

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 maintaining the procedural compliance requirements for each public education agency (PEA). ESS will combine data from various reports submitted to ESS with input from the ESS program specialists and PEA administrators to determine the format for the monitoring for each PEA. While continuing to use a six-year cycle, the activities tied to year 4 of the cycle are now divided according to data outcomes for non-secure care PEAs. Because of 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, ESS believes that incorporating all line items into an On- Site review will assist secure care PEAs in meeting all the 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 use the Guide Steps for self-assessment and improvement planning.

Procedural compliance is only one element contributing to good outcomes for students. Secure care PEAs participating in an **On- Site** monitoring will also be required to “drill down” to determine root causes of poor performance in given areas. 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 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 with active participants.

Instructions for On- Site Compliance Scoring and Summary Documentation

The PEA 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 for all on-site file review forms, interviews, and surveys.

The steps for collating data and developing the final reports are listed below:

Using the Guide Steps as authority, a member of the monitoring team must make a decision as to the compliance call for each individual line item involved in the monitoring. These compliance decisions are made when a file review is completed, an interview is concluded, or when a survey is scored. One of the above codes (**I**, **O**, or **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. Together the PEA and ESS team members review the draft Summary of Findings report.
3. The monitoring team reviews each of the four sections (Child Identification, Evaluation, IEP, and Procedural Safeguards) in the draft Summary of Findings report.

Based upon the review of all data, the team next determines the level of performance of the PEA 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 generates a Corrective Action Plan (CAP) *framework*, which the PEA team individualizes by adding specific actions unique to the needs of the PEA.

The PEA team reviews and modifies the CAP so that it is meaningful to the PEA and clearly outlines the activities and requirements necessary for the correction of noncompliance and the attainment of sustainability.

5. The PEA and ESS teams agree on the strengths and concerns of the special education program as determined during the monitoring.

The PEA and ESS teams reach agreement on the areas of strength and concern based upon all data gathered, 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 letter sent to the PEA after the monitoring. The level of performance for the four sections in the draft SOF will also be noted in this letter.

Secure Care Agency Form (SCAF)

PEA: _____

Citation	I- O- U	Description	Citation	I- O- U	Description
I.A.2	_____	Child find policy reviewed annually by staff and documentation maintained	I.A.2	_____	Required procedures for 2.10 1/2-5 yrs. child find were followed
I.A.2	_____	Child find procedures disseminated to parents	IV.A.1	_____	All parents provided annual notice of confidentiality
I.A.2	_____	Required procedures for birth-2.10 1/2 yrs. child find were followed			

COMMENTS: _____

Secure Care Child Find Worksheet (SCCF)

PEA: _____

Site: _____

Birthdate and Initials

All PEAs use this section. K-12 Students																		#	#	T
																		I	O	A
	Entry date (record date)																			L
	Date screened or records reviewed (record date)																			
I.A.2	Child find for K-12 grades occurs within 45 days of entry (I O)																			
I.A.2	Follow- up occurred if concerns were noted on the screening (I O U)																			

Site: _____

Birthdate and Initials

All PEAs use this section. K-12 Students																		#	#	T
																		I	O	A
	Entry date (record date)																			L
	Date screened or records reviewed (record date)																			
I.A.2	Child find for K-12 grades occurs within 45 days of entry (I O)																			
I.A.2	Follow- up occurred if concerns were noted on the screening (I O U)																			

Site: _____

Birthdate and Initials

All PEAs use this section. K-12 Students																		#	#	T
																		I	O	A
	Entry date (record date)																			L
	Date screened or records reviewed (record date)																			
I.A.2	Child find for K-12 grades occurs within 45 days of entry (I O)																			
I.A.2	Follow- up occurred if concerns were noted on the screening (I O U)																			

Secure Care Student Form (SCSF)

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: _____

Evaluation/Reevaluation

PEA ✓	Line Item	I- O- U	Description	PEA ✓	Line Item	I- O- U	Description	
<input type="checkbox"/>	II.A.1	_____	Current evaluation. 60- Day	<input type="checkbox"/>	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). (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 providers 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 reevaluation only, parents were informed of reason and right to request data.	<input type="checkbox"/>		<input type="checkbox"/>		For reevaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum.
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or for reevaluation 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 English language learning on progress in general curriculum.

COMMENTS: _____

Secure Care Student Form (SCSF)

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. 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"/>	HI—documents the language proficiency of the student.
<input type="checkbox"/>		<input type="checkbox"/>	SLI—documents a communication disorder.	<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by an ophthalmologist. 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"/>	VI—documents the results of an individualized Braille assessment for a student who is considered blind.
<input type="checkbox"/>		<input type="checkbox"/>	SLD—certifies that each team member agrees or disagrees.	<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a doctor of medicine. 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"/>	ID/SMR—documents performance at least 4 SD below the mean. 60- Day
<input type="checkbox"/>		<input type="checkbox"/>	ID/MIMR—documents performance on standard measures between 2 and 3 SD below the mean.	<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"/>	ID/MOMR—documents performance on standard measures between 3 and 4 SD below the mean.	<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a doctor of medicine. 60- Day
<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a psychologist or psychiatrist. 60- Day	<input type="checkbox"/>		<input type="checkbox"/>	MD—documents a learning and developmental problem resulting from multiple disabilities. 60- Day
				<input type="checkbox"/>	II.A.5	_____	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI. 60- Day
							For initial evaluation, the student was evaluated within 60 calendar days. # of days over: _____ Reason: _____ 60- Day

COMMENTS: _____

Secure Care Student Form (SCSF)

Individualized Education Program				PEA ✓	Line Item	I- O- U	Description
PEA ✓	Line Item	I- O- U	Description	<input type="checkbox"/>	III.A.4	_____	
<input type="checkbox"/>	III.A.1	_____	Current IEP. (date: _____) 60- Day	<input type="checkbox"/>		<input type="checkbox"/>	Individualized services to be provided.
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants.	<input type="checkbox"/>		<input type="checkbox"/>	Special education services to be provided.
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revision annually. (previous date: _____)	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services.
<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"/> Special ed. teacher Interpreter	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program adaptations.
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations.
<input type="checkbox"/>				<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"/>		<input type="checkbox"/>	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 nondisabled peers.
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP. 60- Day	<input type="checkbox"/>	III.A.5	_____	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"/>	Current progress report includes progress toward goals.	<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 ELL students, consideration of language needs related to the IEP.

COMMENTS: _____

Secure Care Student Form (SCSF)

PEA ✓	Line Item	I- O- U	Description	PEA ✓	Line Item	I- O- U	Description
<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 the postsecondary goals were derived from age- appropriate assessment(s). 60- Day
Secondary Transition Line Items (III.A.6 & III.A.7)				<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 the student was invited to meeting. 60- Day
<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.7	_____	Documentation of additional postsecondary transition components.
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals updated annually. 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"/>	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.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 one or more transition services/activities that support the postsecondary goal(s). 60- Day	Procedural Safeguards/Parental Participation			
<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"/>	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 a language that is: 1. the native language of the parent 2. understandable to public 60- Day

COMMENTS: _____

Secure Care Student Form (SCSF)

PEA ✓	Line Item	I- O- U	Description
<input type="checkbox"/>	IV.A.3	_____	PWN provided at required times and contains 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 the 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, tests, 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: _____

Instructions for Scoring Surveys

Use these directions to score all six monitoring surveys (SCPS—Secure Care Parent Survey, SCGETS—Secure Care General Education Teacher Survey, SCSETS—Secure Care Special Education Teacher Survey, SCRSPS—Secure Care Related Service Provider Survey, S-1-J—Secure Care Student Survey, and S-1-A—Secure Care Student Survey). The purpose of the surveys is to obtain parent, staff, and student feedback regarding the implementation of special education policies, procedures, and practices. The information contained in the surveys is considered confidential and should be maintained according to your facility’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 from 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 facility’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 individual respondents will be listed with strengths identified by others and prioritized by the monitoring team for the Written Notification of Findings letter.</p>
<p style="text-align: center;">No Citation</p>	<p>What concerns do you have about the facility’s special education program?</p> <p>This item is used to solicit information regarding any areas of concern that involve the PEA in the provision of special education services. The concerns as articulated by the individual respondents will be listed with concerns identified by others and prioritized by the monitoring team for the Written Notification of Findings letter.</p>

Secure Care General Education Teacher Survey (SCGETS)

PEA: _____ Site/Campus: _____ Date: _____

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

	For ESS Use Only
<p>1. Describe the good things going on in your 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? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>I.A.2</p>
<p>3. Do you provide specific progress data for your students when they are being evaluated or reevaluated? 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? 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. Are all services being provided as indicated in the IEPs of your students? If NO, explain. YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>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 _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.8</p>
<p>7. List three (3) 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>8. Describe any concerns about your 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'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 asked to provide current information about yourself during the most recent evaluation (e.g., 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 you are making toward your 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. Are you receiving the services currently listed in your IEP? If NO, please 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 the IEP reflect all your special education needs? If NO, please 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. Did you receive a 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)

PEA: _____ Site/Campus: _____ Date: _____

Answer all questions below with any remarks and return this 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. Were you asked to provide current information about your child during the most recent evaluation (e.g., 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 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. 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 a 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 a prior written notice (PWN) after your child's latest evaluation or reevaluation or after the latest IEP meeting?</p> <p style="text-align: center;">YES _____ NO _____</p> <hr/> <hr/> <hr/>	I _____ O _____ U _____ IV.A.3
<p>8. Describe any concerns about your child's special education program.</p> <hr/> <hr/> <hr/>	

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

Rev. 05/12/11

Encuesta Para Padres Centro de Detención

Agencia de Educación Pública (AEP):

Escuela/Lugar: _____

Responda a todas las preguntas de abajo con cualquier comentario y envíe la encuesta en el sobre que lleva la estampilla y la dirección.

	Sólo Para Uso de ESS
<p>1. Describa las cosas buenas que están ocurriendo en el programa de educación especial de su hijo/a.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. ¿La escuela le pidió información de Ud. sobre su hijo/a durante la evaluación mas reciente (es decir, médicos, historia de comportamiento, de desarrollo)?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I ____</p> <p>O ____</p> <p>U ____</p> <p>II.A.2</p>
<p>3. ¿Los reportes de progreso que Ud. reciba indican claramente cuánto progreso de su hijo/a está haciendo hacia sus metas del IEP?</p> <p style="text-align: center;">SI ____ NO ____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I ____</p> <p>O ____</p> <p>U ____</p> <p>III.A.3</p>
<p>4. ¿Está recibiendo su hijo/a todos los servicios como indicaron en el IEP? Si NO, favor provee más detalles.</p> <p style="text-align: center;">SI ____ NO ____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I ____</p> <p>O ____</p> <p>U ____</p> <p>III.A.4</p>
<p>5. ¿Tiene el IEP de su hijo/a refleja con precisión sus necesidades de educación especial? Si NO, por favor describir detalles.</p> <p style="text-align: center;">SI ____ NO ____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I ____</p> <p>O ____</p> <p>U ____</p> <p>III.A.8</p>
<p>6. ¿Ha recibido su Aviso de Salvaguardias Procesales (ASP) en el último año?</p> <p style="text-align: center;">SI ____ NO ____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I ____</p> <p>O ____</p> <p>U ____</p> <p>IV.A.2</p>

Encuesta Para Padres Centro de Detención

<p>7. ¿Ha recibido Aviso Previo Escrito (APE) después la última evaluación/re-evaluación y/o reunión del IEP de su hijo/a?</p> <p style="text-align: center;">SI _____ NO _____</p> <hr/> <hr/> <hr/>	<p>I _____ O _____ U _____ IV.A.3</p>
<p>8. Describa cualquier preocupación sobre el programa de la educación especial en su distrito escolar o escuela charter.</p> <hr/> <hr/> <hr/>	

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

Rev. 05/12/11

Secure Care Related Service Provider Survey (SCRSPS)
 (To be completed by personnel providing services indicated in an IEP)

PEA: _____ Site/Campus: _____ Date: _____

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

	For ESS Use Only
1. Describe the good things going on in your school's special education program. _____ _____ _____	
2. Do you provide specific progress data when your students are evaluated or reevaluated? 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'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 this survey in the self-addressed, stamped envelope.

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

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

Secure Care Inmate Survey (S- 1- J)

Facility: _____

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'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 asked to provide current information about yourself during the most recent evaluation (e.g., medical, behavioral, developmental, functional performance)?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>3. Do the progress reports you receive clearly indicate how much progress you are making toward your 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. Are you receiving the services currently listed in your IEP? If NO, please 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 the IEP reflect all your special education needs? If NO, please 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. Did you receive a procedural safeguards notice (PSN) within the last year?</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Secure Care Inmate Survey (S- 1- J)

	For ESS Use Only
<p>7. Were the rights that were given to you explained in a way that was easy to understand? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>8. Did you receive a prior written notice (PWN) after your latest evaluation or reevaluation or after your latest IEP meeting? YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>9. Have you used the Merging Two Worlds Curriculum 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!

Special Education and Site Administrator Interviews

Interviews with special education directors and site administrators will be conducted for all On-Site monitorings. The interviews involve responding to questions by explaining procedures and processes that occur at your school, as well as supporting those identified processes with evidence. Examples of evidence might be how evaluations or IEPs for specific students are documented.

All interview questions align to specific compliance line items within the Monitoring System Manual Guide Steps. Administrators are encouraged to review the Guide Steps in their entirety and also to focus on those items that have an interview component. Each question of the interview identifies the student file review component that corresponds to the interview question. Look over the interview form and refer to the Guide Steps for an idea of the supporting documentation the interviewer from ESS will ask to see.

Please plan approximately one hour for each interview.

As you would with any component of the ADE/ESS monitoring process, please contact your assigned program specialist with any questions you have or for clarification concerning the interviews.

Secure Care Site Administrator or PEA Representative 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. How does a MET determine that a lack of progress in the general curriculum is related to a suspected disability rather than to the lack of appropriate instruction in reading or math?</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 a MET during a reevaluation if it is determined that a student's progress has been 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 a student is not a native English speaker, explain how a MET determines that lack of progress in the general curriculum is related to a suspected disability rather than to 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 all students with disabilities?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>6. Give some examples of specific information 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>7. What are some examples of supports for school personnel that could be provided to meet 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 or PEA Representative Interview (SCSAI)

	For ESS Use Only
<p>8. What specific factors does the IEP team consider when making a 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. When there is evidence of behavior that impedes a student's learning or the learning of others, what are some behavioral strategies the IEP team might consider 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 who has been 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>	

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. When all evaluation data has been reviewed, what do teams specifically discuss when determining the impact of the suspected disability on an individual student's progress in the general education curriculum? _____ _____ _____	I _____ O _____ U _____ II.A.4
3. Give some examples of actions taken by a MET during a reevaluation if it is determined that a student's progress has been insufficient with the current IEP. _____ _____ _____	I _____ O _____ U _____ II.A.4
4. When a student is not a native English speaker, what are some examples of how a MET determines that lack of progress in the general curriculum is related to the suspected disability, rather than to 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 all students with disabilities? _____ _____ _____	I _____ O _____ U _____ III.A.4
6. What does the school do to ensure that services described in an IEP are provided? _____ _____ _____	I _____ O _____ U _____ III.A.4
7. Give some examples of the specific information an 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. What specific factors does an 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>9. When there is evidence of behavior that impedes the student's learning or the learning of others, what are some behavioral strategies the IEP team might consider 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 who has been 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>	

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. Are you receiving the services currently in your 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>

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 a 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. Give some examples of the specific information an 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>
<p>3. What are some examples of supports for school personnel that could be provided to meet 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>
<p>4. Describe the service delivery models presently used by your PEA. Explain how you would ensure that other options would be available if they were needed.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.4</p>
<p>5. When there is evidence of behavior that impedes a student's learning or the learning of others, what are some behavioral strategies an IEP team might consider 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>6. What specific factors does an 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>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: _____

	Secure Care Surveys	Number of Surveys Needed
Number of ESS Team Members Needed:	Secure Care Parent Survey	
	Secure Care Parent Survey - Spanish	
	Secure Care General Ed Teacher Survey	
	Secure Care Special Ed Teacher Survey	
	Secure Care 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.