>		<input type="checkbox"/>	For re-evaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	For re-evaluations, 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"/>	Obtain informed parental consent or, for re-evaluation only, documented efforts to obtain consent.	<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage.
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of EL on progress in general curriculum.

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COMMENTS: _____

Disproportionality Self-Assessment Student Form

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PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	OHI - verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI - verification by an audiologist
<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"/>	HI - documents the language proficiency of the student.
<input type="checkbox"/>		<input type="checkbox"/>	DD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for child who is at least three years of age, but under ten years of age	<input type="checkbox"/>		<input type="checkbox"/>	VI - verification by an ophthalmologist 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLI - documents a communication disorder	<input type="checkbox"/>		<input type="checkbox"/>	VI - documents the results of an individualized Braille assessment for students who are considered to be blind.
<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"/>	OI - verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD - certifies that each team member agrees or disagrees	<input type="checkbox"/>		<input type="checkbox"/>	SMR - documents performance at least four SD below the mean 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD - documents determination of effects of environmental, cultural or economic disadvantage.	<input type="checkbox"/>		<input type="checkbox"/>	A - documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
<input type="checkbox"/>		<input type="checkbox"/>	MIMR - documents performance on standard measures between two and three standard deviations below the mean 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI - verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	MOMR - documents performance on standard measures between three and four SD below the mean 60-Day	<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"/>	ED - verification by a psychologist or psychiatrist 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	MDSI - documents multiple disabilities that include at least one of the following VI or HI. 60-Day
						<input type="checkbox"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas; 60-Day

COMMENTS: _____

Disproportionality Self-Assessment Student Form

- PSD – documents more than 3.0 SD below the mean in one or more areas **60-Day**

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary. 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

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COMMENTS: _____

Self-Assessment Document Special Education Population If the Population Falls Above the Standard

1. Describe any training staff has received in the areas of:
 - a. Behavior management
 - b. Diverse learners
 - c. Instructional strategies such as learning styles
 - d. Collaboration skills
 - e. Accommodations
 - f. Assistive technology
2. Describe the PEA's Child Study Team process. Include a description of the type of accommodations used prior to referral to special education, and the length of time the accommodations are employed.
3. Identify the PEA's 504 Coordinator. Describe the training this person has received. Has the staff received any training to understand the differences between a child needing a 504 Plan and special education?
4. Using the ESS student file review form items II.A.2 through II.A.6, review the evaluations over the last 3 years if your special education population is less than 50 students; otherwise; do the review for one year). What is the percentage of students found **not** eligible? If there are no such students, list the position on your evaluation staff that has expertise in the following categories: ED, MR, A, SLD, SLI. Maintain copies of the completed student forms. Any identified noncompliance must be corrected.
5. Review the home language surveys of children in special education. For those children whose primary language is other than English, were the assessments administered in the language most likely to yield valid results? Is there any indication that the PEA is using special education as a vehicle for assisting children with language differences?
6. Describe what factors the PEA has used to determine that an educational disadvantage has **NOT** occurred (ex: excessive absences, home schooled, frequent school changes, etc.). How many times has this been used to disqualify a child for a potential special education placement over the last 3 years (if your special education population is less than 50 students; otherwise, do the review for one year)?
7. Utilizing the ESS student file form, items III.A.2 through III.A.5, review the IEPs of students currently receiving services. Of those receiving indirect or consultative services only, determine the student's progress (AIMS, Stanford 10, classroom-based assessments; progress reports, etc.). Is it reasonable that some of those children should be reevaluated for dismissal from special education? Maintain copies of the completed student forms. Any identified noncompliance must be corrected.
8. What curriculum-based measures are currently being used in the general education classroom to monitor progress? What follow up strategies are used when a student is not making adequate progress? Does the PEA have in place a multi-level intervention strategy for students who are falling behind?
9. Describe any unique or special circumstances ADE needs to know in order to understand the reason why the percentage may be higher than expected.
10. Develop a written plan to address the underlying causes for the over identification of students as students with disabilities in the PEA. Provide a detailed description with this analysis.

Population (Above) Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI - verification by an audiologist
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI - documents the language proficiency of the student.
<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"/>	VI - verification by an ophthalmologist 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	DD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for child who is at least three years of age, but under ten years of age	<input type="checkbox"/>		<input type="checkbox"/>	VI - documents the results of an individualized Braille assessment for students who are considered to be blind.
<input type="checkbox"/>		<input type="checkbox"/>	SLI - documents a communication disorder	<input type="checkbox"/>		<input type="checkbox"/>	OI - verification by a doctor of medicine 60-Day
<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"/>	SMR - documents performance at least four SD below the mean 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD - certifies that each team member agrees or disagrees	<input type="checkbox"/>		<input type="checkbox"/>	A - documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
<input type="checkbox"/>		<input type="checkbox"/>	MIMR - documents performance on standard measures between two and three standard deviations below the mean 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI - verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	MOMR - documents performance on standard measures between three and four SD below the mean 60-Day	<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"/>	ED - verification by a psychologist or psychiatrist 60-Day	<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"/>	OHI - verification by a doctor of medicine 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas; 60-Day
				<input type="checkbox"/>		<input type="checkbox"/>	PSD - documents more than 3.0 SD below the mean in one or more areas 60-Day

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COMMENTS: _____

Population (Above) Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	PSL - documents through a CDA that the student is not eligible for services under another preschool category. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate. 60-Day
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____ 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	For students eligible for alternate assessments only, short term instructional objectives or benchmarks
<input type="checkbox"/>	II.A.6	_____	Census information (SAIS) is accurate 60-Day <input type="checkbox"/> 1-student not eligible receiving services <input type="checkbox"/> 2-student not eligible for sped	<input type="checkbox"/>	III.A.4	_____	Individualized Services to be provided
Individualized Education Program				<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included.	<input type="checkbox"/>	III.A.5	_____	Other Considerations
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)	<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"/>	Measurable annual goals related to PLAAFP. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate.

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COMMENTS: _____

Population (Above) Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.	<input type="checkbox"/>	III.A.6	<input type="checkbox"/>	For students 16 years of age or older, documentation of required postsecondary components. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.	<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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
<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
				<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
				<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
				<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day

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COMMENTS: _____

Self-Assessment Document Special Education Population If the Population Falls Below the Standard

1. Review the public information the PEA has available such as a website, print ads, brochures, etc. Is there any information on these to make the public aware that special education services are available? What is the PEA doing within the community to notify people of the availability of special education services within the school?
2. Review the Enrollment Form. Are there questions/items that specifically mention special education or disabilities? Does the tone of the reference encourage or discourage parents of students with disabilities from enrolling in the school?
3. Utilizing the ESS Agency form and Child Find worksheet for item I.A.1, analyze the PEA's Child Find process for students who are first enrolled in the school. Is it sufficiently comprehensive to alert staff to students who are in need of additional assistance and/or a special education evaluation? Maintain a copy of the completed forms. Any identified noncompliance must be corrected.
4. Determine what curriculum-based measures are currently being used to monitor progress in the general education program. What follow-up strategies are used when a student is not making adequate progress?
5. Review the evaluations of children who did not qualify for special education and are still enrolled in the school. Describe how well they are doing including behavioral/discipline records, report card grades, classroom progress, and scores on AIMS and Stanford 10 tests. Is there any indication that perhaps the decision to qualify for special education should be reconsidered?
6. Review the records of students who have been retained. What measures are being taken to support those students and has the possibility of a disability been investigated when appropriate?
7. Determine how you would proceed if you had a student enroll with needs in the following areas: occupational therapy, physical therapy, hearing impairment, visual impairment, psychological or counseling needs, vision and hearing.
8. What procedure would the PEA follow to provide services for a child whose needs exceeded the services typically offered by the PEA?
9. Using the ESS student file review item IV.A.4, review the records of students with disabilities who were suspended from school and subsequently dis-enrolled or dropped out. What measures were being taken to support these students prior to them leaving? Is there any evidence that the students were encouraged to seek enrollment elsewhere - were students with difficult behaviors "pushed out"? Maintain copies of the completed student forms. Any identified noncompliance must be corrected.
10. After reviewing the records of special education students who have left your school, have you asked any of the parents for their reason for leaving? If so, what responses did you receive and have you adjusted your program in response to the comments?
11. Develop a written plan to remove any obstacles to the enrollment or identification of students with disabilities in the PEA. Provide a detailed description with this analysis.

Population (Below) Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Population (Below) Self-Assessment Line Items

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	IV.A.4	_____	Discipline procedures and requirements followed
<input type="checkbox"/>		<input type="checkbox"/>	Notified parent on the same date the disciplinary decision was made.
<input type="checkbox"/>		<input type="checkbox"/>	A FBA was conducted or reviewed (when already in place) 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Behavior interventions were developed and implemented, or reviewed when already in place the IEP 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	If a change in placement has occurred, the IEP team conducted a review within 10 school days to determine the relationship between the student's disability and behavior.
<input type="checkbox"/>		<input type="checkbox"/>	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 parent and PEA agree to change of placement
<input type="checkbox"/>		<input type="checkbox"/>	For suspension or IAES, student continued to be provided FAPE, including services and adaptations described in the IEP

B56

COMMENTS: _____

Population (Below) Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 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"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

B57

COMMENTS: _____

Self-Assessment Document Timely & Accurate Data

1. Review the eligibility documentation for all identified students with disabilities. Using your current SPED 71 Report, complete student file reviews related to II.A.6 on the ESS Student File form. Compare the eligibility of each student with what is entered in SAIS. Maintain copies of the student forms. Any identified noncompliance must be corrected.
2. Describe in detail the current PEA process to gather and submit data related to student eligibility. This should include identifying the assigned roles, frequency of communication between responsible parties, established timelines for internal verification, frequency of integrity checks, supervisory oversight, etc.
3. Describe the SAIS interface program utilized in the PEA. Explain any technical issues that have arisen.
4. Identify any internal barriers to timely and accurate reporting.
5. Describe your internal timeline for verification of data prior to final submission.
6. Describe the supports you have utilized that are available through ADE/ESS.
7. Develop an action plan to address the areas of concern. Provide a detailed description of the plan with this analysis.

Timely/Accurate Data Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Timely/Accurate Data Self-Assessment Line Items

Evaluation/Re-evaluation

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.6	_____	Census information (SAIS) is accurate <input type="checkbox"/> 1-student not eligible receiving services <input type="checkbox"/> 2-student not eligible for sped

B59

COMMENTS: _____

Timely/Accurate Data Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

B60

COMMENTS: _____

Self-Assessment Document Participation on Statewide Assessments

1. Review files of all identified students with disabilities. Using your current SPED 71 Report and items II.A.4, III.A.3, III.A.4, and III.A.5 on the ESS student file form, compare the eligibility of each student with what is entered in SAIS to ensure the information is accurate. Maintain copies of the student forms. Any identified noncompliance must be corrected.
2. Review the SPED 71 report for the 08-09 school year during the AIMS assessment time period and compare to AIMS report for each student who was identified as special needs to verify that student participated in the AIMS assessment.
3. Describe in detail the current PEA process to ensure SAIS data reflects up to date special education needs. This should include identifying the assigned roles, frequency of communication between responsible parties, established timelines for internal verification, frequency of integrity checks, supervisory oversight, etc.
4. Describe the SAIS interface program utilized in the PEA. Explain any technical issues that have arisen.
5. Identify any internal barriers to ensuring that 95% of students with special needs participate in AIMS assessments.
6. Describe your internal timeline for verification of data prior to final submission.
7. Describe the supports you have utilized that are available through ADE/ESS.
8. Develop an action plan to address the areas of concern. Provide a detailed description of the plan with this analysis.

Participation on Statewide Assessments Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Participation on Statewide Assessments Self-Assessment Line Items

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	The impact of EL on progress in general curriculum.
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services. 60-Day
<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"/>	DD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for child who is at least three years of age, but under ten years of age
<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.

Evaluation/Re-evaluation

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.4	_____	Eligibility Considerations
<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"/> Vision <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Hearing <input type="checkbox"/> Communications <input type="checkbox"/> Academics <input type="checkbox"/> Assistive Tech <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor Skills <input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____
<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum
<input type="checkbox"/>		<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology.
<input type="checkbox"/>		<input type="checkbox"/>	For re-evaluations, 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"/>	The impact of any educational disadvantage.

COMMENTS: _____

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Participation on Statewide Assessments Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	MIMR – documents performance on standard measures between two and three standard deviations below the mean 60-Day	<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"/>	MOMR – documents performance on standard measures between three and four SD below the mean 60-day	<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"/>	ED – verification by a psychologist or psychiatrist 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	OHI – verification by a doctor of medicine 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PSD – documents more than 3.0 SD below the mean in one or more areas 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	HI – verification by an audiologist	Individualized Education Program			
<input type="checkbox"/>		<input type="checkbox"/>	HI – documents the language proficiency of the student.	<input type="checkbox"/>	III.A.4	<input type="checkbox"/>	Individualized Services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	VI – verification by an ophthalmologist 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	VI – documents the results of an individualized Braille assessment for students who are considered to be blind.	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.
<input type="checkbox"/>		<input type="checkbox"/>	OI – verification by a doctor of medicine 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	SMR – documents performance at least four SD below the mean 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	A – documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>		<input type="checkbox"/>	TBI – verification by a doctor of medicine 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year.

B63

COMMENTS: _____

Participation on Statewide Assessments Self-Assessment Student Form

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.5	_____	Other Considerations
<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"/>	Consideration of individual accommodations in testing, if appropriate.
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.
<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.
<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.
<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs

B64

COMMENTS: _____

Participation on Statewide Assessments Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained.
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s).
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s).
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting.
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s).				

B65

COMMENTS: _____

Self-Assessment Document Child Find (Evaluation Timeline)

Using the student file form item II.A.5, review initial evaluations conducted within the past 12 months. For any files where the timeline from consent to eligibility determination exceeded the 60-day timeline, analyze the files to identify the root causes of the failure to complete the evaluations within the timelines. Consider all of the following:

1. Does the PEA have a tracking system that provides the special education staff with the ability to follow the progress of a student through the evaluation process in order to ensure that timelines are not missed because of inattention to deadlines?
2. If staff availability or performance is evident as the cause of a delay, analyze the quantity and qualifications of staff within the PEA to determine their ability to complete the evaluation process within timelines. Include an analysis of the ability to evaluate low incidence disability areas.
3. Determine if there has been an increase or decrease in percentage of qualified & fully certified staff over the last 3 years.
 - If so, determine what factors contributed to that change.
 - Identify activities the PEA has undertaken to improve percentages in the areas of hiring, retention, personnel development, and salary analysis.
 - Identify the number of unfilled evaluator positions in your PEA during the current school year.
 - Examine the number of contracted evaluators, including bilingual evaluators. How do the numbers impact the process?
4. Analyze your evaluation process, including the tracking system once a student has been referred for an evaluation.
 - Consider your process for the review of existing data.
 - What are the roles and responsibilities of each member of the MET? How do the roles and responsibilities impact your process?
 - Examine the manner in which the team determines what, if any, additional data is needed.
 - At what point in the process is parental consent acquired? How does this impact timelines?
 - Examine the impact of case loads on the process. Do you need additional staff or more explicit agreements with contractors?
 - Examine your process when the evaluation needs of a student exceed your staff's area of expertise or experience. Do you have ready sources to follow-up on vision, hearing or behavioral concerns? Has the need for medical certification contributed to any delay?
5. Document your conclusions related to the above analysis. Provide an explanation of how the issues have been resolved so that sustained compliance will be achieved including completion of evaluations that exceeded the 60 day timeline. Maintain copies of the completed student file forms.

Child Find (Evaluation) Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Child Find (Evaluation) Self-Assessment Line Items

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____

COMMENTS: _____

Child Find (Evaluation) Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 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"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day				

B68

COMMENTS: _____

Self-Assessment Document Postsecondary Transition

Using the student file form items III.A.1, III.A.2 & III.A.6, review all files of students 16 years of age and older to determine each cause related to noncompliance of the required postsecondary components.

Address all of the following:

1. Review current IEP forms to determine if they facilitate and document compliance of all the required components that support the articulated postsecondary goals and will reasonably enable the student to meet them.
The required components include:
 - Documentation that the student who is at least 16 years of age, or younger, if appropriate, was invited to the IEP meeting.
 - Documentation of measurable postsecondary goals in the areas of education/training, and employment, and where appropriate, independent living skills.
 - Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goals.
 - Documentation of one or more transition services/activities that focus upon improving the academic and functional achievement of the student to facilitate movement from school to post school as identified in the measurable postsecondary goals.
 - Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting after consent from the parent or student who has reached the age of majority.
 - Documentation that the postsecondary goals were based upon age-appropriate transition assessment(s).
 - Documentation of courses of study that focus on improving the academic and functional achievement of the student to facilitate the movement from school to post-school.
 - Documentation that measurable postsecondary goals were updated annually.

2. Determine if there is any inconsistency in the levels of compliance among school sites. If so, identify specific factors that may have contributed to the number of compliant or noncompliant student files at each site. Is it a site-specific compliance issue or a district-wide issue?

3. Analyze and document the level of knowledge of the special education staff regarding the required components.
 - Determine if the PEA staff is knowledgeable of the procedures necessary for completing all of the transition components.
 - Examine the years of experience working with students 16 years of age and older.
 - Identify the number and types of trainings, conferences, and course work in which staff has participated outside of PEA.
 - List the professional development opportunities related to transition offered within the PEA.
 - Determine if the staff responsible for the required components attended available professional development opportunities.

4. Examine the involvement of personnel in transition planning and development. Has the PEA designated one or more individuals to assume this responsibility? Describe the manner in which PEA staff communicates with each other across departments in relation to transition planning. Also, describe the manner in which the PEA has interacted with their ADE/ESS Specialist and/or Secondary Transition Specialist. If no working relationships have been established, outline the steps you will take to ensure such a partnership.
5. Determine if the PEA has identified transition resources, including age-appropriate transition assessments. List those resources currently being utilized and develop a list of other possible resources that could facilitate transition planning.
6. Document your conclusions related to the above analysis. Provide an explanation of how the issues have been resolved so that the sustained compliance will be achieved.

ADE/ESS encourages use of the NSTTAC (National Secondary Transition Technical Assistance Center) website. NSTTAC is a federally funded technical assistance center whose mission is to provide state and local education agencies with resources to meet federally mandated requirements on transition and to improve post-school outcomes for youth with disabilities.

www.nsttac.org

Secondary Transition Self-Assessment Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

Secondary Transition Self-Assessment Line Items

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day Reason for "O" call : <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	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day				

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COMMENTS: _____

Secondary Transition Self-Assessment Student Form

Compliance Indicator Line Items

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____

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COMMENTS: _____

On Site Monitoring

Instructions for On-Site Monitoring

- ESS Specialist and PEA Director complete the Monitoring Type Decision Worksheet in Year 3 and based on the data the PEA meets the criteria for the On-Site model of monitoring. (See Appendix A)
- PEA and ESS Specialist select up to two Results or Compliance Indicator Drill Downs.
- ESS Specialist and PEA Director meet in Year 3 to discuss On-Site monitoring activities.
- PEA selects a team.
- PEA prepares a secure room for the monitoring activities.
- PEA and ESS conduct file reviews of a representative sample of student files (see M-2 form).
- PEA and ESS collect data through surveys and interviews.
- PEA and ESS collect data for Indicators 11 and 13.
- ESS inputs data.
- PEA and ESS review the draft Summary of Findings report.
- PEA and ESS determine level of performance in the areas of Child Find/Evaluation/IEP/Procedural Safeguards and hold exit conference.
- PEA and ESS develop a Corrective Action Plan (CAP).
- PEA and ESS schedule at least three (3) follow-up visits/desk audits during corrective action year.
- ESS sends written notification of findings no later than 30 days from exit conference.
- PEA corrects all individual instances of noncompliance. ESS verifies correction.
- ESS reviews a representative sample of subsequent files to ensure sustainability.
- PEA completes the root cause analysis Supplemental CAP activities (drill downs).

Instructions for On-Site Compliance Scoring & Final Summary Documentation

For all On-Site file review forms, interviews, and surveys you will use the codes of “I” for *In Compliance*, “O” for *Out of Compliance*, and “U” for those items that are *Unreported* or do not apply.

The steps to developing the final reports are listed below:

During a file review, upon completion of an interview, or when scoring a survey, a member of the monitoring team must make a decision using the Guide Steps as to the compliance call for each individual line item. One of the above codes (I, O, U) is then entered on the corresponding line for the item on the form.

1. Once the forms, interviews, and surveys have been completed the data is entered into the computer. The computer program will automatically calculate the compliance of each line item by summarizing all of the data that was collected from all sources and transfer the data into the draft Summary of Findings (SOF).
2. The PEA/ESS team members review the draft Summary of Findings report.
3. The team reviews each of the four sections (Child Identification, Evaluation, IEP, Procedural Safeguards) in the draft Summary of Findings report.

Based upon the review of all data, the team determines the level of performance as a whole for each of the four sections. There are four options for each section: Substantial Evidence of Effective Systems, Inconsistent Evidence of Effective Systems, Minimal Evidence of Effective Systems, or No Evidence of Effective Systems.

4. The computer will generate a Corrective Action Plan (CAP) *framework* which the team will individualize. The team will review and modify the CAP so that it is meaningful to the PEA and clearly outlines the activities/requirements for compliance sustainability.
5. Each team must submit strengths and concerns.

The team will reach agreement on the areas of strength and concern based upon all data generated as well as the observations of the team members. The strengths and concerns related to the special education program will be documented in the written notification of findings. The level of performance for the four sections in the SOF will also be noted in this letter.

Instructions for On-Site Corrective Action Close-out

For all documentation reviewed during the **On-Site** monitoring, any item found to be noncompliant requires corrective action. FAPE impacting items, those student-specific items referenced by individual SAIS or ID number, require corrective action within 60 calendar days of the written notification of findings. In addition, the PEA is required to correct items in all individual student files which were found to be noncompliant. A report of individual noncompliance will be generated for all specific student items found to be noncompliant.

The PEA must correct all noncompliance as soon as possible but no later than one calendar year from the date of the written notification of findings. For noncompliant items involving timelines that can't be corrected subsequent files will be reviewed to ensure compliance.

-
- The ESS Specialist will schedule three monitoring follow-up verification visits or desk audits with the PEA Director to review documentation, provide technical assistance, and update compliance status during the year following the monitoring.
 - The PEA must ensure that all items found to be out of compliance during the on-site activities are brought into compliance. The PEA Director or designee will need to utilize the ESS Student File Form or other forms used during the monitoring, as appropriate, to document follow-up review and compliance.
 - During one or more of the follow-ups, the ESS Specialist will review the updated compliance monitoring forms completed by the PEA. The Specialist will also review a representative sample of the files from the on-site monitoring to verify that compliance has been achieved.
 - The ESS Specialist will review subsequent files and other relevant documentation developed after the **On-Site** monitoring in order to determine sustainability and understanding.
 - The monitoring will be closed once a PEA has evidenced sustainability related to all findings (student-specific and systemic) from the monitoring.

Special Education Monitoring File Sample Selection

M-2

PEA: _____

Number of special education students	Less than 10	11-100	101-250	251-500	501 or more
Number of eligible student files	All	11-30	45-50	55-65	75-85
Number of files of students found not eligible	2	2	5	8	12

1. Minimum of _____ files.
2. Minimum of 2 files from each building.
3. At least **50% of files are initial placements** within the last 365 days, if available.
4. Minimum of 2 files for every disability category PEA is serving; can be from different buildings. Include some from self-contained setting, resource setting, and regular education setting.
5. Minimum of _____files of English Language Learners (EL), if available.
6. Minimum of _____files of 16-year-olds.
7. Minimum of _____files for out-of-district placements (ASDB, day treatment, and residential placement).
8. Minimum of _____of students phased out of special education services, if applicable.
9. Minimum of _____files of students who have been suspended, expelled, or moved to an IAES for longer than 10 days, if applicable.
10. Minimum of _____ files of students who have graduated.
11. Minimum of _____ files of student’s initially evaluated and found to be not eligible.

Additional items needed for monitoring:

1. List of student files to be reviewed. Please complete the attached form.
2. Copy of IDEA Monitoring Manual (received during current school year).
3. Guide Steps for each team member, including a copy of the forms.
4. Copy of current census.
5. Copy of 45-day screening form.
6. Documentation of a system of referral to AzEIP/preschools.
7. Hearing and vision screenings, if not in selected student files.
8. Home Language Survey, if not in selected student files.
9. Current progress reports, if not in selected student files.
10. Copy of Language Proficiency Assessment or EL file for selected English Language Learners.
11. Flipchart with marking pens.
12. Access to a computer with ADOBE Reader installed, to enter data and print forms.

General Background Information

To be gathered at least four weeks prior to the on-site visit by the lead monitor. Collect information from the special education director or contact person during an on-site visit, by email, or phone.

LEA: _____ Contact Person: _____ Phone: _____

1. Identify the work hours for building(s) and PEA staff.
2. Review tentative agenda for on-site visit. Inform the PEA when the agenda will be sent to them.
3. Discuss the purpose of building visits (verification of child find and IEP team interviews).
4. Discuss the purpose, timing, and attendance at the exit conference. Is there flexibility in the time? Who will probably want to attend? (Purpose: general overview lasting approximately 30 minutes.)
5. Identify the approximate percentage of special education students and parents whose primary language is non-English. Determine the number of special education EL students.
6. Identify any areas, programs, etc., the PEA would like to have reviewed during the monitoring. (Mention that time could limit the team's ability to follow-up on all issues.)
7. Identify approximately how many students are in the PEA and how many special education students are in the PEA.
8. Ask for the number of schools, special education teachers, psychologists, related service providers, and principals.
9. Make arrangements for a work area for the monitoring team with adequate table space. Discuss the need to maintain confidentiality of records and to have all required documents available on the first day of monitoring (student files, results of current hearing screening, Home Language surveys, current progress reports, etc.).
10. Ask about computer and printer availability and other technical supports needed during monitoring.
11. Complete the information sheet regarding surveys to be mailed to the school; submit this information to the monitoring coordinator.

The following matrix may be used to assist in determining the sample to be selected for the monitoring.

Service Delivery Options	A	E D	E D P	O I	M D	M D S S I	M I M R	M O M R	S M R	O H I	T B I	H I	V I	S L D	S L I	D D	P S D
Regular class with supplementary aids/service																	
Regular class with itinerant instruction																	
Special class resource room																	
Cross-categorical resource room																	
Self-contained class																	
Cross-categorical - S/C																	
LEA-operated special school																	
Tuitioned to other public school																	
Co-op or county program																	
Private day school																	
Private residential																	
Homebound/hospitalized/institution																	
ASDB/PDSD																	

MONITORING FILE SAMPLE

LEA: _____

DATE OF ON-SITE REVIEW: _____

List all student files and indicate the purpose of review for each file selected. Have all files available on the first day of the on-site review.

Student Last name, first initial	Census # or DOB	School or Teacher	Eligibility Category	Initial Eval	Initial Eval Ineligible	Reeval	High School Transition	Phased Out	Suspend	Reviewer Signature
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										

Agency Form

AF

PEA: _____

Citation	I-O-U	Description	Citation	I-O-U	Description
I.A.1	_____	Child Find policy reviewed annually by staff and documentation maintained	I.A.1	_____	Service plans exist for private school students selected to receive services.
I.A.1	_____	Child find procedures disseminated to parents	I.A.1	_____	Required procedures for birth - 2.9 yr child find were followed
I.A.1	_____	PEA maintains invitation list and agenda for private school involvement.	I.A.1	_____	Required procedures for 2.9-5 yrs child find were followed.
I.A.1	_____	PEA maintains written affirmations or documentation of efforts from consultation with private schools.	IV.A.1	_____	All parents provided annual notice of confidentiality

COMMENTS _____

Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

C10

		Evaluation/Re-evaluation		PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description	<input type="checkbox"/>	II.A.4	_____	Eligibility Considerations
<input type="checkbox"/>	II.A.1	_____	Current Evaluation - 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"/> Vision <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Hearing <input type="checkbox"/> Communications <input type="checkbox"/> Academics <input type="checkbox"/> Assistive Tech <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor Skills <input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____
<input type="checkbox"/>	II.A.2	_____	Review of Existing Data	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents.				
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom based assessments.				
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service provider observation(s), including pre-referral interventions.				
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments				
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data were needed.	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	For re-evaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or, for re-evaluation only, documented efforts to obtain consent.	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum
						<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology.
						<input type="checkbox"/>	For re-evaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum.
						<input type="checkbox"/>	The impact of any educational disadvantage.
						<input type="checkbox"/>	The impact of EL on progress in general curriculum.

COMMENTS: _____

Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	OHI – verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI – verification by an audiologist
<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"/>	HI – documents the language proficiency of the student.
<input type="checkbox"/>		<input type="checkbox"/>	DD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for child who is at least three years of age, but under ten years of age	<input type="checkbox"/>		<input type="checkbox"/>	VI – verification by an ophthalmologist 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLI – documents a communication disorder	<input type="checkbox"/>		<input type="checkbox"/>	VI – documents the results of an individualized Braille assessment for students who are considered to be blind.
<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"/>	OI – verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD – certifies that each team member agrees or disagrees	<input type="checkbox"/>		<input type="checkbox"/>	SMR – documents performance at least four SD below the mean 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	SLD – documents determination of effects of environmental, cultural or economic disadvantage.	<input type="checkbox"/>		<input type="checkbox"/>	A – documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
<input type="checkbox"/>		<input type="checkbox"/>	MIMR – documents performance on standard measures between two and three standard deviations below the mean 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI – verification by a doctor of medicine 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	MOMR – documents performance on standard measures between three and four SD below the mean 60-Day	<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"/>	ED – verification by a psychologist or psychiatrist 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	MDSSI – documents multiple disabilities that include at least one of the following VI or HI. 60-Day

C11

COMMENTS: _____

Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	PMD - documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas; 60-Day	<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included.
<input type="checkbox"/>		<input type="checkbox"/>	PSD - documents more than 3.0 SD below the mean in one or more areas 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____ 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP 60-Day
<input type="checkbox"/>	II.A.6	_____	Census information (SAIS) is accurate <input type="checkbox"/> 1-student eligible but reported incorrectly <input type="checkbox"/> 2-student not eligible but reported 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate. 60-Day
			Individualized Education Program	<input type="checkbox"/>	III.A.4	_____	For students eligible for alternate assessments only, short term instructional objectives or benchmarks
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals.
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Individualized Services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.
				<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year.
				<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with non-disabled peers.

C12

COMMENTS: _____

Student Form

C13

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.5	_____	Other Considerations	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s). 60-Day
<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"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate.	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s). 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting. 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.	<input type="checkbox"/>	III.A.7	_____	Documentation of additional postsecondary transition components.
<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs	<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18.
Secondary Transition Line Items (III.A.6 & III.A.7)				<input type="checkbox"/>	III.A.8	_____	IEP reflects student educational needs. 60-Day Reason for "O" call <input type="checkbox"/> No link between Evaluation and IEP <input type="checkbox"/> PLAAFP- all student needs not addressed <input type="checkbox"/> IEP goals not aligned with needs <input type="checkbox"/> Postsecondary transition components not addressed
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day <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				

COMMENTS: _____

Student Form

C14

Procedural Safeguards/Parental Participation				PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description				
<input type="checkbox"/>	IV.A.2	_____	Notices provided at required times and in a language and form that is understandable to the parent	<input type="checkbox"/>	IV.A.4	_____	Discipline procedures and requirements followed
<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Notified parent on the same date the disciplinary decision was made.
<input type="checkbox"/>		<input type="checkbox"/>	All required notices provided in language that is: 1. the native language of the parent 2. understandable to public. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	A FBA was conducted or reviewed (when already in place) 60-Day
<input type="checkbox"/>	IV.A.3	_____	PWN provided at required times and contain required components	<input type="checkbox"/>		<input type="checkbox"/>	Behavior interventions were developed and implemented, or reviewed when already in place the IEP 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	PWN provided to parents at required times in the last 12 months.	<input type="checkbox"/>		<input type="checkbox"/>	If a change in placement has occurred, the IEP team conducted a review within 10 school days to determine the relationship between the student's disability and behavior.
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of action proposed or refused by PEA	<input type="checkbox"/>		<input type="checkbox"/>	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 parent and PEA agree to change of placement
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, explanation of why the agency proposed or refused to take action	<input type="checkbox"/>		<input type="checkbox"/>	For suspension or IAES, student continued to be provided FAPE, including services and adaptations described in the IEP
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any options considered and why options were rejected				
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of evaluation procedures, test records used as a basis for the decision				
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any other relevant factors				
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained.				
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, sources to obtain assistance in understanding notice.				

COMMENTS: _____

Special Education & Site Administrator Interviews

Interviews with special education directors and site administrators will be conducted for all on-site monitorings. The interviews involve questions related to both an explanation of procedures and processes as well as examples of evidence that support the identified processes. Examples of evidence might be student specific evaluation documentation or IEPs.

All interview questions align to specific compliance line items within the Monitoring Manual Guide Steps. Administrators are encouraged to review the Guide Steps in its entirety and also to focus on those items that have an interview component. The identified student file review component for each question will give administrators an idea of the kind of supporting documentation the interviewer from ESS will be asking to see.

Please plan for each interview to take approximately one hour.

As with all components of the ADE/ESS monitoring process, please contact your assigned Program Specialist with any questions you may have or for clarification that is needed.

Site Administrator or PEA Representative Interview (SAI)

PEA: _____ Site/Campus: _____ Date: _____
 Interviewee: _____ Monitor: _____

	For ESS Use Only
1. Describe the good things going on in the special education program in your school. _____ _____ _____	
2. How does the MET determine that the lack of progress in the general curriculum is related to a suspected disability rather than the lack of appropriate instruction in the reading and math? _____ _____ _____	I _____ O _____ U _____ II.A.4
3. Give examples of actions taken by the MET during a re-evaluation if it is determined that a student's progress is insufficient with the current IEP. _____ _____ _____	I _____ O _____ U _____ II.A.4
4. When the student is not a native English speaker, give examples of how the MET determines that the lack of progress in the general curriculum is related to a suspected disability rather than limited English proficiency. _____ _____ _____	I _____ O _____ U _____ II.A.4
5. How do you ensure that all service delivery models are available to meet the unique needs of students with disabilities? For example, what service delivery models are available to meet the needs of a student with moderate mental retardation or one who is visually impaired? _____ _____ _____	I _____ O _____ U _____ III.A.4
6. Give examples of the specific information the IEP team considers when determining the program adaptations (accommodations/modifications) for a student. _____ _____ _____	I _____ O _____ U _____ III.A.4
7. What are examples of supports for school personnel pertaining to the unique needs of an individual student? _____ _____ _____	I _____ O _____ U _____ III.A.4

	For ESS Use Only
<p>8. What specific factors does the IEP team consider when making the determination of the need for assistive technology for an individual student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>9. If there is evidence of behavior that impedes the student's learning or the learning of others, describe behavioral strategies the IEP team considers to support the student in the school environment.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>10. If you have a student with disabilities who has been suspended beyond ten (10) days or expelled, how do you continue services for that student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.4</p>
<p>11. Do you have any concerns about the special education program at your school?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Special Education Administrator Interview (SPEDI)

PEA: _____ Site/Campus: _____ Date: _____

Interviewee: _____ Monitor: _____

	For ESS Use Only
<p>1. Describe the good things going on in the special education program in your district or school.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Upon review of all evaluation data, what do teams specifically discuss when determining the impact of the suspected disability on the individual student's progress in the general education curriculum?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.4</p>
<p>3. Give examples of actions taken by the MET during a re-evaluation if it's determined that a student's progress is insufficient with the current IEP.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.4</p>
<p>4. When the student is not a native English speaker, give examples of how the MET determines the lack of progress in the general curriculum is related to a suspected disability rather than limited English proficiency.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.4</p>
<p>5. How do you ensure that all service delivery models are available to meet the unique needs of students with disabilities? For example, what service delivery models are available to meet the needs of a student with moderate mental retardation or one who is visually impaired?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>6. Give examples of the specific information the IEP team considers when determining program adaptations (accommodations/modifications) for a student.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>

	For ESS Use Only
<p>7. What specific factors does the IEP team consider when making the determination of the need for assistive technology for an individual student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>8. If there is evidence of behavior that impedes the student's learning or the learning of others, describe behavioral strategies the IEP team considers to support the student in the school environment.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>9. If you have a student with disabilities who has been suspended beyond ten (10) days or expelled, how do you continue services for that student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.4</p>
<p>10. Do you have any concerns about the special education program in your district or school?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Directions for Scoring Surveys

These directions are used to score all four surveys (PS- Parent Survey, GETS- General Education Teacher Survey, SETS- Special Education Teacher Survey, and RSPS- Related Service Provider Survey). The purpose of the surveys is to obtain consumer and provider feedback regarding the implementation of special education policies and procedures. The information contained in the surveys is considered confidential and should be maintained according to the PEA’s policies on confidentiality.

	<p>Instructions: Most of the questions on the surveys can be answered with YES or NO AND REQUIRE NO FURTHER EXPLANATION. An item marked as a “Yes” should be scored as I. An item marked as a “No” should be scored as O. Some survey responses may contain comments. Team members should use professional judgment when reading the comments. If it is clear to the reader that the intent of the answer is different than the marked answer (if marked), then the answer should be changed.</p> <p>If a question is not answered, mark the item U.</p>
<p style="text-align: center;">No Citation</p>	<p>Describe the good things going on in the district’s/charter’s special education program.</p> <p>This item is used to solicit information regarding the strengths of the agency’s special education program. The strengths as articulated by the respondent will be listed with strengths identified by others, and prioritized by the monitoring team for the Monitoring Overview.</p>
<p style="text-align: center;">No Citation</p>	<p>What concerns do you have about the district’s/charter’s special education program?</p> <p>This item is used to solicit information regarding any areas of concern that are confronting the PEA in the provision of special education services. The concerns as articulated by the respondent will be listed with concerns identified by others, and prioritized by the monitoring team for the Monitoring Overview.</p>

Special Education Teacher Survey (SETS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks, and return survey in the self addressed stamped envelope

	For ESS Use Only
1. Describe the good things going on in your school district or charter school's special education program. _____ _____ _____	
2. How do you determine whether existing data is sufficient or additional data is needed when a student is being evaluated or re-evaluated? _____ _____ _____	I _____ O _____ U _____ II.A.3
3. Describe the service delivery models used by your district or charter. What service delivery models would be available for students with more significant needs? _____ _____ _____	I _____ O _____ U _____ III.A.4
4. If you have secondary students, what information do you include on the Summary of Performance for a graduating senior or student who has aged out? _____ _____ _____	I _____ O _____ U _____ III.A.7
5. Do the IEPs of your students accurately reflect their needs? If "NO", explain. YES _____ NO _____ _____ _____ _____	I _____ O _____ U _____ III.A.8
6. List three ways you adhere to confidentiality requirements. 1. _____ 2. _____ 3. _____	I _____ O _____ U _____ IV.A.1
7. Describe any concerns about your school district or charter school's special education program. _____ _____ _____	

Your time and effort in completing this form is greatly appreciated!

Parent Survey (PS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks, and return survey in the self addressed stamped envelope

	For ESS Use Only
<p>1. Describe the good things going on in your child's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Describe the type of current information that you provided to the team during your child's most recent evaluation/re-evaluation (i.e. medical, behavioral, developmental, functional performance).</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.2</p>
<p>3. Do the progress reports you receive clearly indicate how much progress your child is making toward his/her IEP goals?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.3</p>
<p>4. Does your child's IEP accurately reflect his/her special education needs? If "NO", please provide specifics.</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.8</p>
<p>5. Did you receive your Procedural Safeguards Notice (PSN) within the last year?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.2</p>
<p>6. Did you receive Prior Written Notice (PWN) following your child's latest evaluation/re-evaluation and/or IEP meeting?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.3</p>
<p>7. Describe any concerns about your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>IF YOU HAVE A CHILD 16 YEARS OR OLDER PLEASE ANSWER QUESTIONS 8, 9, and 10 ON FOLLOWING PAGE</p>	<p>For ESS Use Only</p>

Parent Survey (PS)

<p>8. Were postsecondary goals developed at your child's IEP? (Transition goals based upon age-appropriate assessments and/or interviews with you and your child) YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>9. Was your child invited to his/her IEP meeting? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>10. If your child has turned 17 were you and your child informed of transfer of guardianship rights when he/she turns 18? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.7</p>
<p>If you would like a member of the Exceptional Student Services/AZ Department of Education (ESS/ADE) monitoring team to contact you, please provide your contact information below. The discussion will be confidential.</p> <p>Name _____</p> <p>I would preferred to be contacted by:</p> <p>Phone Number: _____</p> <p>Email: _____</p>	

Your time and effort in completing this form is greatly appreciated!

ENCUESTA PARA PADRES

SI USTED TIENE UN HIJO DE 16 AÑOS O MAYOR, POR FAVOR CONTESTE A LAS PREGUNTAS 8, 9 Y 10	
<p>8. ¿Se desarrollaron las metas de post-secundaria en el IEP de su hijo/a? (metas para la transición basadas en las evaluaciones apropiadas a la edad y/o las entrevistas con Usted y su hijo/a) SI _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>9. ¿Fue invitado su hijo/a su reunion de IEP? SI _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.7</p>
<p>10. Si su hijo/a ha cumplido 17 años, fueron informados usted y su hijo/a sobre los derechos de guarda que se transfieren cuando el/ella cumpla 18 años. SI _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.7</p>
<p><i>Si Usted desea tener a alguien del Departamento de Educación de Arizona/ Servicios para Estudiantes Especiales en contacto con Usted para discutir el programa de educación especial en la escuela de su hijo/a, por favor provea su nombre y número de teléfono en las siguientes líneas. Esta discusión será confidencial.</i></p> <p>Nombre: _____</p> <p>Código de area y número de teléfono: _____</p> <p>Correo electronico: _____</p>	

¡Su tiempo y esfuerzo en completar esta forma es muy apreciado!

General Education Teacher Survey (GETS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks, and return survey in the self addressed stamped envelope

	For ESS Use Only
<p>1. Describe the good things going on in your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Is there follow-up when you indicate a concern on the 45-day new student screening?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>I.A.1</p>
<p>3. Do you provide specific progress data for your students when they are being evaluated or re-evaluated?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.2</p>
<p>4. Are you involved in determining whether further assessments are required or if existing data is sufficient when a student is being evaluated/reevaluated?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.3</p>
<p>5. Do the IEPs of your students accurately reflect their special education needs? If No, explain.</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.8</p>
<p>6. List (3) three ways you adhere to confidentiality requirements.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.1</p>
<p>7. Describe any concerns about your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Your time and effort in completing this form is greatly appreciated!

Related Service Provider Survey (RSPS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks, and return survey in the self addressed stamped envelope

	For ESS Use Only
<p>1. Describe the good things going on in your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Do you provide specific progress data when your students are evaluated or re-evaluated? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.2</p>
<p>3. Do the IEPs of your students accurately reflect their needs? If "NO", explain. YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.8</p>
<p>4. List three ways you adhere to confidentiality requirements.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.1</p>
<p>5. Describe any concerns about your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Your time and effort in completing this form is greatly appreciated!

On-Site Monitoring Drill Downs

Guidance for OSEP Compliance Indicator Drill Downs

The U.S. Department of Education, Office of Special Education Programs (OSEP) has directed the states to establish a 100% compliance rate for three specific requirements of the IDEA 04. These areas are:

1. PEAs are meeting the 60-day timeline for completing an evaluation/eligibility determination when conducting an initial evaluation for special education.
2. Appropriate secondary transition planning has occurred for students 16 years and older.
3. Children who have been served in the state's early intervention program (AZEIP) have a Part B eligibility determination and, if eligible, an IEP developed on or before their 3rd birthday.

In addition, the OSEP has directed states to drill down to determine root causes when any PEA has failed to meet the 100% compliance target. Because Arizona collects the information regarding compliance on the first two items listed above during the on-site monitoring process, PEAs that do not meet the acceptable level during their on-site monitoring must investigate the reasons for missing the target as part of their corrective action work. The following drill downs are provided to assist with this task.

A finding of noncompliance on one or more of the following line items will result in the appropriate drill down appearing in the PEA's Supplemental CAP.

- II.A.5- Indicator 11 Child Find 60-day evaluation timeline
- III.A.6 -Indicator 13 Secondary Transition components

The PEA must investigate the area(s) of concern and present their findings before the monitoring can be considered "closed." This requirement is in addition to the requirement to demonstrate 100% compliance on the identified line items prior to closing and should facilitate sustained compliance.

Analyze the questions in the corresponding Worksheet and document your conclusions. Include in your documentation your explanation of how the issue has been resolved. This documentation must be submitted electronically to your ESS Specialist no later than one year from the written notification of findings.

Child Find Drill Down (60-Day Initial Evaluation Timeline)

Identify all files with initial evaluations conducted within the past 12 months where the timeline from consent to eligibility determination exceeded the 60-days. Analyze these files to identify the root causes of the failure to complete the evaluations within the timelines. All of the following must be addressed:

1. Does the PEA have a tracking system that provides the special education staff with the ability to follow the progress of a student through the evaluation process in order to ensure that timelines are not missed because of inattention to deadlines?
2. If staff availability or performance is evident as the cause of a delay, analyze the quantity and qualifications of staff within the PEA to determine their ability to complete the evaluation process within timelines. Include an analysis of the ability to evaluate low incidence disability areas.
3. Determine if there has been an increase or decrease in percentage of qualified & fully certified staff over the last 3 years
 - If so, determine what factors contributed to that change
 - Identify activities the PEA has undertaken to improve percentages in the areas of hiring, retention, personnel development, and salary analysis.
 - Identify the number of unfilled evaluator positions in your PEA during the current school year.
 - Examine the number of contracted evaluators, including bilingual evaluators. How do these numbers impact the process?
4. Analyze your evaluation process, including the tracking system once a student has been referred for an evaluation.
 - Consider your process for the review of existing data.
 - What are the roles and responsibilities of each member of the MET? How do the roles and responsibilities impact your process?
 - Examine the manner in which the team determines what, if any, additional data is needed?
 - At what point in the process is parental consent acquired? How does this impact timelines?
 - Examine the impact of case loads on the process. Do you need additional staff or more explicit agreements with contractors?
 - Examine your process when the evaluation needs of a student exceed your staff's area of expertise or experience. Do you have ready sources to follow-up on vision, hearing or behavioral concerns? Has the need for medical certification contributed to any delay?
5. Document your conclusions related to the above analysis. Provide an explanation of how the issues have been resolved so that sustained compliance will be achieved.

Postsecondary Transition Drill Down

Review all files of students 16 years of age and older to determine each cause related to noncompliance of the required postsecondary components.

All of the following must be addressed:

1. Review current IEP forms to determine if they facilitate and document compliance of all the required components that support the articulated postsecondary goals and will reasonably enable the student to meet them.

The required components include:

- Documentation that the student who is at least 16 years of age, or younger if appropriate, was invited to the IEP meeting.
 - Documentation of measurable postsecondary goals in the areas of education/training, and employment, and where appropriate, independent living skills
 - Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goals.
 - Documentation of one or more transition services/activities that focus upon improving the academic and functional achievement of the student to facilitate movement from school to post- school as identified in the measurable postsecondary goals.
 - Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting after consent from the parent or student who has reached the age of majority.
 - Documentation that the postsecondary goals were based upon age-appropriate transition assessment(s).
 - Documentation of courses of study that focus on improving the academic and functional achievement of the student to facilitate the movement from school to post-school.
 - Documentation that the measurable postsecondary goals were updated annually.
2. Determine if there is any inconsistency in the levels of compliance among school sites. If so, identify specific factors that may have contributed to the number of compliant or non-compliant student files at each site. Is it a site-specific compliance issue or a district-wide issue?
 3. Examine the involvement of personnel in transition planning and development. Has the PEA designated one or more individuals to assume this responsibility? Describe the manner in which PEA staff communicates with each other across departments in relation to transition planning. Also, describe the manner in which the PEA has interacted with their ADE/ESS Specialist and/or Secondary Transition Specialist. If no working relationships have been established, outline the steps you will take to ensure such a partnership.

4. Analyze and document the level of knowledge of the special education staff regarding the required components.
 - Determine if the PEA staff is knowledgeable of the procedures necessary for completing all of the transition components.
 - Examine the years of experience working with students 16 years of age and older.
 - Identify the number and types of trainings, conferences, and course work in which staff has participated outside of PEA.
 - List the professional development opportunities related to transition offered within the PEA.
 - Determine if the staff responsible for the required components attended available professional development opportunities.
5. Determine if the PEA has identified transition resources, including age-appropriate transition assessments. List those resources currently being utilized and develop a list of other possible resources that could facilitate transition planning.
6. Document your conclusions related to the above analysis. Provide an explanation of how the issues have been resolved so that the sustained compliance will be achieved.

ADE/ESS encourages use of the NSTTAC (National Secondary Transition Technical Assistance Center) website. NSTTAC is a federally funded technical assistance center whose mission is to provide state and local education agencies with resources to meet federally mandated requirements on transition and to improve post-school outcomes for youth with disabilities.

www.nsttac.org

Guidance for Student Outcome Drill Downs

The attached worksheets are designed to assist your agency in taking a close look at what factors might be causing a less than desirable outcome for your enrolled students with disabilities. This does not purport to capture all of the possible variables that may come into play within your environment, but they do give you a starting point from which to begin discussion with your staff, parents, and, where appropriate, students.

Work Group: The best results will be obtained with broad stakeholder input. The specific makeup of your work group will depend upon the topic being investigated and the particular circumstances of your school. **You must include a list of participants (including their roles) in your final report/action plan:**

Report Submission: The final report/action plan must be submitted to the ADE/ESS specialist assigned to your agency through electronic mail within one year of the on-site exit conference date. If there are attachments to the report that are not available electronically, they may be transmitted by U.S. Mail to the appropriate office (Phoenix, Tucson, or Flagstaff). Please note in your electronic submission that additional documents are being sent separately.

Report Length: The worksheets are designed to be guidance documents for your work at the local level. The report to the ADE/ESS need not capture all of the details of the work considered or completed at the school/district level. The report/action plan submitted to the ADE/ESS should:

- PEA must address all numbered items on the drill down worksheet.
- Summarize the findings of the work group – identifying both areas of strength and concern;
- Establish a target for improvement and an anticipated timeline for reaching the target. For some indicators, the timelines for change can be fairly short (e.g., Dropout rate or: Suspension rate). For other indicators, change will occur more slowly and timelines will reflect more gradual improvement in outcomes.
- Report on the specific steps identified by the work group to improve the results for students with disabilities. Indicate timelines and responsible parties for each action step.

The report to the ADE/ESS should follow the format presented on the next page.

Agency Name: _____ Submission Date: _____

Indicator/Issue Identified for Improvement: _____

Work Group Participants:

Name	Role
<i>Add rows as necessary</i>	

Summary of Work Group Findings:

Add space as necessary

Targets for Improvement	Measurement
<i>Add rows as necessary</i>	

Action Steps	Timelines for Action	Responsible Parties
<i>Add rows as necessary to detail your plans</i>		

Graduation Drill Down

1. Review the data related to the graduation rates. It is critical that each public education agency collect, maintain, and submit accurate data.
 - a. The source of this data is SAIS (Student Accountability Information System) which collects the data reported to the public education agencies. Determine if the data for your agency's special education students are reported accurately.
 - b. The graduation rates are based on a 4-year cohort, which is a standard 4-year high school career beginning with a student's first time enrollment in the ninth grade.
2. Compare the graduation rates for general education students with the rates for special education students. If the general education rate exceeds the special education rate, develop some hypotheses as to the reasons for the difference. Investigate the hypotheses by interviewing students with disabilities who have not graduated with their cohort. Summarize the responses from the interviews.
3. Review the secondary transition plan for each special education student who did not graduate. Determine if each transition plan contained the required components, such as transition assessments, measurable postsecondary goals, and transition services and activities. Document any interventions that were made to promote graduation for each student. Detail the results of this review. Determine what strategies, if any, were used to connect students (who later failed to graduate) with programs and/or agencies that support students who are at-risk.
4. Review the transcripts and courses of study for the students who did not graduate to determine if any patterns emerge from the group. Report the results of that review for any group of students with similar transcript history.
5. Describe how transition services were provided to **each special education student** during the twelve months preceding the academic year for which numbers indicate an unusually low graduation rate. If transition services were provided to some students and not others, indicate what those services were and report how the provision of transition services correlated to the likelihood of graduating.
6. Describe the agency's participation in any school/district wide initiative to increase the rate of graduation.
7. Describe any unique or special circumstances that the ADE/ESS unit needs to know in order to understand why your agency's graduation rates for students with IEPs are low.
8. Develop an action plan to address areas of concern with regard to the low graduation rate.

Dropout Analysis Drill Down

1. Review the data related to dropout rates for grades 9-12 to determine if your agency reported accurately by exit code. If your numbers were reported **inaccurately**, detail how the data was incorrectly gathered or tabulated by exit code and report a corrected tabulation to ADE promptly.
2. Determine if your agency has an effective procedure to ensure that the exit code for any student who had previously been coded as either “dropped out” or “moved, not known to be continuing” is changed once the agency receives a request for records from another school.
3. Compare the dropout rates for general education students with the rates for special education students. Describe the calculations you used to make that comparison and discuss your findings. If the special education rate exceeds the general education rate, develop some hypotheses as to the reasons for the difference. Investigate the hypotheses by interviewing students with disabilities who have dropped out.
4. Review the transition plan for each special education student who dropped out. Document any interventions that were made prior to the student dropping out and determine if changes to the IEP and / or transition plan including additional service delivery might have resulted in the student graduating.
5. Determine what process, if any, was used to connect students (who later dropped out of school) with programs and/or agencies that support students who are at-risk for dropping out. Identify the dropout prevention services the school currently utilizes.
6. Review the transcripts and courses of study for the students who have dropped out to determine if specific courses, specific grade levels, or any other pattern emerges from the group prior to they dropping out. Report the results of that review for any group of students with similar transcript history prior to dropping out.
7. Describe how transition services were provided to **each special education student** during the twelve months preceding the dropout in the academic year for which numbers indicate an unusually high dropout rate. If transition services were provided to some students and not others, indicate what those services were and report how the provision of transition services correlated to the likelihood graduating.
8. Describe the agency’s participation in any school/district wide initiative to prevent dropping out.
9. Describe any unique or special circumstances that the ADE/ESS unit needs to know in order to understand why your agency’s rates are excessive.
10. Develop an action plan to address areas of concern with regard to the high dropout rate.

Performance on Statewide Assessment- Reading Proficiency Drill Down

LRE Questions – Do you have the right service delivery system to serve your students well?

1. Analyze existing placements by disability to determine options/patterns of the PEA.
2. Cross check reading achievement by placement to determine if students in some placements are demonstrating higher achievement than in others with the same disability.
 - a. If so, identify factors contributing to such differences.
 - i. Impact of the severity of the disability
 - ii. Continuum at individual school sites
3. What types of Assistive Technology devices/services and other supports are available to the students and teachers to foster the greatest independence in the Least Restrictive Environment?
4. Summarize the PEA's strengths and concerns with respect to LRE as it relates to reading achievement.

Certification Questions – Do you have staff who are well qualified to teach reading?

5. Determine if there has been an increase or decrease in the percentage of fully certified SPED teachers over the last three years.
 - a. If so, determine what factors contributed to the change.
 - b. Identify the activities the PEA has undertaken to improve certification percentages in the areas of hiring, retention, personnel development for credentialing, and salaries analysis.
 - c. Identify the number of unfilled special education positions existing in your PEA during the current school year.
6. Determine the numbers/percent of teachers (both general education and special education) who are “highly qualified” to teach reading.
7. Develop an action plan to address the improvement in the area of concern.

Curriculum Questions – Do you have reading curricula that are sufficiently responsive to varied needs?

8. Identify the **current** reading curriculum used in the general education program. Does it address these five critical areas as appropriate: phonemic awareness, phonics, fluency, vocabulary, and comprehension? Analysis results of core reading programs are available on request from the Arizona Department of Education at AcadStandards@azed.gov
9. What supplemental materials/curricula are in use for special education students? To what degree do these materials meet the criteria with regard to “explicit and systematic instruction” and “coordinates phonics/word recognition activities with fluency building”?
10. What curriculum based measures (CBM) are used with general education and special education students?
11. To what extent is the information from the CBM used to drive modifications to instruction?
12. Develop an action plan to address areas of concern with regard to reading curriculum.

Performance on Statewide Assessment – Math Proficiency Drill Down

LRE Questions – Do you have the right service delivery system to serve your students well?

1. Analyze existing placements by disability to determine options/patterns of the PEA.
2. Cross check **math** achievement by placement to determine if students in some placements are demonstrating higher achievement than in others with the same disability.
 - a. If so, identify factors contributing to such differences.
 - i. Impact of the severity of the disability
 - ii. Continuum at individual school sites
3. What types of Assistive Technology services/devices and other supports are available to the students and teachers to foster the greatest independence in the Least Restrictive Environment?
4. Summarize the PEA's strengths and concerns with respect to LRE as it relates to math achievement.

Certification Questions – Do you have staff who are well qualified to teach math?

5. Determine if there has been an increase or decrease in the percentage of fully certified SPED teachers over the last three years.
 - a. If so, determine what factors contributed to the change.
 - b. Identify the activities the PEA has undertaken to improve certification percentages in the areas of hiring, retention, personnel development for credentialing, and salaries analysis.
 - c. Identify the number of unfilled special education positions existing in your PEA during the current school year.
6. Determine the numbers/percent of teachers (both general education and special education) who are “highly qualified” to teach math.
7. Develop an action plan to address the improvement in the area of concern.

Curriculum Questions – Do you have math curricula that are sufficiently responsive to varied needs?

8. Identify the **mathematics** curriculum used in the general education program. Does the curriculum integrate the process standards of problem solving, reasoning and proof, communication, representation, and connections with instruction targeting all the performance objectives contained within the five strands of the Mathematics Standards
9. What supplemental materials/curricula are in use for special education students? To what degree do these materials meet the criteria with regard to the Mathematics Standards and do they include the availability of a variety of tools?
10. What curriculum based measures (CBM) are used with general education and special education students?
11. To what extent is the information from the CBM used to drive modifications to instruction?
12. Develop an action plan to address areas of concern with regard to math curriculum.

Suspension/Expulsion Drill Down

1. Review the number submitted to the ADE/ESS related to suspensions/expulsions to determine if your agency reported accurately. If not, review directions for reporting suspension/expulsion data and participate in the ADE/ESS data collection workshop. If your numbers were reported accurately, complete the remaining portion of this worksheet and submit it to your program specialist as a component of the CAP.
2. Compare the suspension/expulsion rates for general education students with the rates for special education students. Describe the calculations you used to make that comparison and detail your findings.
3. Review the disciplinary history for each suspended/expelled special education student. Document any interventions that were implemented prior to the decision to suspend the student and determine if changes in the IEP – including additional service delivery – might have resulted in behavioral changes that could have made suspension unnecessary.
4. Determine what process, if any, was used to connect the families of students with disciplinary issues to school-based or outside health and social services agencies. What resources does the school have to identify untreated mental/behavioral health issues?
5. Review the manifestation determinations for **each** suspended/expelled special education student, including the adequacy of the evaluation, IEP, service delivery, functional behavioral assessment, and behavior intervention plan. Report the results of that review for each student.
6. Describe how the agency provided services to **each** suspended/expelled student with disabilities during the period that exceeded 10 school days, listing the alternate settings used by your agency. If additional alternate settings were available but not used, please indicate what those options were.
7. Describe the agency's participation in any school/district wide discipline initiative such as the Positive Behavioral Supports Initiative, Character Counts, or any other structured school climate project.
8. Describe any unique or special circumstances that the ADE/ESS needs to know in order to understand why your agency's rates are excessive.
9. Develop a written plan to correct any noncompliance issues and to modify any school/district practices that have resulted in an excessive suspension rates for students with disabilities.

School Age LRE Drill Down

1. Review the current reporting requirements for all the Service Codes, particularly the requirement that PEAs report the percentage of time that a student is **inside the regular classroom** (not the percent of time the student is receiving special education).
2. Examine the placement options in actual use in your agency for each disability group. Is there variability in placements within each disability or do you see any instances of all students with the same disability being served in exactly the same setting?
3. Utilize the same process using grade by placement data. Is the pattern of more restrictive settings seen in some grades but not in others, or is the problem universal?
4. If you have multiple sites for each age group (elementary, middle, high school), examine the placement data by site. Use multiple years of data in order to determine if IEP team placement decisions are being influenced differently in different schools.
5. Examine the reasons that students in more restrictive settings are placed in those settings. Are they placed in self-contained programs because of behavior issues or because of educational need?
6. Describe the staff development that has taken place in the areas of:
 - a. Diverse learners and cultural differences
 - b. Behavior management strategies including functional behavioral assessment and behavior intervention plans
 - c. Instructional strategies such as learning styles
 - d. Collaboration skills
 - e. Accommodations
 - f. Assistive Technology
7. Inspect the physical plant at each facility to determine if there are access issues that prevent students from participating with their typical peers.
8. Inspect staffing patterns to determine if sufficient supports for general education teachers are available to support an inclusive environment.
9. Provide evidence that the decision-making process (IEP) was based on meaningful dialog related to the opportunity for integrated placements at the student level.
10. Describe your agency's standards (main beliefs) used to determine that the education of a child cannot be achieved satisfactorily in the general classroom.
11. What are the impediments to a more inclusive environment for students with disabilities in your agency? Include only those over which you have some control. Examples include such things as teacher attitude, administrative support, culture of collaboration, use of assistive technology, etc.
12. Develop a written plan to remove impediments to serving students with disabilities with typically developing peers to the maximum extent appropriate.

Parent Involvement Drill Down **Response Rate below State Target**

PEAs with less than a 10% response rate for the Arizona Parent Involvement Survey are required to repeat the process.

1. What are the method(s) you are currently using to inform and provide an understanding to all school-based personnel regarding the IDEA'04 regulations on parental involvement? If training is provided, identify who is responsible and the frequency of such training(s). Report on your methods of assessing the program's effectiveness and any follow-up activities/strategies that ensure knowledge acquisition and application.
2. Review the system currently in place to assist personnel in developing and maintaining communication with parents. List the specifics of your system including training (district-wide and school specific if you have multiple campuses), administrative support, materials, and resources. If there is not such a system, complete a needs assessment and develop a system that will meet your District/Charter's unique needs.
3. Does the District/Charter have a Parent Liaison? If yes, what are his/her responsibilities? Address the pros and cons of having such a position in your District/Charter.
4. Identify the various ways in which District/Charter personnel communicate with and involve parents in the decision-making process. Include a discussion of all modes of communication
 - Include discussion of all modes of communication (i.e. method and frequency) and projected outcomes
 - Identify circumstances specific to students in special education (i.e. evaluation/reevaluation, IEP development and review, suspension—including in-school suspension, expulsion those circumstances specific to students in special education i.e. suspension (including "in school" suspension), expulsion.
5. Review the District/Charter's procedures regarding communication and parental involvement highlighting the areas of strength and those in need of improvement in order to build and maintain a process that is systemic and consistent.
6. What opportunities does the District/Charter currently offer for parent training/information? If appropriate, examine the opportunities at each level-- elementary/middle/high school—and articulate the number of parent participants, strengths, and possible needs. Develop a list of outside resources you could utilize in providing informational/training opportunities for parents.
7. Report on how the District/Charter's parent-teacher conferences integrate with the student's special education and related services.
8. How does your District/Charter handle parent complaints and/or disagreements? If there is not such a policy or process in place, identify ways in which the District/Charter could structure, implement and track such a process including a description and sequence of steps to be taken and personnel responsible.

Parent Involvement Drill Down
Parent Involvement Measurement below State Target

1. Review all written documentation that the agency gives to parents throughout the special education process (meeting notices, PWN, PSN, evaluation reports, IEPs, etc). Determine if documents are written at a level appropriate to elicit parent response and involvement. Are all notices written in the language of the parents or provided in another mode of communication?
2. Examine documentation related to meeting attendance. What is used to document parent participation in various meetings? Are parents given adequate notice in order to attend? What efforts are made within the agency to schedule meetings to accommodate culturally and socio-economically diverse groups of parents as well as their schedules and needs?
3. Determine the resource options your agency maintains in order to assist parents. How is this information disseminated? What ongoing support to parents is provided? List the parent agencies/groups used as resources (Parent Information Network, Pilot Parents of Southern Arizona, Raising Special Kids, etc.)
4. What opportunities have been provided to agency staff related to cultural and disability awareness? Review how your agency has ensured staff involvement and ongoing staff support.
5. What methods are utilized to ensure on-going communication with parents by school staff? Review your agency's policies and procedures for handling parent input, including concerns and disagreements. Examine any issues that were not successfully resolved and determine alternative approaches that could be utilized in the future.

Special Education Populations Drill Down If the Population Falls Above the Standard

1. Describe any training staff has received in the areas of:
 - a. Behavior management
 - b. Diverse learners
 - c. Instructional strategies such as learning styles
 - d. Collaboration skills
 - e. Accommodations
 - f. Assistive technology
2. Describe the PEAs Child Study Team process. Make sure to include a description of the type of accommodations used prior to referral to special education and the length of time the accommodations are employed.
3. Identify the PEA's 504 Coordinator. Describe the training this person has received. Has the staff received any training to understand the differences between a child needing a 504 Plan and special education?
4. If your special education population is less than 50 students, review the evaluations over the last 3 years. Otherwise, do the review for 1 year. What is the percentage of students found **not** eligible? If there are no such students, describe who on your evaluation staff has expertise in the following categories: ED, MR, A, SLD, SLI.
5. Review the home language surveys of children in special education. For those children whose primary language is other than English, were the assessments administered in the language most likely to yield valid results? Is there any indication that the PEA is using special education as a vehicle for assisting children with language differences?
6. Describe what factors the PEA has used to determine that an educational disadvantage has **NOT** occurred (ex: excessive absences, home schooled, frequent school changes, etc.). If your special education population is less than 50 students, determine how many times educational disadvantage has been used to disqualify a child for a potential special education placement over the last 3 years. Otherwise, do the review for 1 year.
7. Review the IEPs of students currently receiving services. Of those receiving indirect services only, determine the student's progress (AIMS, Terra Nova/Stanford 10, classroom performance, etc.). Is it reasonable that some of those children should be reevaluated for dismissal from special education?
8. What curriculum based measures are currently being used in the general education classroom to monitor progress? What follow up strategies are used when a student is not making adequate progress? Does the PEA have in place a multi-level intervention strategy for students who are falling behind?
9. Describe any unique or special circumstances ADE needs to know in order to understand the reason why the percentage may be higher than expected.
10. Develop a written plan to address the underlying causes for the over identification of students as students with disabilities in the PEA.

Special Education Populations Drill Down If the Population Falls Below the Standard

1. Review the public information the PEA has available such as a website, print ads, brochures, etc. Is there any information on these to make the public aware that SPED services are available? What is the PEA doing within the community to notify people of the availability of special education services within the school?
2. Review the Enrollment Form. Are there questions/items that specifically mention special education or disabilities? Does the tone of the reference encourage or discourage parents of students with disabilities from enrolling in the school?
3. Analyze the PEA's Child Find process for students who are first enrolled in the school. Is it sufficiently comprehensive to alert staff to students who are in need of additional assistance and/or a special education evaluation?
4. Determine what curriculum based measures are currently being used to monitor progress in the general education program. What follow-up strategies are used when a student is not making adequate progress?
5. Review the evaluations of children who did not qualify for SPED and are still enrolled in the school. Describe how well they are doing including behavioral/discipline records, report card grades, classroom progress and scores on AIMS and Terra Nova/Stanford 10 tests. Is there any indication that perhaps the decision to qualify for special education should be reconsidered?
6. Review the records of students who have been retained at grade. What measures are being taken to support those students and has the possibility of a disability been investigated when appropriate?
7. Determine how you would proceed if you had a student enroll with needs in the following areas: occupational therapy, physical therapy, hearing impairment, visual impairment, psychological or counseling needs, vision and hearing.
8. What procedure would the PEA follow to provide services for a child whose needs exceeded the services typically offered by the PEA?
9. Review the records of students with disabilities who were suspended from school and subsequently dis-enrolled or dropped out. What measures were being taken to support these students prior to them leaving? Is there any evidence that the students were encouraged to seek enrollment elsewhere - were students with difficult behaviors "pushed out"?
10. After reviewing the records of SPED students who have left your school, have you asked any of the parents for their reason for leaving? If so, what responses did you receive and have you adjusted your program in response to the comments?
11. Develop a written plan to remove any obstacles to the enrollment or identification of students with disabilities in the PEA.

Disproportionality Drill Down

1. Examine your ethnicity enrollment in each disability category.
 - a. Which ethnicities have high enrollment in ED (including ED-P), MR, OHI, SLI, Autism or SLD?
 - b. Are there any ethnicities with unusually low enrollment in these disability categories?
2. Identify any possible variables that have contributed to over- or under-representation of certain ethnicities in the identified categories.
 - a. Examine closely your transfer student information and list the students in each of the categories who are currently receiving services in your education agency² but who were not identified in your education agency.
 - b. Are there any other mitigating circumstances that could help explain your data if your data suggests that there is over-representation (i.e., consider the possibility of a high number of group homes in your education agency which may serve a particular category of students).
3. Describe the pre-referral intervention procedures in each school in your agency. If the implementation of the agency's procedures differ between schools, analyze the referral and identification rates for each site and consider the impact of the pre-referral processes on those numbers.
4. List below all the cognitive, academic, and behavioral measures used to evaluate students for special education placement.
5. After reviewing the above measures, answer the following questions:
 - a. Does your education agency have sufficient numbers of personnel with the proper training to administer and to interpret these assessments? If not, could this lack of either personnel or proper training have led to over-representation or under-representation?
 - b. After reviewing the measures and their sampling data, are the measures identified above non-biased and appropriate assessments for use with the populations in question?
In the event you have found exceptions with either or both of (a) and (b) above, how will you correct the situation? Be specific in your action plan.
6. Describe the nature of training and dates your education agency has provided training on such matters as cultural awareness for minority populations, implications of poverty for teaching and assessment, minority assessment, etc. to personnel involved in pre-referral, referral, evaluation, and placement.
 - a. Are you satisfied with your education agency's training and in-service efforts in this area?
_____YES _____NO
 - b. If not, what will you do to improve in this area? Identify professional development activities for staff to be undertaken with expected completion dates.
7. Based upon your analyses and a finding of disproportional representation of one or more minority groups in your education agency as well as a belief that your data is justified, please describe the factors which you believe have contributed to the over-or-under-representation?
8. Where you have found unjustified disproportionality, what specific actions will you take to address and correct the situation? Be specific and provide timelines for implementation of corrective actions.

² Include any private school tuitioned students for which your education agency pays (non-voucher students).

Guide Steps

FORMS ACRONYMS

AMS	Arizona Monitoring System
AF	Agency Form
SF	Student Form
CFW	Child Find Worksheet
SPW	Summary of Performance Worksheet
SAI	Site Administrator Interview
SPEAI	Special Education Administrator Interview
PS	Parent Survey
SETS	Special Education Teacher Survey
GETS	General Education Teacher Survey
RSPS	Related Service Provider Survey
SCAF	Secure Care Agency Form
SCSF	Secure Care Student File
SCSAI	Secure Care Site Administrator Interview
SCSPEAI	Secure Care Special Education Administrator Interview
S-1-A	Secure Care Inmate Survey
S-1-J	Secure Care Student Survey
F-10	Special Education Data Correction Form

Guide Steps

These Guide Steps contain the major elements that constitute the provision of a free appropriate public education (FAPE) for students with disabilities. Each monitoring must provide a representative picture of the public education agency’s (PEA) compliance status and provision of service. For a larger agency, select files by stratified random sampling; for a smaller agency, use the entire population.

For a guide to the minimum number of files to review for a Self-Assessment see p. B12 (SAM2); for an On-Site Monitoring see p.C4 (M2).

The following instructions include **all** of the compliance items within the Arizona monitoring system. It is incumbent upon the PEA to meet each of these requirements.

	General Instructions (All Information must be entered on the Student File form)
Step 1	Record the demographic information requested. All demographic information must be entered on the student form. If a student does not have a SAIS number use the student’s birth date and initials. Use the SAIS category from the most recent census submitted to the Arizona Department of Education (ADE). When reviewing the evaluation timeline for a student who was found not to be eligible for special education, record the SAIS number and check the “Not Special Education” (NSE) in the drop down box in the disability area within the database.
Step 2	Conduct the file review and record the information using the following codes: I = In compliance O = Out of compliance U = Unreported
No Citation	The PEA must determine the primary language spoken by the parent to meet the parent notification requirements. Student File Review Method: Review the file for the language of the home as indicated by the parent and write the language in the space provided. Use any parent source (language survey, registration, developmental history), but do not use a secondary source such as the evaluation report summary.
No Citation	The PEA must have knowledge of the language proficiency of the student to properly evaluate and educate the student. Student File Review Method: If the primary language of the child is other than English, verify that the PEA has verified the language in which the child is most proficient. Look for the results of language proficiency testing. This may not be located in the special education file; you may have to access it in the cumulative or English Learner (EL) file. Specify the language proficiency in the space provided.

SECTION I - CHILD FIND

I.A.1 Child Find Requirements

<p>R7-2-401.D.2</p> <p>AF, SCAF</p>	<p>Determine if the Child Find policies and procedures have been reviewed annually by <u>all school-based</u> staff.</p> <p>Agency Review Method: Verify staff review through signatures, email verification, or other means of documentation. There must be evidence of their review for more than one year. If documentation for more than one year exists, mark this item I.</p>
<p>R7-2-401.D.1</p> <p>AF, SCAF</p>	<p>Determine if written Child Find procedures have been disseminated to parents within the PEA's boundaries of responsibility including parents of children with disabilities attending private schools and home schools.</p> <p>Agency Review Method: Review available documentation such as a letter, flyer, web page, link, or other means of documentation. If parents have been made aware of procedures via the available documentation, mark this item I.</p>
<p>300.134</p> <p>300.135</p> <p>R7-2-401.C3</p> <p>AF, SCAF</p>	<p>Determine if the PEA maintains an invitation list and agenda of private school/home school involvement in Child Find efforts. All references to private school students also include students who are home-schooled.</p> <p>Agency Review Method:</p> <ul style="list-style-type: none"> • Locate the invitation list to the meeting between private schools and the district. Locate the agenda for this meeting. If private schools are listed as invited and if the meeting agenda covers private school involvement in Child Find efforts, mark this item I. • If there is no documentation of a meeting invitation list and agenda, mark this item O. • If the agency is a school district, this item cannot be marked U. If the agency is a charter school, mark this item U.
<p>300.135</p> <p>AF, SCAF</p>	<p>Determine if the PEA has documented outcomes from consultation with parents of private school/home-school students, including written affirmations or documentation of efforts.</p> <p>Agency Review Method: Review notes from the meeting between private school, home-school, and district representatives</p> <ul style="list-style-type: none"> • If there are written affirmations, mark this item I. • If there is documentation that attempts were made to include the private school but the private school did not respond, mark this item I. • If there is no documented outcome from consultation with private schools, mark this item O. • If the agency is a charter school or a state institution or if there are no private schools or home-schooled students within the district boundaries, mark this item U.

<p>300.37 300.132(b) AF, SCAF</p>	<p>Determine if there are service plans for private school/home-school students that include the roles and responsibilities of involved parties.</p> <p>Agency Review Method:</p> <ul style="list-style-type: none"> • For private school/home-school students selected to receive services, identify that the school has a service plan. If service plans exist for all children receiving services, mark this item I. • If there are no private school or home-school students with disabilities or if this is a charter school, mark this item U.
<p>R7-2-401.C.1 R7-2-401.D AF, SCAF</p>	<p>Determine if the required Child Find procedures for birth to 2.9 years were followed.</p> <p>Required procedures include:</p> <ol style="list-style-type: none"> A. Use of the mandatory AZ Child Find Tracking form and referral timelines B. Documentation of appropriate follow-up on any referral to AzEIP or the school district C. Alert forwarded to ADE/ESS when no follow-up on a referral can be documented <p>Agency Review Method:</p> <ul style="list-style-type: none"> • If the system for referral to AzEIP is in place and the timelines on the AZ Child Find Tracking Form have been followed, mark this item I. • If the system for referral to AzEIP is in place, but procedures or timelines have not been followed, mark this item O. • If no system for referral to AzEIP is in place, mark this item O. • If the system for referral is in place but no child has accessed the system, mark this item U. <p>See AzEIP/ADE Child Find Tracking Form and Child Find Intergovernmental Agreement (IGA) for additional information, www.ade.az.gov/ess/childfind</p>

<p>R7-2-401.C.1 R7-2-401.J.2 AF, SCAF</p>	<p>Determine if the required Child Find procedures for ages 2.9–5 years were followed.</p> <p>Agency Review Method:</p> <p>For <u>charter schools and union high school districts</u>:</p> <ul style="list-style-type: none"> • If the system for referral to the responsible district is in place and the timelines have been followed, mark this item I. • If the system for referral to the responsible district is in place, but procedures or timelines have not been followed, mark this item O; or • If no system for referral to the responsible district is in place, mark this item O. • If the system for referral is in place but no child has accessed the system, mark this item U. <p>For <u>elementary and unified districts</u>:</p> <ul style="list-style-type: none"> • If the district has procedures that ensure children are screened within 45 days of initial expression of concern. • If the district conducts an adequate number of screenings during the year (as determined by the population within their boundaries), mark this item I. • If the district does not conduct screenings or fails to conduct screenings within the required timelines, mark this item O. • If the system for screening and referral is in place, but no child has accessed the system, mark this item U.
<p>R7-2-401.D.5 R7-2-401.D.6 CFW, SCCFW</p>	<p>Determine if the procedures for screening appropriate school-aged students were completed within 45 calendar days of entry and the seven required areas were addressed.</p> <p>Required areas are vision, hearing, cognitive or academic, communication, motor, social or behavioral, and adaptive or self-help.</p> <p>Child Find Worksheet Method: Compare the date of enrollment and the date of screening OR documented review of records.</p> <ul style="list-style-type: none"> • If the student was screened in all seven areas within 45 calendar days, mark this item I. • If any area was not screened, mark this item O. • If the student was screened, but not within the required 45 calendar days, mark this item O. • If the student was not screened, mark this item O.

<p>R7-2-401.D.8 CFW, SCCFW, GETS, SCGETS</p>	<p>Determine if the students, including preschool students, were referred for follow-up and/or evaluation.</p> <p>Child Find Worksheet Method: If concerns were noted about any of the students who were screened, the school must document follow-up actions.</p> <p>Follow-up may consist of a variety of actions, and the appropriateness of the follow-up is dependent upon the nature of the concern.</p> <ul style="list-style-type: none">• If any effective actions to resolve the concern, including documentation of attempts to collect additional records, implementation of classroom interventions, or referral to a child study team or for a special education evaluation are evident, mark this item I.• If the PEA has not followed Child Find procedures, mark this item O.• If no concerns are noted, mark U.
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SECTION II - EVALUATION / REEVALUATION

II.A.1 Completion of Evaluation/Reevaluation

300.301(a) 300.601(c) 300.303(b) 300.305(e)(1) 300.306 SF, SCSF ▪ 60-Day Item	<p>An evaluation (beginning with the review of existing data) and eligibility determination have been completed, including for phased out students.</p> <p>Student File Review Method: Review the file for current (dated within 3 years of the file review) evaluation and eligibility documentation.</p> <ul style="list-style-type: none">• If a current evaluation and eligibility determination that contain evidence of team participation are present, mark this item I.• If there is an evaluation that includes evidence of team participation but components are missing or do not meet minimum compliance, mark this item I and mark the components in the line items that follow as appropriate. <p><u>FOR REEVALUATIONS ONLY:</u></p> <ul style="list-style-type: none">• If no current reevaluation documentation is found, then look for evidence of the agreement between the parent and PEA that the reevaluation was unnecessary. This agreement must be based upon a discussion of the advantages and disadvantages of conducting a reevaluation as well as the effect a reevaluation might have on a child's educational program. If <u>neither</u> is found, mark this item O and enter U on the remainder of the evaluation items.• If evidence of the agreement that a reevaluation was unnecessary is present, then mark this item and all remaining items in evaluation as U.• For students who have been phased-out of special education, the team must have conducted a reevaluation prior to the decision to dismiss the student from special education. The decision of the team may be based on existing information or on newly administered tests or assessments. There is no requirement that new data be gathered to phase-out a student, but all components of the student's category of eligibility must be addressed and documented. If no evaluation is found for a phased-out student, mark this item O and enter U on the remainder of the evaluation items.
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II.A.2 Review of Existing Data

<p>300.305(a)(1)(i) PS, SF, SCPS, SCSF, S-1-A, S-1-J</p>	<p>The parent provided current information during the review of existing data and prior to the decision of the need for additional data.</p> <p>Student File Review Method: Determine if there is evidence that the parent provided information to the team OR that the PEA made several, varied efforts to request information from the parent. This may be a review of information provided through a meeting, questionnaire, phone interview, or e-mail to document developmental, medical, functional, and other pertinent information prior to the decision of the need for additional data.</p> <p>If the parent was not a member of the team, mark this item O unless for a reevaluation the PEA had documentation of their efforts to gather parental input.</p> <p>For students 18 years or older whose rights have transferred, look for evidence of current information provided by the student.</p>
<p>300.305(a)(1)(ii) SF, SCSF</p>	<p>Current classroom-based assessments were reviewed prior to the decision of the need for additional data.</p> <p>Student File Review Method: Determine if the team considered specific classroom-based information shared by the child's teacher related to classroom assessments, such as quarterly grades, portfolio information, and/or anecdotal records. For a student being evaluated for a possible learning disability based on RTI, comparative reports of progress monitoring from each tier of instruction/intervention model were reviewed. For children birth to 3, assessment and performance information from early intervention programs were reviewed. If it is clear that the child's teacher was not included in the review of existing data process, mark this item O. If the student has not attended school or the early intervention program, mark this item U.</p>
<p>300.305(a)(l)(iii) SF, SCS</p>	<p>Teacher and related service provider input was reviewed prior to the decision of the need for additional data.</p> <p>Student File Review Method: Determine if the team considered information that was shared by any teacher and/or related service provider, community-based personnel, service providers for children birth to 3, or other providers as appropriate. Examples of information include pertinent data related to peer relationships, work habits, organizational skills, motivation, behavior, and/or self-esteem, and any pre-referral intervention efforts for initial evaluations. For a student being evaluated for a possible learning disability based on RTI, descriptions of research-based instruction and tiered interventions and documentation that the interventions were implemented with fidelity and for sufficient periods of time were reviewed. If the student has not attended school, mark this item U. For reevaluations, there must be consideration of information shared by the special education teacher and a review of prior special education evaluation results.</p>
<p>300.305(a)(l)(ii) SF, SCSF</p>	<p>Formal assessments were reviewed prior to the decision of the need for additional data.</p> <p>Student File Review Method: Determine if the team considered performance on assessments conducted within the PEA environment, including the AIMS, Terra Nova, Stanford 10, alternate assessments, and language proficiency test. If the team did review this data, mark this item I. If the student is a transfer and the PEA documented it was unable to obtain any assessment data OR if the student is not age appropriate for this type of formalized assessment, mark this item U.</p>

II.A.3 Team Determination of Need for Additional Data

<p>300.305(d) 300.305(a)(2) SF, SCSF, SETS, GETS, SCSETS, SCGETS</p>	<p>A team determined that existing data were sufficient or that additional data were needed.</p> <p>Student File Review Method: Determine if a team discussed and made a determination about the need for additional data following the review of existing data (prior to parent consent or before determining eligibility). At a minimum, this should include the requirements for the appropriate disability category.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Based on the review of existing data, the team completed an eligibility determination that includes the required disability components. = I • The present levels of performance of the student as described in the text of the evaluation report include the required disability components. = I • Some concerns about the student could not be described without collecting additional data. = I • The team completed an eligibility determination form without reviewing the existing data or without sufficient data to address the criteria for the specific disability classification. = O <p>If the team decided to <u>collect additional data</u>, continue with II.A.4.</p>
<p>300.305(d)(1) SF, SCSF</p>	<p>For reevaluations only, when the team decided NOT to collect additional data, the parents were informed of the reasons for that decision and their right to request additional data.</p> <p>Student File Review Method: For reevaluations only, look for a record that the parents were informed of the reason the school did not plan to gather further information and of the parents' right to request additional data. Verify this through documentation of a conversation or letter or in the body of the evaluation documentation. It does not need to be (but may be) in the form of a prior written notice. Mark this item U for initial evaluations and reevaluations that required additional data.</p>
<p>300.300(a)(1) 300.300(c)(2) SF, SCSF</p>	<p>If the team determined additional data were needed informed parental consent was obtained (or for reevaluations, efforts were made to obtain) prior to the collection of additional data.</p> <p>Student File Review Method: Determine if informed written parental consent is documented. If the parent signature is missing on an initial evaluation, mark this item O. In the case of a reevaluation, if the PEA attempted to obtain consent but the parent did not respond and the PEA adequately documented those efforts, mark this item I.</p> <p>If no additional data are needed, mark this item U.</p> <p>If the student transferred in with a current evaluation and parent consent was not included in records received, mark this item U.</p> <p>For students 18 years or older whose rights have transferred, look for written consent from the student.</p>

II.A.4 Eligibility Consideration

300.304(c)(4)
SF, SCSF
•60-Day Item

The student was assessed in all areas related to the suspected disability.

Student File Review Method: Determine if concerns that surfaced through the pre-referral process, review of existing data, and parent/teacher input were addressed in the evaluation. This includes but is not limited to any academic, social, behavioral, vision and hearing issues, or assistive technology needs.

Examples:

- The student was failing to make progress in math and statewide test scores were significantly below expectations yet the evaluation did not address math as an area of concern. = **O**
- The evaluation of a preschool child who would not talk to peers but would talk to adults did not consider the social/emotional status of the child. = **O**
- When testing a 2nd grader with chronic middle ear infections that were being medically treated but were unresponsive to that treatment, the evaluation team used assessment methods that minimized the impact of language and hearing status on test results. = **I**
- The evaluation of an unintelligible student with cerebral palsy who demonstrated normal intelligence and receptive language did not include an assessment of assistive technology needs in the area of expressive communication. = **O**

Note: If there were problems identified through the vision or hearing screening, the problems must be resolved prior to continuing with the evaluation UNLESS the nature of the problem is part of the evaluation process and the strategies/instruments used during the evaluation take into account the vision or hearing issues.

For a preschool child, determine if all of the developmental domains (cognition, language, motor, personal/social, and adaptive) were addressed in the evaluation. Instruments designed for screening purposes do not meet the requirements for a complete and individual evaluation.

This item cannot be marked **U**.

<p>300.304(b)(ii) SPEDI, SF, SCSF, SCSPEDI</p>	<p>Upon review of all data, the team discussed and documented issues related to the student’s performance in the educational setting and how progress in the general curriculum is affected by the student’s disability.</p> <p>Student File Review Method: Locate documentation of the effect that the disability has on the student’s education, including progress in the general curriculum. For a preschool child, this means the general developmental progress of the child.</p> <p>This information must be student specific and must not contain boiler plate statements.</p> <p>Examples:</p> <ul style="list-style-type: none"> • John has age appropriate cognitive abilities but his reading disability makes access to grade level content challenging. = I • Mark’s emotional disability causes him to be excessively fearful of failure before his peers and impacts his ability to participate in group work and presentations. = I • Marshall’s speech-language and motor delays affect his social interaction progress and cause him to lash out when frustrated. = I • Results of the current evaluation suggest that Melissa needs special education services to benefit from instruction. = O • The student meets the criteria under the educational classification of Specific Learning Disability and that will impact the ability to access and progress in the general curriculum= O <p>Interview Method: The special education administrator and site administrator must indicate how the MET uses current assessment data to explain an individual student’s lack of progress in the general education curriculum. They must show MET reports summarizing how student assessment data reflect the student’s lack of progress in the general education curriculum. If the administrator can both tell and show, mark this item I.</p>
<p>300.304(b)(1)(ii) SF, SCSF, SPEDI, SCSPEDI</p>	<p>Upon review of all data, the educational needs to access the general curriculum are identified.</p> <p>Student File Review Method: Determine if educational needs of the student were identified.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Roy needs to have specialized instruction in reading comprehension and reading decoding. = I • Roy has reading problems. = O • Roy requires mobility training at school and on the bus. = I • Roy needs help in math. = O • Roy needs help in math calculation. = I • Roy needs help redirecting his anger. = I • Roy needs to behave. = O • Roy would benefit from an assistive communication device during language arts. = I • Roy would benefit from developmentally appropriate preschool services to improve social emotional skills. = I

<p>300.305(a)(2)(iv) SF, SCSF</p>	<p>Upon review of all data, for reevaluations only, the team considered and documented any additions or modifications to the special education or related services needed for the student to progress in the general curriculum.</p> <p>Student File Review Method: Determine if the team considered the rate of progress the student was making toward annual goals and in the general curriculum. If progress was deemed insufficient, determine if the team recommended additions, deletions or revisions to the services. If no additions or modifications were needed, a statement to that effect should be included. This can be found in various locations within the report.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Susan is not making progress with her math facts. Flash card drills and weekly testing have not improved her accuracy when completing math problems. It is recommended that she spend time every day practicing and that a self-pacing computer program be utilized to accurately measure accuracy and speed. = I • No changes = O • David’s AIMS scores in math show that he has moved from “falls far below” to “approaches” the grade level standard. The resource support he has been receiving is meeting his needs. = I • Sam has continued to make adequate progress on all annual goals and is becoming more social in his classes through his active participation. = I • N/A = O • Mark this item U for initial evaluations. <p style="text-align: center;">↺</p> <p>Interview Method: The special education administrator and site administrator must explain how the MET would add to, delete or revise a student’s special education services. The administrators must show evidence of the team’s written recommendations within reports. If the administrator can both tell and show, mark this item I.</p>
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<p>300.306(b) ARS15-761(5) SAI, SF, SCSF, SCAI</p>	<p>Considerations must be made of the impact of any educational disadvantage.</p> <p>Student File Review Method: Determine if the team documented their consideration of educational disadvantage. There should be a clear statement of the consideration within the evaluation documentation. A rule-out statement is sufficient ONLY if there is no evidence of educational disadvantage. The examples of educational disadvantage could include:</p> <ul style="list-style-type: none"> • Consideration of lack of learning opportunities • Frequent school changes • Poor attendance • Multiple teachers in the same year • Questionable home school curriculum, etc. • Inadequate general curriculum and/or instruction
<p>300.306(b)(iii) SPEAI, SF, SCSF, SCSPEAI</p>	<p>If the student is not a native English speaker, the impact of limited English proficiency on progress in general curriculum must be addressed.</p> <p>Student File Review Method: Determine if the team documented their consideration of language proficiency. There should be a clear statement of the consideration within the team documentation. A rule-out statement is sufficient ONLY if there is no evidence of limited English proficiency.</p> <p>Examples of the impact could include:</p> <ul style="list-style-type: none"> • The student is making slow progress in his acquisition of English and instruction should be provided in both languages. • The student is becoming more proficient in English. Instruction should be provided in English with additional directions given in Spanish, if necessary. • The student's learning disability has more impact on the acquisition and use of vocabulary than the level of the student's language proficiency. <p>Mark this item U if the student is a native English speaker.</p> <p style="text-align: center;">↺</p> <p>Interview Method: For students who are not native English speakers, the special education administrator and site administrator must explain how the MET uses current assessment data to rule out language as the reason for the student's lack of progress. The administrator must also be able to show evidence of MET reports that contain assessment results and team consideration. If the administrator can both tell and show, mark this item I.</p>

<p>300.306(a)(1) SF, SCSF ▪ 60-Day Item</p>	<p>A team determined that the student has a specific category of disability.</p> <p>Student File Review Method: Locate documentation of the team’s decision regarding the specific disability category. All criteria for classifying any given disability should be reported and clearly demonstrated with supporting data. Noncompliance calls on this item must be based upon violations of statutory and regulatory requirements.</p> <p>Examples:</p> <ul style="list-style-type: none"> • There is no eligibility determination. = O • Decision is made by one person, not a team. = O • The eligibility report documents that multiple people had a role in making the classification decision and that the decision was made utilizing data from a variety of sources. = I • A student classified as <u>SMR</u> has a reevaluation that indicates performance is less than four standard deviations below the mean on a test of intelligence. = O • A student classified as <u>SLI</u> for language, but the student’s language difficulties are the result of a hearing loss. = O • A preschool child classified as <u>SLI</u>, but the CDA indicated a significant delay (greater than 1.5 standard deviations) in cognition. = O
<p>300.306(a)(1) SF, SCSF ▪ 60-Day Item</p>	<p>A team determined the student needs special education and related services.</p> <p>Student File Review Method: Locate documentation of the eligibility for special education, based on the presence of a disability and the need for specialized instruction.</p> <p>The date the team documents these decisions becomes the new eligibility determination date from which the timeline for future triennial reevaluation dates will be based. Determine if the written report includes salient information related to the eligibility determination, category of disability, and need for services supporting the eligibility determination.</p>

<p>300.304(c)(1)(ii) SF, SCAF ▪ 60-Day Item</p>	<p>Assessments and other evaluation materials were administered in a language and form most likely to yield accurate information.</p> <p>Student File Review Method: Review assessments and other evaluation materials to ensure that they were selected and administered in a non-discriminatory racial or cultural manner, and that they were administered in a form and language most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally unless it was not feasible to so provide or administer. A simple statement to this effect is NOT sufficient IF the evidence is clearly to the contrary.</p> <ul style="list-style-type: none"> • The child is monolingual Spanish and all tests were administered in English and required English language proficiency. = O • The child is monolingual Urdu and tests were administered that are non-verbal or non-language based. = I • The child’s level of language proficiency was not determined and documented. = O • The child is monolingual Navajo and the teacher aide (who is trained to assist in assessment) interpreted for the child during testing. = I • The child is hearing impaired and tests were administered that are non-verbal or non-language based or were developed/normed for children who are hearing impaired. = I
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<p>ARS15-761(3) SF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Developmental Delay (DD): performance by a child who is at least three years of age, but under ten years of age, on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas:</p> <ul style="list-style-type: none"> (a) Cognitive development. (b) Physical development. (c) Communication development. (d) Social or emotional development. (e) Adaptive development. <p>The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.</p>
<p>ARS15-761(35) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Speech or Language Impairment (SLI): a communication disorder such as stuttering, impaired articulation, severe disorders of syntax, semantics, or vocabulary, or functional language skills, or a voice impairment to the extent that it calls attention to itself, interferes with communication, or causes a student to be maladjusted.</p>
<p>300.307 300.309 ARS15-761(34) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Specific Learning Disability (SLD): a response to scientific research-based intervention (with documentation of Statement of Assurance) or a significant discrepancy that documents a pattern of strengths and weaknesses between achievement and ability in 1 or more areas: oral or written expression, reading or listening comprehension, basic reading skills, fluency, mathematics calculation, or reasoning. The disorder may result in an imperfect ability to listen, think, speak, read, write, spell, or do math. Each PEA should establish its own criteria for the determination of SLD.</p>
<p>300.311(7)(b) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>SLD: A certification of each team member's agreement or disagreement must be included. This certification may be contained in the report or may be located on a separate eligibility statement.</p>
<p>300.311(6) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>SLD: A determination of the effects of environmental, cultural, or economic disadvantage must be included.</p>
<p>ARS15-761(13) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Mild Mental Retardation (MIMR): performance on standard measures of intellectual functioning and adaptive behavior between 2 and 3 SD below the mean for students of the same age.</p>

<p>ARS15-761(14) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for: Moderate Mental Retardation (MOMR): performance on standard measures of intellectual functioning and adaptive behavior between 3 and 4 standard deviations (SD) below the mean for students of the same age.</p>
<p>ARS15-761(6) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for: Emotional Disability (ED): verification by a psychologist or psychiatrist of one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: inability to learn, inability to build or maintain relationships, inappropriate behavior/feelings, unhappiness or depression, physical symptoms/fears, or schizophrenia which adversely affects education performance. If there is evidence that a student’s condition has changed, look for documentation that the team discussed the need for an updated medical verification.</p>
<p>300.8(c)(9) ARS15-761(19) R7-2-401(E)(6)(c) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for: Other Health Impaired (OHI): verification by a doctor of medicine of limited strength, vitality, or alertness, including heightened alertness to environmental stimuli (such as ADD or ADHD) that is due to chronic or acute health problems and adversely affects student performance. If there is evidence that a student’s condition has changed, look for documentation that the team discussed the need for an updated medical verification.</p>
<p>300.8(c)(5) ARS15-761(7) R7-2-401(E)(6) (b) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for: Hearing Impairment (HI): verification by an audiologist of a hearing impairment that interferes with the student’s performance in the educational environment and requires the provision of special education and related services. If there is evidence that a student’s condition has changed, look for documentation that the team discussed the need for an updated medical verification.</p>
<p>300.8(c)(5) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for: HI: Evaluation of the language proficiency of the student should be included. Documentation of the student’s mode of communication and the effectiveness of the student’s ability to access the general curriculum through its use.</p>
<p>300.8(c)(13) ARS-761(40) R7-2-401(E)(6)(i) SF, SCSF</p> <p>▪ 60 Day Item</p>	<p>Documentation supports category and substantiates eligibility for: Visual Impairment (VI): verification by an ophthalmologist or optometrist of a visual impairment that interferes with the student’s performance in the educational environment and that requires the provision of special education and related services. If there is evidence that a student’s condition has changed, look for documentation that the team discussed the need for an updated medical verification.</p>
<p>300.324(a)(2)(iii) ARS15-761(40) ARS15-214 SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for: VI: Individualized Braille literacy assessment should be completed for VI students who are considered to be blind. This assessment should address the effect that the visual impairment has on reading and writing performance commensurate with the student’s ability.</p> <p>If a VI student is not blind, mark this item U. Mark this item U for phased-out students.</p>

<p>300.8(c)(8) ARS15-761(18) R7-2-401(E)(6) (e) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Orthopedic Impairment (OI): verification by a doctor of medicine of one or more severe orthopedic impairments, including those caused by congenital anomaly, disease, and other causes, such as amputation or cerebral palsy and that adversely affect educational performance. If there is evidence that a student’s condition has changed, look for documentation that the team discussed the need for an updated medical verification.</p>
<p>ARS15-761(30) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Severe Mental Retardation (SMR): performance on a standard measure of intellectual functioning and adaptive behavior at least 4 SD below the mean for a student of the same age.</p>
<p>300.8(c)(1) ARS15-761(1) SF, SCSF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Autism (A): a developmental disability that significantly affects verbal and nonverbal communication and social interaction and adversely affects educational performance.</p>
<p>300.8(c)(12) ARS15-761(39) R7-2-401(E)(6) (h) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Traumatic Brain Injury (TBI): verification by a doctor of medicine of an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disabilities, psychosocial impairment, or both that adversely affects educational performance. If there is evidence that a student’s condition has changed, look for documentation that the team discussed the need for an updated medical verification.</p>
<p>300.8(c)(7) ARS15-761(16) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Multiple Disabilities (MD): multiple disabilities include 2 or more of the following: HI, OI, MOMR, and/or VI or a student with 1 of the disabilities already listed in this section existing concurrently with MIMR, ED, or SLD.</p>
<p>ARS15-761(17) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Multiple Disabilities with Severe Sensory Impairment (MD-SSI): multiple disabilities include: (1) severe visual impairment or hearing impairment, with another severe disability or (2) severe visual impairment and severe hearing impairment.</p>
<p>ARS15-761(23) PC, SF</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Preschool Moderate Delay (PMD): at least 1.5 SD and not more than 3.0 S.D. below the mean in 2 or more of the following areas: cognitive, motor, communication, social/emotional, or adaptive development.</p>
<p>ARS15-761(24) PC, SF</p> <p>▪ 60 -Day Item</p>	<p>Documentation supports category and substantiates eligibility for:</p> <p>Preschool Severe Delay (PSD): more than 3.0 SD below the mean in 1 or more of the following areas: cognitive, motor, communication, social/emotional, or adaptive development.</p>

II.A.5 Initial Evaluations Completed within 60 Calendar Days of Receipt of Informed Written Consent of Parent

<p>300.301(c)(i) R7-2-401(E)(3) R7-2-401(E)(4) SF, SCSF ▪ 60-Day Item</p>	<p>The initial evaluation of a student was completed within 60 calendar days of receipt of informed written consent from parent(s). For students transitioning from AzEIP, consider the evaluation as an initial evaluation.</p> <p>The 60-day evaluation period may be extended for an additional 30 days, provided it was in the best interest of the child, and the parents and PEA agreed in writing to such an extension.</p> <p>Student File Review Method: Determine if the PEA conducted the initial evaluation within 60 calendar days of receipt of informed parental consent. The 60-day period begins with the date of written informed consent and ends with the date of the team determination of eligibility. If the parent requested the evaluation and the team concurred, the 60-day period began with the date that the written parental request was received by the PEA.</p> <p>If the timeline for the evaluation was not met, mark this item O. Enter the number of days beyond 60 AND the reason the timeline was not met on the Student File Form. If this evaluation was conducted by another PEA or if the parent repeatedly fails or refuses to make the child available, the timeline does not apply. Mark this item U.</p> <p>For initial evaluations of students who did not qualify make a compliance call on this line item ONLY.</p>
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II.A.6 The Category of Disability Agrees with the SAIS

<p>ARS15-743 SF, SCSF ▪ 60-Day Item</p>	<p>The category of disability as identified by the team agrees with the SAIS status.</p> <p>Student File Review Method: Compare the team eligibility determination with the most recent SAIS report to ensure the student is being reported correctly.</p> <ul style="list-style-type: none"> • If the SAIS report and the eligibility determination match, mark this item I. • If the student is not eligible for special education but is reported on SAIS to be a special education student, mark this item O and enter “not eligible but reported” on the drop down menu within the database. • If the student may be eligible for special education but no evaluation/eligibility determination can be located, mark this item U. • If the student is eligible for special education but the disability category has been reported incorrectly, mark this item O and enter “eligible but reported incorrectly” on the drop down menu within the database. <p>If a student who should be on SAIS as special education but is not, mark the item U. (This does not affect compliance, but the PEA should be aware of the error.)</p>
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SECTION III - INDIVIDUALIZED EDUCATION PROGRAM

III.A.1 Current IEP

R7-2-401.F.6 300.323(a) 300.323(b) SF, SCSF •60-Day Item	There is a current IEP. Student File Review Method: Record the date the most recent IEP was developed. If the IEP was developed or revised less than 365 days prior to the date of the file review, the IEP is current. Mark any other status in noncompliance. This item cannot be marked U. If there is no IEP, mark line items III.A.2 through III.A.8 U.
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III.A.2 IEP Review/Revision and Participants

300.320(a) 300.323(a) 300.324(b) R7-2-401.F.6 SF, SCSF	Each IEP is reviewed/revised at least annually. Student File Review Method: If the IEP being reviewed is an initial IEP, mark this item U . If another IEP exists, enter the date the previous IEP was developed in the space. Compare that date with "Date of current IEP" to determine if an IEP review was conducted within the last 365 days. If the student enrolled with an expired IEP, mark this item U . Example: 12/4/10 to 12/3/11 = I 12/4/10 to 12/4/11 = O 12/4/10 to 12/5/11 = O
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300.321(a)(1-7) 300.321(b)(1) SF, SCSF	The IEP team meeting included the required participants. Student File Review Method: Review the file for evidence of the following participants: <ul style="list-style-type: none"> • One or both of the student’s parents; • Not less than one general education teacher of such student; for preschool, this might be a day care provider, Head Start teacher, PEA preschool teacher, or a kindergarten teacher; • Not less than one special education teacher or provider; • A representative of the PEA who is qualified to provide or supervise the provision of special education and who is knowledgeable of general curriculum and availability of resources (must have authority to commit the resources needed to implement the IEP); • An individual who can interpret instructional implications of evaluations <p>The people listed above must have been in attendance at the meeting unless the statutory stipulations below are fulfilled:</p> <ol style="list-style-type: none"> 1. A member of the IEP Team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the PEA agree that the attendance of such member is not necessary because the member’s area of the curriculum or related services is not being modified or discussed in the meeting. 2. A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of the curriculum or related services, if <ul style="list-style-type: none"> • the parent and the local educational agency consent to the excusal; and • the member submits in writing to the parent and the IEP Team input into the development of the IEP prior to the meeting. <p>A parent’s agreement under # 1 and # 2 above must be in writing.</p>
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III.A.3 General Required Components of the IEP are Included

300.320(a)(1)
SF, SCSF

The IEP includes the student's present level of academic achievement and functional performance (PLAAFP), including strengths and needs and how the disability affects the student's involvement and progress in the general curriculum (Arizona Academic Standards). Information should relate to the most recent evaluation data as well as current classroom data.

Beginning at age 16, the student's current functioning in relation to identified post-school outcomes should be described in the PLAAFP (or another section of the IEP related to transition).

Student File Review Method: Review the IEP to determine if there is a present level of academic achievement and functional performance. **Look for documentation that is more extensive than test scores or grade level equivalents. All areas pertinent to the student's needs must be addressed in the PLAAFP.** This requirement includes preschool students at the functional or readiness levels.

Examples can be associated with measurable annual goals, special education services and progress reports (See Appendix B for a landscape version of these items):

Examples:

- Mary can correctly define 10% of veterinary terms found in veterinary technical manuals. With the aid of an automatic thesaurus she correctly defines 22% of the terms. = **I**
- Given picture-clue instructions, George follows two-step directions with accuracy. In 5 trials with three-step directions, George was unable to complete any with accuracy. = **I**
- Using grade-level social studies textbook and current reading assignment, John orally reads 22 wpm with three errors, on average, over 4 trials.= **I**
- Given weekly math test with 20 problems dealing with multiplying 3-digit by 2-digit whole numbers, Paul correctly answered an average of 8 problems for five trials. = **I**
- The OT reports Ringo has the necessary muscular development, and, this year, should be able to develop the necessary motor control to use his communication board for purposeful communication.= **I**
- Martin often displays aggressive behavior toward peers. He yells, pushes and is sent to the office on a frequent basis.=**O** (If there is a baseline for Martin within the goal=**I**)
- George's content area teachers (Social Studies, Math, Science and Language Arts) report George never turns in any homework.= **I**
- Ellie has never worked before and is unclear as to what she wants to do when she leaves school. = **O**
- Sharon has an IQ of 32 as measured by the WISC. = **O**
- Reading 2.9 = **O**

<p>300.320(a)(2)(i) SF, SCS</p> <p>▪ 60-Day Item</p>	<p>The IEP includes measurable annual goals, including academic and functional goals that reflect the needs identified in the PLAAFP and current assessment data. How the goals will be measured must be clearly documented.</p> <p>Student File Review Method: Review the IEP to determine if there are annual goals that are measurable and that reflect student needs. Baseline measurement must be documented either in the PLAAFP or in the goal statement for progress toward the goal to be measurable. Both the measurability AND means to measure progress MUST be evident for this line item to be in compliance. If the student has identified behavioral concerns, look for evidence of a goal related to the behavior OR a Behavior Intervention Plan (BIP).</p> <p>Examples can be associated with the PLAAFP, special education services and progress reports:</p> <p><u>Reading goals:</u></p> <ul style="list-style-type: none"> • Mary will correctly define 90% of veterinary terms found in veterinary technical manuals with the aid of an automatic thesaurus. = I • Given picture-clue instructions, George will follow three-step directions accurately 5 times per week for four consecutive weeks. = I • Using grade-level social studies textbook and current reading assignment, John will orally read 100 wpm with no more than three errors, on average, over 4 trials. =I • John will decode words. = O <p><u>Math goals:</u></p> <ul style="list-style-type: none"> • Given weekly math test with 20 problems multiplying 3-digit by 2-digit whole numbers, Paul will correctly answer an average of 15 problems for five trials. =I • Paul will improve his math skills. = O <p><u>Communication goals:</u></p> <ul style="list-style-type: none"> • At the school cafeteria, Ringo will order a school lunch, which will include at least two different food selections, by pointing at items on his communication board with his elbow, daily for four consecutive weeks.= I • Ringo will make his desires and wishes known. = O • Ringo will improve expressive language. = O <p><u>Behavior goals:</u></p> <ul style="list-style-type: none"> • Martin will reduce aggressive behavior toward others as evidenced by a reduction in referrals to the office for aggressive behavior from 6 to none for a 9-week grading period. =I • Martin will learn to behave. = O • Given homework assignments at his academic level, George will complete and submit 90% of required assignments for each content area class by the end of the 4th quarter. =I • George will turn in his homework. = O
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<p>300.320(a)(6)(ii) SF ▪ 60-Day Item</p>	<p>The IEP documents the student’s eligibility for alternate assessments.</p> <p>Student File Review Method: If the IEP designates participation in Arizona’s alternate assessments (AIMS-A) then the Alternate Assessment Eligibility Criteria, Form 1, should be in the student’s file as a component of the IEP.</p> <ul style="list-style-type: none"> • Part 1 is in the file and is completed to show participation in the alternate assessments = I • Part 1 is in the file, but is not completed = O • Part 1 is not in the file = O <p>Mark this item U if the student is not eligible for Alternate Assessments</p>
<p>300.320(a)(2)(ii) SF</p>	<p>For students taking alternate assessments only (AIMS-A), the IEP shall include appropriate short-term instructional objectives or benchmarks for each goal stated.</p> <p>Student File Review Method: Determine if children with disabilities who take alternate assessments aligned to alternate achievement standards have documentation within the IEP of the description of benchmarks or short-term objectives.</p>

<p>300.320(a)(3)(i) SF, SCSF PS, S-1-J</p>	<p>The current progress report provided a measurement of progress toward IEP goals.</p> <p>Student File Review Method: Review the most recent progress report to determine if it provides sufficient information for the parents/staff to project whether or not the student will achieve his/her goal(s) by the end of the IEP year. Information should be provided for each goal and the rate of progress should be reported in a manner consistent with the PLAAFP and/or the associated goals.</p> <p>Example:</p> <ul style="list-style-type: none"> • If the goals are not measurable, mark this item O • At the end of the first grading period, Mary is now able to define 40% of technical terms. = I • (The goal indicates that the student will achieve 90% of accuracy and the progress report indicates the student is now performing at 40% accuracy, an increase of 30 percentage points in one grading period). • Mary is doing very well on this goal. = O • At the end of the second grading period, George has demonstrated he is able to follow three-step directions accurately 5 times per week for four consecutive weeks. = I • George is much better at following directions. = O • At the end of the third grading period, John has averaged 87 words per minute with three errors over the last four trials = I • John’s fluency skills have greatly improved. = O • At the end of the second grading period, Paul is able to answer 9 of the 20 problems correctly. = I • At the end of the first grading period, Ringo independently ordered a dessert each day. With verbal encouragement from the aide, he also ordered an additional different item each day. = I • Ringo eats something for lunch each day = O • For the current (first) grading period, Martin had two office referrals for aggressive behavior. = I • At the end of the second grading period, George had completed and turned in 60% of his homework assignments in each content area class= I • George is much better with assignments. = O • Progress report indicates “AP” [Adequate Progress] = O
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III.A.4 Special Education and Related Services

<p>300.115 R7-2-401.G.2 SETS, SAI, SPEDI, SCSAI, SCSPEDI</p>	<p>PEA must ensure that a continuum of service options is available for students with disabilities.</p> <p style="text-align: center;">↺</p> <p>Interview Method: The special education administrator and site administrator must explain what a continuum of placement and service options is and the capacity of the PEA to meet the needs of students with low incidence disabilities. The administrator must show evidence of current IEPs that reflect different service delivery models and/or policies and procedures describing the PEA,s ability to provide a continuum of options. If the administrator can both tell and show, mark this item I.</p>
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<p>300.320(a)(4) R7-2-401.F.4 SF, SAI, SPEDI, SCFS, SCSAI, SCSPEDI</p>	<p>The IEP includes the specific special education services to be provided.</p> <p>Student File Review Method: Review the IEP for a clear description of the special education services provided. This statement may be considered with other requirements in the IEP but should give a clear picture of the individualized special education services.</p> <p>Specialized services should indicate how the student’s program will be different from those in the general education program and should relate directly to the goals as the IEP team has defined them.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Inclusion = O • SLD resource = O • Tutoring = O (while this service may be a part of the educational program, it is not a specialized service) • Pre-school = O • Reading Comprehension = O (if there is no evidence anywhere in IEP of how this is individualized to the student’s needs) • Behavior Supports = O • Individualized instruction in written expression (conventions) = I • Instruction in assistive technology for writing = I • Pre-teaching for comprehension in content areas = I • Direct instruction in reading decoding = I • Kinesthetic strategies for math calculation (operations) = I • In-class consultation with student for behavioral support = I • Instruction in 5 preschool areas (communication, social, behavioral, adaptive, and cognitive) = I • Generalization and practice in life skills (daily living skills, personal management skills) = I • Articulation, voice, or fluency therapy = I • Time management skills on the worksite = I • Individually coached work study = I • Expressive/receptive language therapy = I • Individualized support in developing study and organizational skills = I • Multiple instructional methods and repetitive teaching strategies to acquire and maintain reading comprehension skills = I
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<p>300.320(a)(4) R7-2-401.F.4 SF, SAI, SPEDI, SCSF, SCSAI, SCSPEDI</p>	<p>The IEP includes the consideration of related services to be provided.</p> <p>Student File Review Method: Determine if the IEP team considered the need for related services. If there are no related services indicated on the IEP, there must be some notation that the team considered and rejected the need. If the team determined that related services were needed, the services must be clearly specified in the IEP. Transition services can be considered as a related service if required to assist a child with a disability to benefit from special education.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Late bus schedule, door to door, basketball season = I • Sign Interpretation during Monday intramurals = I • Transportation assistance = I • Occupational therapy (sensory integration) = I • Occupational therapy = O • Counseling = I • Social work services = I • Speech Therapy (expressive language) = I • Speech = O • Parental counseling and training = I • Team considered related services and determined none were needed = I • N/A = O
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<p>300.320(a)(4) 300.34(a) SF, SCSF, SAI, SCSAI</p>	<p>The IEP includes any supplementary aids, services, and program adaptations (accommodations and/or modifications) to be provided.</p> <p>Student File Review Method: Determine if supplementary aids and services are to be provided or program adaptations are to be made.</p> <p><u>Supplemental aids and services</u> are defined as “aids, services and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with non-disabled students to the maximum extent appropriate.” Examples include, but are not limited to, orientation and mobility training, interpreter assistance, assistive technology devices or services, and instructional aids.</p> <p><u>Program adaptations</u> are defined as “changes to the learning environment or curriculum that enable students with disabilities to be educated with non-disabled students to the maximum extent appropriate.” Examples include job coach, pictorial inventory checklist, highlighted text, reduced assignments, preferential seating, and modified unit tests. Program adaptations must be provided on a regular basis if they are to be used for testing.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Sue will use a pencil grip whenever she is working on a written assignment. = I • Peter may use a calculator for math problems. = I • Joe will utilize a daily communication book (or homework assignment notebook) that will move between home and school with relevant notes for the parent/teacher. = I • To promote Ken’s continued independence, leisure reading books with page turning adaptations will be available during non-instructional time. = I • John will require an aide for toileting assistance. = I • A social skills coach will meet with Mary twice a week during P.E. = I • Ruth will have a sign language interpreter for classroom discussions. = I • Ben will complete 50% of all math drill homework. = I • None required at this time. = I • N/A = O <p>If the IEP delineates supplementary aids and services and program adaptations that address the needs of the student, mark this item. = I</p> <p style="text-align: center;">✍</p> <p>Interview Method: The special education administrator and site administrator must explain how the IEP team considers the unique needs of the student, present levels, strengths, student preferences, etc. The administrator must show IEPs that are clearly individualized in the provision of accommodations and modifications. If the administrator can both tell and show, mark this item I.</p>
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<p>300.320(a)(7) SF,SCSF</p>	<p>The location of each service or adaptation is included.</p> <p>Student File Review Method: The location of services generally refers to the type of environment that is the appropriate place for provision of the service. The location should not be a specific room (e.g., Mrs. Smith’s class) but should reflect the type of location (resource room, general math class). This item cannot be marked U.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Campus = O • Mr. Wilson’s Room = O • Resource Room = I • General Education classroom = I
<p>300.324(a)(3)(ii) SF, SCSF, SAI, SPEDI, SCSAI, SCSPEDI</p>	<p>The IEP includes a statement of supports that will be provided to school personnel</p> <p>Student File Review Method: Determine if appropriate supports were considered. This area of the IEP should not be left blank but may be incorporated in various locations in the document.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Considered, but not needed at this time. = I • In-service training on tube feeding. = I • Staff and parent in-service on appropriate use of assistive technology device = I • Special education consultation on appropriate modifications for weekly tests in spelling. = I • Special education consultation. = O • Paraprofessional training on positive behavioral supports. = I • N/A = O • Teacher training = O • Providing copy of IEP = O <p style="text-align: center;">↙</p> <p>Interview Method: The site administrator must explain how the IEP team considers the needs of staff as they relate to individual student needs. The administrator must show IEPs containing descriptions of specific supports that align to individual student needs. If the administrator can both tell and show, mark this item I.</p>

<p>300.106(a) R7-2-408 SF, SCSF</p>	<p>The IEP includes consideration of the need for extended school year services (ESY).</p> <p>Student File Review Method: Determine if the decision about the need for ESY was made on an individual basis at the IEP meeting. ESY cannot be excluded on the basis of a particular category of disability, the age of the student, or the availability of PEA resources.</p> <p>This item should not be marked U. There must be an indication on the IEP that ESY services were considered. The decision of the team must be documented in the IEP. If the IEP indicates that ESY eligibility will be determined at a later date, the PEA should have a system in place to ensure that the IEP team reconvenes in a timely manner to make that determination. ESY eligibility for services during the summer must be made no later than 45 days prior to the last day of school.</p> <p>If the IEP indicates that ESY eligibility will be determined at a later date, The ESS Program Specialists will follow up on this item even when the item is found in compliance at the time of the monitoring.</p>
<p>300.320(a)(5) SF, SCSF</p>	<p>The extent the student will <u>not</u> participate with non-disabled peers is explained.</p> <p>Student File Review Method: Determine if the IEP contains an explanation of the extent to which the student will not be involved with non-disabled students. This could be documented in a variety of ways or places within the IEP. Documentation must be individualized and boilerplate statements are not acceptable. This item cannot be marked U.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Heidi will not participate with her non-disabled peers while receiving services for reading comprehension in the resource room for one hour daily. = I • Peter receives speech articulation therapy once a week for 30 minutes and will not be participating with his non-disabled peers during that time. = I • Luis is in resource for one class period a day. = O • Simon is in his self-contained ED classroom 4 hours a day for individualized behavior support and will not participate with his non-disabled peers during that time. = I • Morgan will not be with his non-disabled peers when he is with his special education teacher for help. = O
<p>III.A.5 Other Considerations</p>	
<p>300.324(a)(2)(i) SF,SCSF,SAI, SPEDI, SCSAI, SCSPEDI</p>	<p>The IEP team considered the use of positive behavioral interventions and supports, and other strategies to address behaviors that impede the student’s learning or the learning of other students.</p> <p>Student File Review Method: Determine if the IEP team considered whether or not the student needs behavioral interventions. If there is any evidence that the student has a problem with acceptable behavior, this area must be addressed in the IEP. The term “behavior” includes actions such as consistent tardiness, failure to complete homework and other self-destructive but non-confrontational actions.</p> <p>Evidence of strategies and supports may be located throughout the document, such as in the annual goals, PLAAFP, accommodations and/or modifications, counseling services to be provided, and behavior plans.</p> <p>This item cannot be marked U. </p> <p>Interview Method: The special education administrator and site administrator must explain the IEP team’s efforts to support the student in the classroom and in the total school environment. The administrator must show IEPs with specific behavioral needs addressed. If the administrator can both tell and show, mark this item I.</p>

<p>300.320(a)(6)(i) SF, SCSF, SAI, SPEDI, SCSAI, SCSPEDI</p>	<p>The IEP includes documentation of any accommodations in the administration of state or PEA-wide assessments.</p> <p>Student File Review Method: Determine if the IEP contains documentation of the accommodations used for state and district assessments. Standard and/or universal accommodations must have a relationship to the accommodations used with the student during instruction.</p>
<p>300.324(a)(2)(iv) SF, SCSF</p>	<p>The communication needs of the student were considered.</p> <p>Student File Review Method: Determine if the communication needs of the student have been considered within the IEP. This item cannot be marked U.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Peter’s stuttering increases when speaking before a group without notes. He should be allowed to read classroom reports at the beginning of the year and gradually reduce his dependency on reading as the year goes on. = I • Paul uses simple signs to convey basic needs such as toileting and hunger. = I • N/A = O • Mary has no communication deficits = I
<p>300.324(a)(2)(v) SF, SCSF, SPEDI, SAI, SCSAI, SCSPEDI</p>	<p>The student’s need for assistive technology devices and services were considered.</p> <p>Student File Review Method: Determine if consideration was given to the student’s need for assistive technology, regardless of disability. An AT device can be “any item that increases, maintains, or improves the functional capabilities of a student.” AT service is the “direct assistance needed in the evaluation of the need for and the selection, acquisition, or use of an AT device.” Devices can range from low to high tech. AT services may include training for staff in the use of the device(s). This item cannot be marked U.</p> <p style="text-align: center;">↩</p> <p>Interview Method: The special education administrator and site administrator must explain how the IEP team considers the unique needs of individual students where AT was used to increase, maintain, or improve the functional capabilities of the student. The administrator must show IEPs documenting AT. If the administrator can both tell and show, mark this item I.</p>

<p>300.324(a)(2)(ii) SF, SCSF</p>	<p>The language needs of the student who is an English Learner (EL) were considered.</p> <p>Student File Review Method: Mark the item only for a student who is an English Learner; otherwise mark with a U.</p> <p>Examples:</p> <ul style="list-style-type: none"> • This is Paulo’s first year in the US and his primary language is Italian. He should be taught using simple grammar with picture/graphic assists as much as possible. = I • Misaki has studied English for several years and has a good command of written language. However, spoken information must be presented in short segments to check for understanding until oral proficiency is achieved. = I
<p>300.324(a)(2)(iii) SF, SCSF</p>	<p>For students who are visually impaired, or students with multiple disabilities including a visual impairment, the need for Braille was considered. Instruction in Braille is provided for students who are considered to be blind unless there is 100% agreement by the IEP team that instruction in Braille is not necessary.</p> <p>Student File Review Method: If student is not VI mark U. Arizona statute is more specific on this topic than is federal statute. If Braille is NOT to be provided to a blind student, the IEP team must document consensus that the visual impairment does not affect reading and writing performance commensurate with ability.</p>
<p>300.324(a)(2)(iv) SF, SCSF</p>	<p>For students who are hearing impaired, the IEP includes consideration of the student’s language and communication needs (including opportunities for direct instruction in the student’s language and communication mode) were considered.</p> <p>Student File Review Method: If a student is not HI mark U. If student is HI, determine if the IEP team took into account the language levels and communication mode of the student when developing the IEP and making a placement decision.</p>

III.A.6 For students 16 years of age or older, documentation of required secondary transition components

<p>300.320(b)(1) SF, SCSF, S-1-A, S-1-J ▪ 60-Day Item</p>	<p>Documentation of measurable postsecondary goals (MPG) that were updated annually in the areas of education/training, and employment, and, when appropriate, independent living skills.</p> <p>Student File Review Method: Review the IEP to determine if it includes measurable postsecondary goals in the following areas: education/training, employment, and <i>when appropriate</i>, independent living skills. Goals must reflect the student’s strengths, interests, and preferences, clearly occur post high school, and can be measured. These areas may be integrated into one goal or be documented in separate goals.</p> <p>If the measurable postsecondary goals are stated in such a way that one could measure the extent to which the student achieved what he/she set out to do <u>after leaving high school</u>, mark this item I.</p> <p>If there is no evidence of postsecondary goals; if the postsecondary goals are not measurable; if the required areas are not addressed; or if the goals are not postsecondary, mark this item O. The measurable postsecondary goal related to independent living is the only optional goal. The IEP team determines if it is appropriate to include a goal in this area. The training/education and employment goals are required.</p> <p>Measurable postsecondary goals do not require completion within one year after exiting high school.</p> <p>NOTE: Record the specific reason(s) for noncompliance on the Student File form. Examples:</p> <p>Training Goal:</p> <ul style="list-style-type: none"> • Dan will enroll in a plumbing apprenticeship program. = I • Lucy is interested in plumbing. = O <p>Education Goal:</p> <ul style="list-style-type: none"> • Joe will enroll full-time in a teacher prep. program after graduation. = I • Kevin says he wants to graduate from high school. = O <p>Employment Goal:</p> <ul style="list-style-type: none"> • Lisa will work full-time as a laborer for a construction company after receiving her diploma. = I • Andrew likes fixing things and earning money. = O <p>Education/Training, and Employment Goal (combined):</p> <ul style="list-style-type: none"> • After graduation Gina will enroll at a community college to receive training in order to become an engineer. = I • Jim will work on a construction crew to gain on the job training to develop his skills as a framer after graduation. = I • After graduation Joe wants to move to Montana to work for his uncle. = O <p>Independent Living Skills Goal:</p> <ul style="list-style-type: none"> • After exiting school Juan will live with a roommate in an adult supervised setting. = I • Eva wants to move away from home. = O
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<p>20U.S.C. 1416(1)(3)(B) SF, SCSF ▪ 60-Day Item</p>	<p>Documentation of annual IEP goals that will reasonably enable the student to meet the postsecondary goals.</p> <p>Student File Review Method: Review the IEP for evidence of at least one annual IEP goal for each measurable postsecondary goal. One annual goal (whether measurable or not) can support multiple postsecondary goal areas.</p> <p>Examples:</p> <p><u>Education/Training Goals</u></p> <ul style="list-style-type: none"> • Measurable Postsecondary Goal: Upon completion of school, John will complete on the job training for telemarketing. Annual Goal: Using grade-level social studies textbook and current reading assignment, John will orally read 100 wpm with no more than an average three errors over 4 trials. He currently reads 75 wpm with an average 5 errors over 4 trials. = I • Measurable Postsecondary Goal: Upon graduation from high school, Rolanda will participate in an in-home or center-based program designed to provide habilitative and vocational training with medical and therapeutic supports with hand over hand assistance. Annual Goal: Rolanda will increase her tolerance of hand over hand assistance from thirty minutes to forty-five minutes during 3 out of 5 sessions per week with the Occupational Therapist. = I <p><u>Employment Goals</u></p> <ul style="list-style-type: none"> • Measurable Postsecondary Goal: Mary will work as a veterinary assistant full time after graduation. Annual Goal: Mary will correctly define 90% of veterinary terms found in veterinary technical manuals with the aid of an automatic thesaurus = I • Measurable Postsecondary Goal: After graduation George will work on a production line packaging parts for a cell phone company. Annual Goal: Given picture-clue instruction, George will follow three-step directions accurately on two trials daily 5 times per week for four consecutive weeks = I <p><u>Independent Living Goals:</u></p> <ul style="list-style-type: none"> • Measurable Postsecondary Goal: With the assistance of a personal care attendant, Ringo will live independently in a semi-supervised apartment. Annual Goal: In the school cafeteria, Ringo will order a school lunch which will include at least two different food selections, by pointing at items on his communication board with his elbow, daily for 4 consecutive weeks = I • Measurable Postsecondary Goal: Upon completion of high school, John will live independently in an apartment near Schucks Construction. Annual Goal: John will complete 3 different budgets within his income expectation that could support the costs related to an apartment near Schucks Construction by May 2011. = I
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<p>300.320(b)(2) SF, SCSF, S-1-A, S-1-J</p> <p>▪ 60-Day Item</p>	<p>Documentation of at least one transition service/activity that focuses upon improving the academic and functional achievement of the student to facilitate movement from school to post- school as identified in the measurable postsecondary goals.</p> <p>Transition services include the areas of instruction, community experiences, related services, employment, and other post-school adult living, and, if appropriate, daily living skills and functional vocational evaluation. Strategies may address activities performed on the school campus and during school hours as well as off-site and during non-school hours. The IEP team does not need to include all components if not appropriate for the student. Services/activities are only needed in areas that will reasonably enable the student to meet the measurable postsecondary goals.</p> <p>Student File Review Method: Review the IEP for evidence of at least one transition service/activity to assist the student in meeting his/her measurable postsecondary goals. One transition service/activity may support multiple measurable postsecondary goals.</p> <p>Examples:</p> <p><u>Instruction</u></p> <ul style="list-style-type: none"> • Receive instruction related to applying to school of choice and researching scholarship opportunities. = I • Intensive reading instruction to prepare for postsecondary education = I • Required courses for graduation = O (not individualized) • Receive instruction to use assistive technology device. = I • Teach self-monitoring skills related to on-task behavior = I <p><u>Community Experiences:</u></p> <ul style="list-style-type: none"> • Investigate youth volunteer programs; open a bank account; visit the mall and food court with a provider to identify stores and meals of choice. = I • Field trips = O (too general) • Utilize Community Information and Referral to identify 3 strategies to resolve a transportation concern = I
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Related Services:

- At the beginning of senior year, visit potential post-school providers of physical therapy; explore city transportation options. = I
- Related services will be provided as needed. = O
- Participate in Speech/Language services to improve expressive language skills. = I

Employment

- Participate in 2 job shadow experiences = I
- Work in unpaid position on campus = I
- Consumer Math; Job Service Skills = O
- Obtain part-time or summer employment...(in a position related to the measurable postsecondary goals). = I

Post-school Adult Living

- Learn about expectations for eating in a restaurant; apply for housing assistance; visit adult service providers in the community. = I
- Apartment = O (too vague)
- Meet with SSI representative to determine possible financial benefits. = I

Daily Living Skills (if appropriate)

- Learn to prepare meals, develop and follow monthly budget, with parental support, select a primary care physician and/or dentist. = I
- Hygiene = O
- Demonstrate safety skills in the community. = I

Functional Vocational (if appropriate)

- Develop vocational profile based upon functional information; participate in situational work assessments at employment sites related to student's interest. = I
- Conduct functional vocational evaluation. = O
- Complete a job analysis and current skills inventory to identify achievable employment opportunities. = I
- Complete non-verbal modified assessment of adaptive behaviors, career interests, and career skills. = I
- Re-take the ASVAB to improve scores to be eligible to participate in the electronics program in the military. = I

<p>300.321(b)(3) SF, SCSF</p> <p>▪ 60-Day Item</p>	<p>Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting <i>after consent from the parent or student who has reached the age of majority.</i></p> <p>Student File Review Method: If there is parent or adult student consent, then look for evidence that the invitation to participating agency occurred after consent was obtained. This may include multiple agencies. This may be located in the meeting notice, formal letter, telephone log, or other documentation.</p> <p>If there is evidence of consent of parent or adult student AND clear evidence that the agency was invited after consent = I</p> <p>If there is evidence of consent but outside agency was not invited = O</p> <p>If the IEP team determined that no outside agency was needed = U</p>
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<p>300.320(b)(1) SF, SCSF ▪ 60-Day Item</p>	<p>Documentation that the measurable postsecondary goals were based upon age-appropriate transition assessment(s).</p> <p>Student File Review Method: Review the IEP for supporting information and locate evidence of age-appropriate transition assessment(s). The information may be located in multiple places within the IEP including the PLAAFP or transition services page. There must be evidence that assessment information was used to create each measurable postsecondary goal. No specific number of assessments is required and they may be formal or informal, but they must clearly identify the needs, strengths, interests, and preferences of the student regarding postsecondary goals.</p> <p>Transition assessment(s) should be selected based on the individual needs of the student. For example:</p> <ul style="list-style-type: none"> • Interest inventories • AZCIS • Interviews (student, parent, general ed, special ed and/or career technical education teacher(s), employer, extra-curricular facilitator, coach(es), counselor, related service provider, outside support agencies, and others as appropriate) • Aptitude inventories, Skills inventories i.e. ASVAB, OASIS III, Valpar • Rating scales for specific areas • Intellectual functioning assessment • Adaptive behavior scales • Self-determination scales • Pre-vocational/employment scales • Achievement Assessments • Assistive Technology needs-assessment • Learning Styles Assessment • Community College placement instrument • College entrance instrument • ASVAB • Course content description from any class related to the measurable postsecondary goal(s) <p>If the IEP contains documentation that the measurable postsecondary goal(s) were clearly derived from assessment information, mark this item I.</p> <p>If there is simply a boilerplate statement or if there is no documentation of any age-appropriate transition assessment(s), mark this item O.</p> <p>If there is no evidence of transition assessment information and there are measurable postsecondary goals, mark this item O.</p>
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<p>300.320(b)(2) SF, SCSF ▪ 60-Day Item</p>	<p>Transition services include courses of study that focus on improving the academic and functional achievement of the student to facilitate the movement from school to post-school.</p> <p>Student File Review Method: Review the IEP to determine if there is documentation of courses of study; that the courses of study are individualized; AND that they support all measurable postsecondary goals. This should include courses that lead to a diploma.</p> <p>If the courses of study align with the student’s identified measurable postsecondary goals, mark this item I.</p> <p>If the courses of study do not align with the student’s identified measurable postsecondary goals, mark this item O.</p>
<p>300.321 (b)(1) SF, SCSF, S-1-A, S-1- ▪ 60-Day Item</p>	<p>Documentation that the student who is at least 16 years of age was invited to the IEP meeting when postsecondary transition services were being discussed.</p> <p>Student File Review Method: Beginning not later than the first IEP to be in effect when the student turns 16, look for documentation that the student was invited (IEP with student signature, meeting notice, telephone log, or other clear documentation that the student was invited).</p> <p>If the student was in attendance or there was clear evidence that the student was invited, mark this item I.</p> <p>If there is no documentation evident, mark this item O.</p>
<p>III.A.7 Additional postsecondary transition components</p>	
<p>300.320(c) SF, SCSF</p>	<p>By age 17, the student’s IEP must contain a statement that the student has been informed of his or her rights that will transfer to the student at age 18.</p> <p>Student File Review Method: Look for a statement in the IEP that the parent and student have been informed of the rights that will transfer to the student upon reaching the age of majority. Documentation may consist of items such as procedural safeguards notice provided to student and parents, prior written notice, or statement within the IEP.</p> <p>If the student is turning 17 in the current IEP year and there is evidence that the student and parent have been informed that rights transfer, mark this item I.</p> <p>If the student is turning 17 in the current IEP year and there is no evidence that the student and parent have been informed that rights transfer, mark this item O.</p> <p>This item may be marked U for any student not yet age 17 and will not be turning 17 during the current IEP year or for any student whose IEP was developed after his/her 18th birthday.</p>

<p>300.305(e)(3) SPW</p>	<p>There is documentation of a summary of academic achievement and functional performance including recommendations to assist an exiting student in meeting her/his postsecondary goals.</p> <p>Agency Review Method: Look for documentation that includes three components: summary of academic achievement; summary of functional performance; and recommendations to assist the student in meeting postsecondary goal(s).</p> <p>Ask the PEA for copies of the summary of academic achievement and functional performance developed for students who have graduated/aged out at the end of the previous school year.</p> <p>If the PEA has documentation of summaries of academic achievement and functional performance and recommendations, mark this item I.</p> <p>If the PEA has documentation of summaries of academic achievement and functional performance but not all three components are included mark this item O.</p> <p>If the PEA had no students aged 16-21 graduating/aging out last year, mark this item U.</p> <p>If the PEA has only one high school, all summaries must be reviewed.</p> <p>If there are multiple campuses, use the PEA's list of exited students to select a minimum of two summaries from each campus.</p>
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III.A.8 Documentation that IEP reflects student needs

<p>300.320(a)(1-2) PS, SF, SCSF SETS, GETS, RSPS, S-1-A, S-1-J •60-Day Item</p>	<p>Documentation that IEP reflects individual student needs.</p> <p>This item is looking at the cohesiveness of the IEP as a whole and requires that the IEP reflect the student's individual needs.</p> <p>Student File Review Method: Consider all of the following:</p> <ul style="list-style-type: none"> • Evaluation information (if conducted within the last year); • PLAAFP; • IEP goals; • Secondary transition components <p>There should be a clear alignment between the student needs (as articulated in the evaluation and PLAAFP) and the goals identified on the IEP.</p> <p>This item would be marked O if the IEP prohibits the student from receiving FAPE.</p> <p>If there is no link between Evaluation and IEP; PLAAFP does not address all of the student's needs; IEP goals are not aligned with individual needs; or secondary transition components are not addressed mark this item O.</p> <p>Record the specific reason(s) for noncompliance on the Student File Form.</p>
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SECTION IV-PROCEDURAL SAFEGUARDS/PARENTAL PARTICIPATION

IV.A.1 Confidentiality

<p>300.623(c) SETS, SCGETS, GETS, SCRSPS, RSPS</p>	<p>Documentation that all school-based staff understands confidentiality. Survey Method: Review the responses given by each staff member. If he/she was able to list three things he/she related to confidentiality, mark this item I.</p>
<p>R7-2-401.I.1 AF, PS, SCAF</p>	<p>Review documentation that notice of confidentiality (FERPA, IDEA) was disseminated to all parents annually. Agency Review Method: Verify dissemination through a review of parent/student handbook, individual mailing, etc.</p>

IV.A.2 Notices sent at required times and in a language and form that is understandable to parents

<p>300.504(a) R7-2-401.H.1 SF, SCSF, S-1-A, S-1-J ▪ 60-Day Item</p>	<p>Procedural safeguards notice provided to parents within the last 12 months. Student File Review Method: If documentation is evident that the parent was given a copy of a Procedural Safeguards Notice at least one time during the current year, mark this line item I.</p>
<p>300.503(c) SF, SCSF, S-1-A, S-1-J ▪ 60-Day Item</p>	<p>Required notices are provided in the native language of the parent. Student File Review Method: Review the file for copies of the most recent notices (invitations to meetings, procedural safeguards notices, and prior written notices) sent to the parents. Compare the language of the notices to the primary language indicated on the student file review form. If the notices were provided in a language other than the parent's native language, there must be documentation of the parent's request for notices to be provided in English. The language of the <u>student</u> must be considered when the student is invited to the IEP.</p>

IV.A.3 PWN sent at required times and contains required components

300.503.(a)

SF, SCSF

Prior written notice provided to parents at required times.

Student File Review Method: Determine when the PWN should have been distributed in the last twelve months for the type of file being reviewed.

- A PWN must be provided when a student is referred for an INITIAL evaluation.
- A PWN must be provided before obtaining consent for the collection of additional data in the evaluation process. This is the proposal to collect additional data for evaluation.
- A PWN must be provided after the team has determined the eligibility of a student for special education. This completes the evaluation process.
- A PWN must be provided when there is a change or refusal to change the provision of FAPE: before implementation of an initial IEP or before a revised IEP can be implemented. In the case of a phase out or graduation with a regular diploma, a parent should know that all special education services will cease.
- A PWN must be given prior to the 11th day of suspension and/or before an accumulation of suspensions constituting a pattern and/or at the beginning of an expulsion, all of which require a change in services and the provision of FAPE. Prior to placement in an IAES, a PWN must be issued.
- A PWN must be provided when there is a change or refusal to change the educational placement, including an initial placement.

Verify the purpose of each PWN provided for specified events. Use this information to determine compliance. If a single notice covered multiple purposes, determine process compliance (notice given at the correct time) for all that are appropriate. If the PWN was given at the appropriate time, mark this item I.

<p>300.503(b)(1) SF, SCS</p>	<p>The PWN includes a description of action(s) proposed or refused by the PEA is included. All actions and refusals must be identified, should be student centered, and should accurately reflect decisions made.</p> <p>Student File Review Method: Documentation must include a description of actions proposed or refused by the team.</p> <p>Example:</p> <ul style="list-style-type: none"> • NA = O • Jackie doesn't want to come to school. = O • The district proposes that services will be provided to John in accordance with his IEP developed on 05/23/09. The team declined to place John in a more restrictive math placement as requested by his math teacher. = I • The evaluation team proposes to collect additional information on Ian's behavioral functioning with standardized assessments. = I <p>Mark this item I if the PWN contains the required component.</p>
<p>300.503(b)(2) SF, SCS</p>	<p>The PWN includes an explanation of why the agency proposed or refused to take action.</p> <p>Student File Review Method: There should be a statement that is student-specific.</p> <p>Example:</p> <ul style="list-style-type: none"> • NA = O • John's IEP has been reviewed and services have been adjusted according to his present levels of performance and goals in math. John is currently receiving a grade of C- in his regular education math class without modification in grade level or change in performance criteria. = I • Ian's performance in the classroom seems to be hindered by his behavior and the team needs the data to accurately assess eligibility and develop appropriate behavioral strategies. = I <p>Mark this item I if the PWN contains the required component.</p>

<p>300.503(b)(6) SF, SCSF</p>	<p>The PWN includes a description of any options considered and why options were rejected. Student File Review Method: Documentation should relate specifically to the student.</p> <p>Example:</p> <ul style="list-style-type: none"> • NA = O • The alternate school is full. = O • While the team discussed increasing the special education services provided for John, it was decided that he continues to require resource room assistance in reading and written expression and paraprofessional support in his regular education math class. Due to his success in math, a resource math placement was not seen as appropriate. = I • The team believes that observations alone will not provide enough information about Ian’s current behaviors. = I <p>Mark this item I if it contains the required component.</p>
<p>300.503(b)(3) SF, SCSF</p>	<p>The PWN includes a description of evaluation procedures, test, records used as a basis for the decision. Student File Review Method: Documentation must support the basis on which the decision rests.</p> <p>Example:</p> <ul style="list-style-type: none"> • NA = O • Jackie’s counselor said she had always had these problems with attendance. = O • The team considered John’s quarterly progress reports, weekly test grades, scores on the district assessment, and work completion data. = I • There has been no standardized assessment of Ian’s behavior in the past and his parents report that he has never had any behavioral difficulty before. They further report that there has been nothing in his family life that might account for the sudden problematic behaviors. = I <p>Mark this item I if the PWN contains the required component.</p>
<p>300.503(b)(7) SF, SCS</p>	<p>The PWN includes a description of any other factors that are relevant to the agency’s proposal or refusal. Student File Review Method: Documentation related to other factors should be evident.</p> <p>Example:</p> <ul style="list-style-type: none"> • NA = O • This school has a strict discipline and attendance policy. = O • John continues to need additional direction from the paraprofessional in order to complete assigned work. He has demonstrated ability in working with the peer tutor and cooperative learning groups that are used in regular education math. = I • Because of the recent behavioral concerns, the evaluation team has chosen not to wait until next April when Ian’s reevaluation is due. Parents signed consent for assessment on this date. = I <p>Mark this item I if the PWN contains the required component.</p>
<p>300.503(b)(4) SF, SCSF</p>	<p>If the PWN is for any reason other than an initial referral for evaluation, it includes a statement of how a copy of procedural safeguards notice (PSN) can be obtained. Student File Review Method: There must be a statement related to contact information within the district/at the school site so the PSN can be obtained.</p> <p>Mark this item I if the PWN contains the required information. If the notice was for initial referral for evaluation, the PSN should have been sent with the PWN and may be marked U.</p>

<p>300.503(b)(5) SF, SCSF</p>	<p>The PWN includes sources to obtain assistance in understanding notice.</p> <p>Student File Review Method: There should be contacts available including address and telephone numbers for a number of parent resources which may include: Arizona Department of Education/Exceptional Student Services, Arizona Center for Disability Law, and Raising Special Kids Pilot Parents. One of the sources could be the PEA, including the PEA's phone number and contact name.</p> <p>Mark this item I if the PWN contains the required components.</p>
<p>IV.A.4 Discipline procedures and requirements followed</p>	
<p>300.530(h) SF</p>	<p>For a student who has been suspended for more than 10 days in the school year, the parent was notified on the day the decision was made.</p> <p>Student File Review Method: Review the student's file to determine if there is documentation that the parents were contacted in person or by telephone. This contact must be made on the same day as the decision to take the action. If such a record is found, mark this item I. If no record is found, mark this item O.</p>
<p>300.530(d)(ii) 300.530(f)(1)(i) SF ▪ 60-Day Item</p>	<p>For a student who has been suspended for more than 10 days in the school year, a Functional Behavioral Assessment (FBA) was conducted or reviewed if the behavior was determined to be a manifestation of the disability.</p> <p>Student File Review Method: If the behavior was determined to be a manifestation of the disability and a FBA was conducted or reviewed, mark this item I. If the behavior was NOT a manifestation of the disability, mark this item U</p>
<p>300.530(d)(ii) 300.530(f)(1)(ii) SF, SAI, SPEDI ▪ 60-Day Item</p>	<p>For a student who has been suspended for more than 10 days in the school year, behavior interventions were implemented, or reviewed when already in place.</p> <p>Student File Review Method: If behavior interventions were implemented or reviewed, mark this item I</p>

<p>300.530(c) 300.530(e) SF, SAI</p>	<p>If a change in placement has occurred because of behavioral issues, the IEP team conducted a review within 10 school days to determine the relationship between the student's disability and behavior.</p> <p>Student File Review Method: If the IEP team conducted a review and made a manifestation determination (however flawed), mark this item I. If there is no documentation that a meeting occurred or if no determination was made, mark this item O.</p>
<p>300.530(f) SF ▪ 60-Day Item</p>	<p>If, as a result of a disciplinary action, the IEP team determined that behavior <i>was a manifestation</i> of the student's disability, the student was returned to the placement from which the student was removed unless the removal was for possession of a weapon, drugs, or infliction of serious bodily injury or parents and PEA agree to the change of placement.</p> <p>Student File Review Method: If the student was returned to the placement from which the student was removed, unless the parent and the PEA agreed to a change of placement, mark this item I.</p>
<p>300.530(d)(4) SF, SPEDI ▪ 60-Day Item</p>	<p>Review the file to determine if the student who has been suspended or expelled continued to be provided FAPE, including services and adaptations described in the IEP.</p> <p>Student File Review Method: Determine if a new IEP was written indicating how FAPE will occur. If a new IEP was not written, there should be meeting notes or other documentation regarding the services that will be provided and how they will be provided. If one or the other is documented, mark this item I</p> <p style="text-align: center;">↻</p> <p>Interview Method: The special education administrator and site administrator must explain how services are provided if a student is suspended or expelled beyond ten days. The administrator must show documentation that describes the services and method of delivery. If the administrator can explain and show the steps, then mark this item I.</p>

Secure Care

ESS Monitoring Model: Secure Care

The information and forms located within this section are solely for the use of PEAs located within secure care facilities (i.e., county juvenile detention facilities, county jails, the Arizona Department of Juvenile Corrections, and the Arizona Department of Corrections). Please **STOP** and return to the beginning of this monitoring manual for information specific to non-secure care PEAs.

The Arizona monitoring system was revised in 2009 to increase the focus on data in addition to procedural compliance requirements for each public education agency (PEA). ADE/ESS will combine data from various reports submitted to ESS with input from the ESS program specialists and PEA administrators to determine the format of monitoring for each PEA. While continuing to utilize a 6 year cycle, the activities tied to year 4 of the cycle are now divided according to data outcomes for non-secure care PEAs. Due to the nature of the student population and the specific school environment found in secure care PEAs, data outcomes from non-secure care PEAs are generally not comparable to data outcomes reported by secure care PEAs. **As compliance with all procedural requirements of IDEA is required in secure care PEAs regardless of the validity of data outcomes, the ADE/ESS believes that incorporating all line items into an On-Site review will assist secure care PEAs to meet all requirements by continuing to provide the full range of monitoring line items.** We also believe that maintaining all compliance line items will allow PEAs to continue to utilize the Guide Steps for self-assessment and improvement planning.

Procedural compliance is only one element of good outcomes for students. Secure care PEAs participating in an **On-Site** monitoring will also be required to “drill down” to determine root causes in areas of poor performance. Secure care PEAs will be required to drill down in a maximum of two areas during their **On-Site** monitoring year. Each drill down will be guided by (but not restricted to) ESS-provided directions.

Arizona has found it beneficial to include secure care PEA staff as active partners with ADE/ESS in examining the implementation of programs. The PEA and ESS team work together to complete the **On-Site** monitoring with some tasks completed by the PEA staff after training by ESS. **On-Site** activities will typically be completed within one week. The secure care PEA must have an agency team as active participants.

Instructions for On-Site Compliance Scoring & Final Summary Documentation

For all On-Site file review forms, interviews, and surveys you will use the codes of “I” for **In Compliance**, “O” for **Out of Compliance**, and “U” for those items that are **Unreported** or do not apply.

The steps to developing the final reports are listed below:

1. Team members score items on each form.

During a file review, upon completion of an interview, or when scoring a survey a member of the monitoring team must make a decision, utilizing the Guide Steps, as to the compliance call for each individual line item. One of the above codes (I, O, U) is then entered on the corresponding line for the item on the form.

2. The computer program then automatically calculates the compliance of each line item by summarizing all of the data that was collected from all sources.

Once the forms, interviews, and surveys have been completed, the data is entered into the computer. The computer program will automatically transfer the data into the Summary of Findings (SOF).

3. Each PEA/ESS team reviews the Summary of Findings, and makes final decisions regarding level of performance in the four sections.

Once all the data has been entered the team will review all the items in each of the four sections in the SOF (Child Identification, Evaluation, IEP, and Procedural Safeguards) and based upon the level of performance in each section make a call for the section as a whole. There are four options for each section: Substantial Evidence of Effective Systems, Inconsistent Evidence of Effective Systems, Minimal Evidence of Effective Systems, or No Evidence of Effective Systems. **If there is a line item in any section that is “Out of Compliance” then the performance level for that section cannot be “Substantial Evidence.”**

4. The computer will generate a Corrective Action Plan (CAP) *framework* which the team will individualize.

The team will review and modify the CAP so that it is meaningful to the PEA and clearly outlines the activities/requirements for meeting and sustaining compliance.

5. Each team must submit a Monitoring Overview.

The team will reach agreement on the areas of strength and concern based upon all data generated as well as the observations of the team. The Monitoring Overview Form is where the strengths and concerns related to the special education program are to be documented. The summary of the performance level decisions for the four sections in the SOF also need to be noted on this form. The team should limit the strengths and concerns to no more than five each.

Secure Care Agency Form

SCAF

PEA: _____

Citation	I-O-U	Description	Citation	I-O-U	Description
I.A.1	_____	Child Find policy reviewed annually by staff and documentation maintained	I.A.1	_____	Required procedures for 2.9-5 yrs child find were followed.
I.A.1	_____	Child find procedures disseminated to parents	IV.A.1	_____	All parents provided annual notice of confidentiality
I.A.1	_____	Required procedures for birth - 2.9 yr child find were followed			

COMMENTS _____

Secure Care Student Form

Student _____ Teacher _____ School _____ Monitor _____
 Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____
 Primary home language indicated by the parent _____ Language in which the student is most proficient _____

E6

		Evaluation/Re-evaluation		PEA ✓	Line Item	I-O-U	Description
PEA ✓	Line Item	I-O-U	Description	<input type="checkbox"/>	II.A.4	_____	Eligibility Considerations
<input type="checkbox"/>	II.A.1	_____	Current Evaluation - 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"/> Vision <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Hearing <input type="checkbox"/> Communications <input type="checkbox"/> Academics <input type="checkbox"/> Assistive Tech <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor Skills <input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____
<input type="checkbox"/>	II.A.2	_____	Review of Existing Data	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents.				
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom based assessments.				
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service provider observation(s), including pre-referral interventions.				
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments				
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data were needed.	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	For re-evaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or, for re-evaluation only, documented efforts to obtain consent.	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of educational disadvantage.
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of EL on progress in general curriculum.

COMMENTS: _____

Secure Care Student Form

	PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI - verification by an audiologist
	<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services. 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	HI - documents the language proficiency of the student.
	<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"/>	VI - verification by an ophthalmologist 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	SLI - documents a communication disorder	<input type="checkbox"/>		<input type="checkbox"/>	VI - documents the results of an individualized Braille assessment for students who are considered to be blind.
	<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"/>	OI - verification by a doctor of medicine 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	SLD - certifies that each team member agrees or disagrees	<input type="checkbox"/>		<input type="checkbox"/>	SMR - documents performance at least four SD below the mean 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	SLD - documents determination of effects of environmental, cultural or economic disadvantage.	<input type="checkbox"/>		<input type="checkbox"/>	A - documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
	<input type="checkbox"/>		<input type="checkbox"/>	MIMR - documents performance on standard measures between two and three standard deviations below the mean 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI - verification by a doctor of medicine 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	MOMR - documents performance on standard measures between three and four SD below the mean 60-Day	<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"/>	ED - verification by a psychologist or psychiatrist 60-Day	<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"/>	OHI - verification by a doctor of medicine 60-Day				

E7

COMMENTS: _____

Secure Care Student Form

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____ 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals.
<input type="checkbox"/>	II.A.6	_____	Census information (SAIS) is accurate 60-Day <input type="checkbox"/> 1-student not eligible receiving services <input type="checkbox"/> 2-student not eligible for sped	<input type="checkbox"/>	III.A.4	_____	Individualized Services to be provided
			Individual Education Plan	<input type="checkbox"/>		<input type="checkbox"/>	Special Education services to be provided
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no" indicate missing members). <input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results Interpreter <input type="checkbox"/> Special Ed Teacher	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included.	<input type="checkbox"/>	III.A.5	_____	Consideration of the need for extended school year.
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)	<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with non-disabled peers.
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP.	<input type="checkbox"/>		<input type="checkbox"/>	Other Considerations
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate. 60-Day	<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"/>	For students eligible for alternate assessments only, short term instructional objectives or benchmarks	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate.
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student.
				<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs.

ES

COMMENTS: _____

Secure Care Student Form

	PEA ✓	Line Item	I-O-U	Description		PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>		<input type="checkbox"/>	For EL students, consideration of language needs related to the IEP.		<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age appropriate assessment(s).
	<input type="checkbox"/>		<input type="checkbox"/>	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.		<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s).
	<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs		<input type="checkbox"/>		<input type="checkbox"/>	Documentation that student was invited to meeting.
		Postsecondary Line Items (III.A.6 & III.A.7)				<input type="checkbox"/>	III.A.7	_____	Documentation of additional postsecondary transition components.
	<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components. 60-Day		<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18.
	<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals. 60-Day <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		<input type="checkbox"/>	III.A.8	_____	IEP reflects student educational needs. 60-Day Reason for "O" call <input type="checkbox"/> No link between Evaluation and IEP <input type="checkbox"/> PLAAFP- all student needs not addressed <input type="checkbox"/> IEP goals not aligned with needs <input type="checkbox"/> Postsecondary transition components not addressed
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s).					
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support postsecondary goal(s) 60-Day					
	<input type="checkbox"/>		<input type="checkbox"/>	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 is obtained.					
		Procedural Safeguards/Parental Participation							
						PEA ✓	Line Item	I-O-U	Description
						<input type="checkbox"/>	IV.A.2	_____	Notices provided at required times and in a language and form that is understandable to the parent
						<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months. 60-Day

COMMENTS: _____

Secure Care Student Form

E10

- All required notices provided in language that is:
1. the native language of the parent
2. understandable to public. **60-Day**
- IV.A.3 PWN provided at required times and contain required components
- PWN provided to parents at required times in the last 12 months.
- For PWN, description of action proposed or refused by PEA
- For PWN, explanation of why the agency proposed or refused to take action
- For PWN, description of any options considered and why options were rejected
- For PWN, description of evaluation procedures, test 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 procedural safeguards can be obtained.
- For PWN, sources to obtain assistance in understanding notice.

COMMENTS: _____

Secure Care General Education Teacher Survey (SCGETS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks and return survey in the self addressed stamped envelope.

	For ESS Use Only
<p>1. Describe the good things going on in your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Is there follow-up when you indicate a concern on the 45 day new student screening? a. YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ I.A.1</p>
<p>3. Do you provide specific progress data for your students when they are being evaluated or a. re-evaluated? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ II.A.2</p>
<p>4. Are you involved in determining whether further assessments are required or if existing data is sufficient when a student is being evaluated/reevaluated? a. YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ II.A.3</p>
<p>5. Are all services being provided as indicated in the IEPs of your students? If No, explain. a. YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.4</p>
<p>6. Do the IEPs of your students accurately reflect their special education needs? If No, explain. YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.8</p>
<p>7. Describe any concerns about your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Your time and effort in completing this form is greatly appreciated!

Secure Care Inmate Survey (S-1-A)

Facility: _____ Site/Campus: _____ Date: _____

Please answer each question with information about yourself and your experiences with special education in this school. **Please return the survey in the pre-addressed envelope.**

	For ESS Use Only
<p>1. Describe the good things going on in your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do you have concerns about your special education program?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Were you evaluated or reevaluated this year? YES _____ NO _____</p> <p>If NO, please go to question 3.</p> <p>Did the team consider your input? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.2</p>
<p>3. Do the progress reports you receive let you know if you will achieve your IEP goals this year?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.3</p>
<p>4. Are you receiving the amount of services currently listed in your IEP?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>II _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>5. Were postsecondary goals developed/reviewed at your IEP meeting? (Transition goals based upon age-appropriate assessments and/or interviews with you)</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>

Secure Care Inmate Survey (S-1-A)

	For ESS Use Only
<p>6. Does the IEP team talk about what you want to do when you leave this facility? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>7. Were you informed about meetings early enough to attend? (IEP meetings and manifestation determination meetings) YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>8. Does the IEP reflect all you educational needs? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.8</p>
<p>9. Were your rights (Procedural Safeguards) given/explained to you within the last year? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ IV.A.2</p>
<p>10. Were the rights that were given/explained to you in a way that was easy to understand? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ IV.A.2</p>
<p>11. Have you used the Merging Two Worlds Curriculum and/or the Reintegration Portfolio of a Successful Transition? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Your time and effort in completing this form is greatly appreciated!

Secure Care Parent Survey (SCPS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks and return survey in the self addressed stamped envelope.

	For ESS Use Only
<p>1. Describe the good things going on in your child's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Describe the type of current information that you provided to the team during your child's most recent evaluation/re-evaluation (i.e. medical, behavioral, developmental, functional performance),</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.2</p>
<p>3. Do the progress reports you receive indicate how much progress your child is making toward his/her IEP goals?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.3</p>
<p>4. Is your child receiving all the services indicated in the IEP? If No, explain.</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>5. Does your child's IEP accurately reflect his/her special education needs? If "NO", please provide specifics.</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.8</p>
<p>6. Did you receive your Procedural Safeguards Notice (PSN) within the last year?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.2</p>

Secure Care Parent Survey (SCPS)

	For ESS Use Only
<p>7. Did you receive Prior Written Notice (PWN) following your child's latest evaluation/re-evaluation and/or IEP? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ IV.A.3</p>
<p>8. Describe any concerns about your child's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>IF YOU HAVE A CHILD 16 YEARS OF AGE OR OLDER PLEASE ANSWER QUESTIONS 9, 10, and 11.</p>	For ESS Use Only
<p>9. Were Postsecondary goals developed at you child's IEP? (Transition goals based upon age-appropriate assessments and/or interviews with you and your child) YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>10. Was your child invited to his/her IEP meeting? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>11. If your child has turned 17, were you and your child informed of the transfer of guardianship rights when he/she turns 18? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.7</p>

Your time and effort in completing this form is greatly appreciated!

Secure Care Related Service Provider Survey (SCRSPS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks and return survey in the self addressed stamped envelope.

	For ESS Use Only
1. Describe the good things going on in your school district or charter school's special education program. _____ _____ _____	
2. Do you provide specific progress data when your students are evaluated or re-evaluated? YES _____ NO _____ _____ _____ _____	I _____ O _____ U _____ II.A.2
3. Do the IEPs of your students accurately reflect their educational needs? If "NO," Explain. YES _____ NO _____ _____ _____ _____	I _____ O _____ U _____ III.A.8
4. List three ways you adhere to confidentiality requirements. 1. _____ 2. _____ 3. _____	I _____ O _____ U _____ IV.A.1
5. Describe any concerns about your school district or charter school's special education program. _____ _____ _____	

Your time and effort in completing this form is greatly appreciated!

Secure Care Special Education Teacher Survey (SCSETS)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks and return survey in the self addressed stamped envelope.

	For ESS Use Only
1. Describe the good things going on in your school district or charter school's special education program. _____ _____ _____	
2. How do you determine whether existing data is sufficient or additional data is needed when a student is being evaluated or re-evaluated? _____ _____ _____	I _____ O _____ U _____ II.A.3
3. Are all Special Education Services being provided as indicated in the IEPs of your students? YES _____ NO _____ _____ _____ _____	I _____ O _____ U _____ II.A.4
4. Describe the service delivery models used by your district or charter. What service delivery models would be available for Special Education Students with more significant needs? _____ _____ _____	I _____ O _____ U _____ II.A.4
5. Do the IEPs of your students accurately reflect their educational needs? If "NO" Explain. YES _____ NO _____ _____ _____ _____	I _____ O _____ U _____ III.A.8
6. List three ways you adhere to confidentiality requirements. 1. _____ 2. _____ 3. _____	I _____ O _____ U _____ IV.A.1
7. If you have secondary students, what information do you include on the Summary of Performance for graduating seniors or student who have aged out? _____ _____ _____	I _____ O _____ U _____ III.A.7
8. Describe any concerns about your school district or charter school's special education program. _____ _____ _____	

Your time and effort in completing this form is greatly appreciated!

Secure Care Student Survey (S-1-J)

Facility: _____ Site/Campus: _____ Date: _____

Please answer each question with information about yourself and your experiences with special education in this school. **Please return the survey in the pre-addressed envelope.**

	For ESS Use Only
<p>1. Describe the good things going on in your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do you have concerns about your special education program?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Were you evaluated or reevaluated this year? YES_____ NO_____</p> <p>If NO, please go to question 3.</p> <p>Did the team consider your input? YES_____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.2</p>
<p>3. Do the progress reports you receive let you know if you will achieve your IEP goals this year?</p> <p style="text-align: center;">YES_____ NO_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.3</p>
<p>4. Are you receiving the amount of services currently listed in your IEP?</p> <p style="text-align: center;">YES_____ NO_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>5. Were postsecondary goals developed/reviewed at your IEP meeting? (Transition goals based upon age-appropriate assessments and/or interviews with you)</p> <p style="text-align: center;">YES_____ NO_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>
<p>6. Does the IEP team talk about what you want to do when you leave this facility?</p> <p style="text-align: center;">YES_____ NO_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>

Secure Care Student Survey (S-1-J)

	For ESS Use Only
<p>7. Were you informed about meetings early enough to attend? (IEP meetings and manifestation determination meetings) YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.6</p>
<p>8. Does the IEP reflect all you educational needs? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ III.A.8</p>
<p>9. Were your rights (Procedural Safeguards) given/explained to you within the last year? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ IV.A.2</p>
<p>10. Were the rights that were given/explained to you in a way that was easy to understand? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____ O _____ U _____ IV.A.2</p>
<p>11. Have you used the Merging Two Worlds Curriculum and/or the Reintegration Portfolio of a Successful Transition? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Your time and effort in completing this form is greatly appreciated!

Directions for Scoring Surveys

These directions are used to score all four surveys (PS- Parent Survey, GETS- General Education Teacher Survey, SETS- Special Education Teacher Survey, and RSPS- Related Service Provider Survey). The purpose of the surveys is to obtain consumer and provider feedback regarding the implementation of special education policies and procedures. The information contained in the surveys is considered confidential and should be maintained according to the PEA’s policies on confidentiality.

	<p>Instructions: Most of the questions on the surveys can be answered with YES or NO AND REQUIRE NO FURTHER EXPLANATION. An item marked as a “Yes” should be scored as I. An item marked as a “No” should be scored as O. Some survey responses may contain comments. Team members should use professional judgment when reading the comments. If it is clear to the reader that the intent of the answer is different than the marked answer (if marked), then the answer should be changed.</p> <p>If a question is not answered, mark the item U.</p>
<p style="text-align: center;">No Citation</p>	<p>Describe the good things going on in the district’s/charter’s special education program.</p> <p>This item is used to solicit information regarding the strengths of the agency’s special education program. The strengths as articulated by the respondent will be listed with strengths identified by others, and prioritized by the monitoring team for the Monitoring Overview.</p>
<p style="text-align: center;">No Citation</p>	<p>What concerns do you have about the district’s/charter’s special education program?</p> <p>This item is used to solicit information regarding any areas of concern that are confronting the PEA in the provision of special education services. The concerns as articulated by the respondent will be listed with concerns identified by others, and prioritized by the monitoring team for the Monitoring Overview</p>

Secure Care Site Administrator Interview (SCSAI)

PEA: _____ Site/Campus: _____ Date: _____

Interviewee: _____ Monitor: _____

	For ESS Use Only
<p>1. Describe the good things going on in the special education program in your school.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Give examples of actions taken by the MET during a re-evaluation if it's determined that a students' process is insufficient with the current IEP.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.4</p>
<p>3. How does the MET determine that the lack of progress in the general curriculum is related to a suspected disability rather than the lack of appropriate instruction in the reading and math?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.4</p>
<p>4. How do you ensure that all service delivery models are available to meet the unique needs of student with disabilities?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>5. Give examples of the specific information of the IEP team considers when determining the program adaptations (accommodations/modifications) for a student.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>6. When the student is not a native English speaker, give examples of how the MET determines that the lack of progress in the general curriculum is related to a suspected disability rather than the limited English proficiency.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>II.A.4</p>
<p>7. What are examples of supports for school personnel pertaining to the unique needs of an individual student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>

Secure Care Site Administrator Interview (SCSAI)

	For ESS Use Only
<p>8. If there is evidence of behavior that impedes the students' learning or the learning of other, describe behavioral strategies the IEP team considers to support the student in the school environment</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>9. What specific factors does the IEP team consider when making the determination for the need for assistive technology for an individual student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>10. If you have a student with disabilities who has been suspended beyond ten (10) days or expelled, how do you continue services for that student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.4</p>
<p>11. Do you have any concerns about the special education program at your school/district?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Secure Care Special Education Administrator Interview (SCSPEDI)

PEA: _____ Site/Campus: _____ Date: _____
 Interviewee: _____ Monitor: _____

	For ESS Use Only
1. Describe the good things going on in the special education program in your school. _____ _____ _____	
2. Upon review of all evaluation data, what do teams specifically discuss when determining the impact of the suspected disability on the individual student's progress in the general education curriculum? _____ _____ _____	I _____ O _____ U _____ II.A.4
3. Give example of actions taken by the MET during a re-evaluation if it's determined that a student's progress is insufficient with the current IEP. _____ _____ _____	I _____ O _____ U _____ II.A.4
4. When the student is not a native English speaker, give examples of how the MET determines the lack of progress in the general curriculum is related to suspected disability, rather than the limited English proficiency. _____ _____ _____	I _____ O _____ U _____ II.A.4
5. How do you ensure that all service delivery models are available to meet the unique needs of students with disabilities? _____ _____ _____	I _____ O _____ U _____ III.A.4
6. What does the school do to ensure that services described in the IEP are provided? _____ _____ _____	I _____ O _____ U _____ III.A.4
7. Give examples of the specific information the IEP team considers when determining program adaptations (accommodations/modifications) for a student. _____ _____ _____	I _____ O _____ U _____ III.A.4

Secure Care Special Education Administrator Interview (SCSPEDI)

	For ESS Use Only
<p>8. If the IEP Team determines the need, what are two (2) examples of supports for school personnel?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>9. If there is evidence of behavior that impedes the student's learning or the learning of others, describe behavioral strategies the IEP team considers to support the student in the school environment.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>10. What specific factors does the IEP Team consider when making the determination of the need of assistive technology for an individual student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>11. If you have a student with disabilities who has been suspended beyond ten (10) days or expelled, how do you continue services for that student?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.4</p>
<p>12. Do you have any concerns about the special education program at your school?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Secure Care Student Interview (SCSI)

PEA: _____ Site/Campus: _____ Date: _____

Interviewee: _____ Monitor: _____

	For ESS Use Only
<p>1. What do you like about your school? What do you do outside of school?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. What is the hardest/most challenging for you in school? Outside of school?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>3. Were you invited to your last IEP meeting? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>
<p>4. Did you attend your last IEP meeting? YES _____ NO _____</p> <p>If yes, please describe:</p> <ul style="list-style-type: none"> • Did you know what was going to take place at the meeting beforehand? How? • What types of questions were you asked? What information did you share? • What is in your IEP— accommodations, courses, a plan and goals for what you will do after leaving high school, etc. <p>_____</p> <p>_____</p> <p>_____</p> <p>If no, please describe:</p> <ul style="list-style-type: none"> • How did you let the IEP Team know what you want to do after high school? • Is that written into your IEP? <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>
<p>5. Will you need help preparing for what you want to do after high school? Who do you think will provide you with this help? _____ What types of things are they doing/planning to do? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>

Secure Care Student Interview (SCSI)

	For ESS Use Only
<p>6. Of all the classes you have taken, which one was the best? Why?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What classes would you like to take? Who chose the classes you are taking? Do you think these classes will help you with what you want to do after high school?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.6</p>
<p>7. If you are 17 or older, were you told that at age 18 your rights would transfer from your parents to yourself?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>If YES, what does this mean to you?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.7</p>

Secure Care Teacher Interview (SCTI)

PEA: _____ Site/Campus: _____ Date: _____

Interviewee: _____ Monitor: _____

	For ESS Use Only
<p>1. How do you determine and report the specific progress the student is making toward IEP goals?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.3</p>
<p>2. What factors does the IEP team consider when deciding what supplementary aids, services, and program adaptations a student may need?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>3. What is the responsibility of the IEP team regarding supports for school personnel? Give some examples of these supports.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>4. Describe the service delivery models presently used by the PEA. Explain how you would ensure the availability of other options, if needed.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>5. What factors does the IEP team consider when determining the need for positive behavior interventions and supports for a student with an IEP?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>6. What is the responsibility of the IEP team regarding assistive technology services in both instruction and assessment?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.5</p>
<p>7. Does the student's IEP accurately reflect his/her needs?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.8</p>

Secure Care On-Site Monitoring Setup Form

PEA _____

Lead Specialist _____

SPED Population # _____

Monitoring Criteria

Experience/Stability of Personnel:	
Annual Site Visit:	
Transition goals	_____ %
Transition activities	_____ %
60 Day timeline	_____ %

Dispute Resolution Findings:
Data Reporting Compliance:
Communication/Technical Assistance:

OTHER

Monitoring Type: On-Site Modified On-Site

Monitoring Start Date: _____ Exit Conference Date: _____

		Number of Surveys Needed
Number of ESS Team Members Needed:	Parent Survey	
	General Ed Teacher	
	Special Ed Teacher	
	Related Service Provider	
	Secure Care Inmate Survey	
	Secure Care Student Survey	
Please Send Surveys To:		
Title:		

Please complete and return on or before June 1.

Appendix

Appendix A
on following page

Monitoring Type Decision Worksheet Instructions

The following document is the rubric used each spring by ESS program specialists in collaboration with special education directors to determine the type of monitoring activities and focus areas for PEAs in year 4 of the 6-year monitoring cycle.

There are three monitoring types. **Data Review (DR)** is for PEAs with outstanding data results. The only required activity in year 4 for PEAs in DR is to review student files for continued 100% compliance with initial evaluation timelines (Indicator 11) and secondary transition components (Indicator 13). PEAs with one or two areas of concern will be in **Self-Assessment (SA)**. PEAs in SA will review student files and complete an analysis of root-cause issues related to data that did not meet the target. PEAs who have systemic issues related to data outcomes will be involved in an **On-Site monitoring (OS)**. All compliance line items in the monitoring manual will be addressed during an on-site monitoring with ESS program specialists working with a team from the PEA to complete all activities.

This rubric is also used by the program specialists to review data for all PEAs each spring. If a PEA is in a year other than year 4 of the monitoring cycle the PEA may still be placed into year 4 and assigned an on-site monitoring if data warrant. Most concerning are those PEAs with less than 100% compliance on the identified OSEP compliance indicators (Indicators 9, 10, 11, 13) and those PEAs with data that show systemic issues in multiple areas of the rubric.

All PEAs are encouraged to use this rubric each year to help identify areas where an increased emphasis may be warranted or where program improvement may well improve outcomes for students with disabilities.

2010-2011 MONITORING TYPE DECISION WORKSHEET

PEA Name: _____ Specialist: _____ Date: _____ Monitoring Type: _____

Directions: Use Data Spreadsheet to complete each column below. Utilize the scoring rubric on page 2 to determine points and record at the bottom row of each column. Add the numbers from each column and write the total in the box at the bottom right of the page. This score determines the "monitoring type" for this PEA.

Sped Population & Results Indicator Data	Disproportionality Compliance Indicators 9 & 10	TA Site Visit Data Compliance Indicators 11 & 13	Dispute resolution findings	PEA Determination	
Sped Population: _____ 7 ◀▶ 13% Graduation Rate: _____ (Indicator 1) ▲ 66% Dropout Rate: _____ (Indicator 2) ▼ 5.20% AIMS Reading: _____ (Indicator 3) ▲ 55% AIMS Math: _____ (Indicator 3) ▲ 50% Suspension: _____ (Indicator 4) ▼ 2.5% LRE: A =/▲ 53% _____ B =/▼ 15% _____ C =/▼ 1.9% _____ (Indicator 5) Parent Response: _____ (Indicator 8) ▲ 10% Parent Measurement: _____ (Indicator 8) ▲ 48% Total outside target: _____	Disproportionality: By Ethnicity: _____ (Indicator 9) 0.40 ◀▶ 2.5 Ethnicity: _____ By Ethnicity and Disability: (Indicator 10) 0.40 ◀▶ 2.5 Ethnicity: _____ Disability: _____	Indicator 11- Child Find /Evaluation Timeline: _____% = 100% Indicator 13- Secondary Transition (Component Avg): _____% = 100% If NA or 0% please explain _____ _____ _____ _____ _____ _____	# of findings of non-compliance: _____ # Timely correction within one year: _____ Areas of non-compliance: _____ _____ _____ _____ _____ _____	<u>SY07-08:</u> <input type="checkbox"/> Meets Requirements <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Needs Intervention <input type="checkbox"/> Needs Substantial Intervention <u>SY08-09:</u> <input type="checkbox"/> Meets Requirements <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Needs Intervention <input type="checkbox"/> Needs Substantial Intervention	Total Points
<u>Points:</u> _____ out of 3	<u>Points:</u> _____ out of 2	<u>Points:</u> _____ out of 2	<u>Points:</u> _____ out of 1	<u>Points:</u> _____ out of 2	= _____ out of 10

2010-2011 MONITORING TYPE DECISION WORKSHEET

Score of 10 = DATA REVIEW

Score of 6-9 = SELF-ASSESSMENT

Score Equal to or Less than 5 = ON SITE

Sped Population & Results Indicator Data	Points Possible 3	Disproportionality Compliance Indicators 9 & 10	Points Possible 2	TA Site Visit Data Compliance Indicators 11 & 13	Points Possible 2	Dispute Resolution findings	Points Possible 1	PEA Determination SY 07-08 and 08-09	Points Possible 2
Meets all state targets	3	No disproportionality in Indicator 9 or 10	2	100% compliance in 1 or both Indicators 11 and 13 (as applicable based on PEA type) at last site visit	2	No findings of non-compliance	1	"Meets requirements" for last 2 years OR Current year "Meets requirements" and point total from other columns = 8	2
1- 2 areas do not meet state targets	2	Disproportionality in Indicator 9 or 10	1	75-99% compliance in 1 or both Indicators 11 and 13	1	Findings of non-compliance on any complaint	0	"Needs assistance" 1 year and "Meets requirements" 1 year OR 1 year of data with no determination of "needs intervention"	1
3 or 4 areas do not meet state targets	1	Disproportionality in both Indicators 9 and 10	0	Less than 75% in any 1 of Indicators 11 or 13 OR No data when data IS relevant to PEA type	0			"Needs assistance" 2 years OR "Needs intervention" in any year OR No Data	0
5 or more areas do not meet state targets	0								

Specialist Comments: Include information relevant to policies and procedures, capacity building grants, conferences and training attendance, etc. Be specific.

Appendix B
on following page

APPENDIX B

III.A.3	III.A.3	III.A.3	III.A.3
1. Mary can correctly define 10% of veterinary terms found in veterinary technical manuals. With the aid of an automatic thesaurus she correctly defines 22% of the terms.	Mary will correctly define 90% of veterinary terms found in veterinary technical manuals with the aid of an automatic thesaurus.	Weekly quizzes of 20 veterinary terms.	At the end of the first grading period, Mary is now able to define 40% of technical terms.
2. Given picture-clue instructions, George follows two-step directions with accuracy. In 5 trials with three-step directions, George was unable to complete any with accuracy.	Given picture-clue instructions, George will follow three-step directions accurately 5 times per week for four consecutive weeks.	At least three opportunities to follow three step directions daily, with teacher charting of results	At the end of the second grading period, George has demonstrated he is able to follow three-step directions accurately an average of 4 times per week for the last four weeks.
3. Using grade-level social studies textbook and current reading assignment, John orally reads 22 wpm with three errors, on average, over 4 trials.	Using grade-level social studies textbook and current reading assignment, John will orally read 100 wpm with no more than three errors, on average, over 4 trials.	Weekly one-minute assessments.	At the end of the third grading period, John has averaged 87 words per minute with three errors over the last four trials.
4. Given weekly math test with 20 problems dealing with multiplying 3-digit by 2-digit whole numbers, Paul correctly answered an average of 8 problems for five trials.	Given weekly math test with 20 problems dealing with multiplying 3-digit by 2-digit whole numbers, Paul will correctly answer an average of 15 problems for five trials.	Weekly assessments and student charting of results.	At the end of the second grading period, Paul is able to answer 9 of the 20 problems correctly.

III.A.3	III.A.3	III.A.3	III.A.3
<p>The O.T reports Ringo has the necessary muscular development, and, this year, should be able to develop the necessary motor control to use his communication board for purposeful communication.</p>	<p>At the school cafeteria, Ringo will order a school lunch, to include at least two different food selections, by pointing at items on his communication board with his elbow, daily for four consecutive weeks.</p>	<p>Lunchtime para working with Ringo will observe behavior and chart number and types of items ordered daily.</p>	<p>At the end of the first grading period, Ringo independently ordered a desert each day. With verbal encouragement from the aide, he also ordered an additional, different item each day.</p>
<p>Martin often displays aggressive behavior toward peers. He yells, pushes, and is sent to the office on a frequent basis.</p>	<p>Martin will reduce aggressive behavior toward others as evidenced by a reduction in referrals to the office for aggressive behavior from 6 to none for a 9-week grading period.</p>	<p>Special education teacher will review office referrals for aggressive behavior for the grading period.</p>	<p>For the current (first) grading period, Martin had two office referrals for aggressive behavior.</p>
<p>George's content area teachers (Social studies, Math, Science and Language Arts) report George never turns in any homework.</p>	<p>Given homework assignments at his academic level, George will complete and submit 90%of the required assignments in each content area class by the end of the 4th quarter.</p>	<p>Content area teachers will record daily each homework assignment that is completed and turned in.</p>	<p>At the end of the second grading period, George has completed and turned in 60% of his homework assignments.</p>

Appendix C
on following page

Arizona Parent Involvement Survey Instructions - Appendix C

PEAs with less than a 10% response rate for the Arizona Parent Involvement Survey are required to repeat the process. The CAP cannot be closed until the PEA meets or exceeds the required 10% response rate on the Parent Involvement Survey. A 75-100% response rate is desirable. The higher the response rate, the greater the likelihood the data will be representative of the target population.

Administering the online AZ Parent Involvement Survey:

1. Getting Started

- PEAs will consult with their Program Specialist to initiate participation in the current survey cycle, August 1, 2010 through June 30, 2011 .
- The Program Specialist will confirm with the Parent Involvement Survey Coordinator the PEAs participation in the survey as a monitoring indicator.
- The Parent Involvement Survey Coordinator will provide the PEA with a sufficient number of confidential user IDs/passwords, instructions, the survey in English and Spanish, and ongoing technical assistance.

2. Administering the Survey

- The PEA will train staff and families about survey procedures and monitor the survey process.
- Parent Information Network Specialists (PINS) are available to consult with the PEA to discuss strategies to inform families about the Survey and promote maximum participation.
- Every family of a student who receives special education and related services must be given survey instructions and a confidential user ID and password. .
- Parents must be given a user ID and password for each of their children who has an IEP.
- Only parents complete the survey (i.e., not students who have reached the age of majority). Special education student counts used to calculate the PEA response rate will be adjusted to account for students who have had special education rights transferred to them on their 18th birthday. NOTE: The student's parent(s) may choose to complete the survey; if that is the case the student will not be deleted from the student count.
- The PEA is responsible for regular communication with families throughout the school year to reach a satisfactory response rate.
- A representative response rate must also be similar to the demographic characteristics of the PEA.

3. Collecting and Analyzing the Data

- Monthly response rate updates will be emailed to each participating PEA and posted on the ESS website, www.azed.gov/ess/parentsurvey. .
- An end-of-year analysis of survey responses will be provided to the PEA.
- As required by IDEA '04, an indicator of the percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and outcomes for children with disabilities—as determined by survey data—will be posted for public viewing on the ESS website.
- The value of the data is significant. The Survey will assist PEAs to identify their strengths and needs in order to facilitate parent involvement as a means of improving services and outcomes for children with disabilities.

Technical Assistance:

Program Specialists: Flagstaff (928) 679-8100 Phoenix (602) 542-4013 Tucson (520) 628-6330

Parent Survey Coordinator: (928) 679-8106 or ParentSurvey@azed.gov

Parent Information Network Specialists: (928) 679-8102

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on the following page

****The Child Find referral form is currently being revised and was not available for print. Please contact Becky Raabe, Child Find Coordinator at Becky.Raabe@azed.gov or your ESS Program Specialist**