

Student Form

SSID No: _____ DOB: _____ Student: _____ Eligibility: _____

Ethnicity: _____ School: _____ Teacher: _____ Monitor: _____

Primary home language indicated by the parent: _____

Language in which the student is most proficient: _____

		Evaluation/Reevaluation		PEA ✓	Line Item	I-O-U	Description
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"/>	II.A.2	_____	Review of existing data				<input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral
<input type="checkbox"/>		<input type="checkbox"/>	Parent request timeline				<input type="checkbox"/> Hearing <input type="checkbox"/> Communications
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents				<input type="checkbox"/> Academics <input type="checkbox"/> Assistive tech.
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom-based assessments				<input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service providers observation(s), including pre-referral interventions				<input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments	<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology
<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 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"/>	For reevaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage
<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 English language learning on progress in the general curriculum
				<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability 60-Day

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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 needs special education and related services 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PSD—documents more than 3.0 SD below the mean in one or more areas
<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"/>	SLI—documents a communication disorder
<input type="checkbox"/>		<input type="checkbox"/>	Sped 72 matches eligibility	<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"/>	A—documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>		<input type="checkbox"/>	SLD—certifies that each team member agrees or disagrees
<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 a child who is at least 3 years of age, but under 10 years of age	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents determination of effects of environmental, cultural, or economic disadvantage
<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a qualified professional 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	SID—documents performance at least 4 SD below the mean
<input type="checkbox"/>		<input type="checkbox"/>	HI—verification by a qualified professional 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	HI—documents the language proficiency of the student	<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	MIID—documents performance on standard measures between 2 and 3 SD below the mean	<input type="checkbox"/>	II.A.5	<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"/>	MOID—documents performance on standard measures between 3 and 4 SD below the mean				For initial evaluation, the student was evaluated within 60 calendar days
<input type="checkbox"/>		<input type="checkbox"/>	MD—documents a learning and developmental problem resulting from multiple disabilities 60-Day				# of days over: _____
<input type="checkbox"/>		<input type="checkbox"/>	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI 60-Day				Reason: _____
<input type="checkbox"/>		<input type="checkbox"/>	OHI—verification by a qualified professional 60-Day				60-Day
<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a qualified professional 60-Day				

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Individualized Education Program				PEA ✓	Line Item	I-O-U	Description
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<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day	<input type="checkbox"/>	III.A.4	_____	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 (If "out", indicate the missing requirement)
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)				<input type="checkbox"/> Not specially designed instruction (SDI) <input type="checkbox"/> No documentation of why SDI is provided by other personnel
<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"/> No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI <input type="checkbox"/> Special education teacher not certified <input type="checkbox"/> Other provider not certified (district only)
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to Guide Steps)	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program modifications
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP	<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	Location, frequency and duration of services and modifications
<input type="checkbox"/>		<input type="checkbox"/>	For students eligible for alternate assessments only, short-term instructional objectives or benchmarks				(If "out", indicate the missing requirement) <input type="checkbox"/> Location <input type="checkbox"/> Frequency <input type="checkbox"/> Duration
<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals (If "out", indicate the missing requirement) <input type="checkbox"/> No description of timeline <input type="checkbox"/> Goals not measurable <input type="checkbox"/> Not done in accordance with timeline <input type="checkbox"/> Not reflective of measurement criteria in goal	<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 nondisabled peers
				<input type="checkbox"/>		<input type="checkbox"/>	Sped 72 matches LRE

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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"/>	The student's course of study supports the identified postsecondary goal(s)
<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 annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s)
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the student was invited to the meeting
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student	<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 has been obtained
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	For students who are ELL, consideration of language needs related to the IEP	<input type="checkbox"/>	III.A.7	_____	Documentation of additional postsecondary transition components
<input type="checkbox"/>		<input type="checkbox"/>	For students with HI, consideration of the child's language and communication needs	<input type="checkbox"/>		<input type="checkbox"/>	Progress reporting for services/activities
Secondary Transition Line Items (III.A.6 & III.A.7)				<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components 60-Day	<input type="checkbox"/>	III.A.8	_____	IEP reflects student educational needs 60-Day Reason for "O" call
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals <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	Procedural Safeguards/Parental Participation			
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals updated annually	<input type="checkbox"/>	IV.A.1	_____	Notices provided at required times and in a language and form that is understandable to the parent
<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age-appropriate assessment(s)	<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"/>	Documentation of one or more transition services/activities that support the postsecondary goal(s)	<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

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PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	IV.A.3		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"/>	If a change in placement 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, an FBA was conducted and a BIP implemented or if already in place, a BIP reviewed and modified, as necessary 60-Day
<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 the parent and PEA agreed to a change of placement 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For suspension or IAES placement, student continued to be provided FAPE, including services and adaptations described in the IEP 60-Day

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