Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Name: | DOB: |
| Grade: | Eligibility Date(s): |
| Annual IEP Date: | Eligibility Category(ies): |

**Note:**  District receives "**Y**" if the data is present and meets compliance. District receives "**N**" if the data is missing or noncompliant and "**N/A**" if the question is not applicable. **Year One and Year Two** columns indicate the two annual IEP review dates.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A.** | **ACCESS SHEET**  **34 CFR 300.614** | **Year One**  **Date \_\_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 1. | Does the access sheet list the name of the person accessing the student file and the date the file was accessed? | Yes  No | Yes  No | Access Sheet |  |
| 2. | Is the date and purpose for accessing the student file documented? | Yes  No | Yes  No | Access Sheet |  |
| **B.** | **PARENTAL CONSENT FOR EVALUATION**  **34 CFR 300.300**  **34 CFR 300.503**  **34 CFR 300.504** | **Year One**  **Date \_\_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 3. | Was parent consent obtained from the parent prior to evaluation? | Yes  No | Yes  No | Date Parent Consent to Evaluate received |  |
| 4. | Does the parent consent to evaluate list the areas to be evaluated? | Yes  No | Yes  No | Parent  consent to  Evaluate  Date of Evaluation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5. | Were parent rights provided when the parent consent to evaluate was signed? | Yes  No | Yes  No | Parent consent to Evaluate  Documentation that parent rights were provided |  |
| **C.** | **ELIGIBILITY OR REDETERMINATION**  **34 CFR 300.306** | **Year One**  **Date \_\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 6. | Were the vision and hearing screenings completed within one year of testing for the student? | Yes  No | Yes  No | * Vision Screening   **Date passed**:\_\_\_\_\_   * Hearing Screening   **Date passed**:\_\_\_\_\_ |  |
| 7. | Did the evaluation team use a variety of assessment tools to gather relevant academic, functional and developmental information about the student to determine eligibility? | Yes  No  N/A | Yes  No  N/A | * Psychological Report * SST Records * Eligibility Report |  |
| 8. | Were the assessments and other evaluation materials selected to assess all needs and not merely those that are designed to provide a single general intelligence quotient? | Yes  No  N/A | Yes  No  N/A | * Psychological Report * Eligibility Report |  |
| 9. | Did the Eligibility Report include appropriate prereferral evidence-based interventions and results (includes SST)? | Yes  No  N/A | Yes  No  N/A | * SST records * Eligibility Report |  |
| **C.**  **Cont’d** | **ELIGIBILITY OR REDETERMINATION**  **34 CFR 300.306** | **Year One**  **Date \_\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 10. | Did the evaluation team consider progress monitoring data reflecting student progress over time? | Yes  No  N/A | Yes  No  N/A | * SST Records * Eligibility Reports |  |
| 11. | Was parent input included during the eligibility determination discussion? | Yes  No  N/A | Yes  No  N/A | * Eligibility Report |  |
| 12. | Did the team consider exclusionary factors prior to determining eligibility? | Yes  No | Yes  No | * Eligibility Report |  |
| 13. | Were all eligibility requirements met? If eligibility requirements were not met did the IEP team list the reasons on the Eligibility Report? | Yes  No  N/A | Yes  No  N/A | * Eligibility Report |  |
| **D.** | **REEVALUATION/REDETERMINATION PROCESS**  **34 CFR 300.303**  **34 CFR 300.306** | **Year One**  **Date \_\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 14a. | Was the reevaluation/redetermination process completed? | Yes  No  N/A | Yes  No  N/A | * IEP * Reevaluation/   Redetermination checklist   * Date completed:   \_\_\_\_\_\_\_\_\_\_\_ |  |
| 14b. | Were several sources of data reviewed to consider eligibility? | Yes  No  N/A | Yes  No  N/A | * Eligibility Report * Reevaluation/   Redetermination checklist |  |
| 14c. | W**e**re additional data needed to determine reevaluation? | Some additional data was needed  No  additional data was needed  N/A | Some additional data was needed  No  additional data was needed  N/A | * Reevalution/   Redetermination checklist |  |
| **D.**  **Cont’d** | **REEVALUATION/REDETERMINATION PROCESS**  **34 CFR 300.303**  **34 CFR 300.306** | **Year One**  **Date \_\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 14d. | Does the student continue to meet eligibility? | Yes  No  N/A | Yes  No  N/A | * Eligibility Report * Reevaluation/   Redetermination checklist |  |
| 14e. | Were supports and/or interventions identified for the student if no longer eligible? | Yes  No  N/A | Yes  No  N/A | * SST minutes * 504 plan * Other |  |
| **E.** | **IEP ANNUAL REVIEW MEETING NOTIFICATION**  **34 CFR 300.322** | **Year One**  **Date\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 15a. | Does the parent notification of the IEP meeting include the time, purpose and location for the meeting? | Yes  ☐No | Yes  ☐No | * IEP Meeting notice * Purpose * Location * Time * Date\_\_\_\_\_\_\_\_\_\_\_ |  |
| **E.**  **Cont’d** | **IEP ANNUAL REVIEW MEETING NOTIFICATION**  **34 CFR 300.322** | **Year One**  **Date\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 15b. | Are the required participants for the IEP meeting listed on the parent notification? | ☐Yes  ☐No | ☐Yes  ☐No | Notification lists the following required particpants:   * Parent * LEA Representative * Student’s special education teacher * Student’s general education teacher(s) * Student, if applicable * Staff qualified to interpret instructional implications of test results * Other agency personnel, if appro (VR, DBHDD, Private Evaluators, Social Workers, etc) * Excusal letter, if applicable * Transition and other agency personnel invited as appropriate with written parental consent |  |
| **F.** | **IEP ANNUAL REVIEW MEETING**  **34 CFR 300.321** | **Year One**  **Date\_\_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 16. | Did the required participants attend the IEP meeting? | Yes  No | Yes  No | * Date IEP Meeting was held: \_\_\_\_\_\_\_\_\_\_\_ * IEP Notification lists the following required particpants: * Parent   *Attended/Not attended* (Circle one)   * LEA Representative * Student’s special education teacher * Student’s general education teacher(s) * Student, if applicable * Staff qualified to interpret instructional implications of test results * Other agency personnel, if appropriate (VR, DBHDD, Private Evaluators, Social Workers, etc) * Excusal letter, if applicable * Transition and other agency personnel invited as appropriate with written parental consent |  |
| **G.** | **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**  **34 CFR 300.320**  **34 CFR 300.324** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 17a. | Does the Present Levels of Academic Achievement and Functional Performance (PLAAFP) include information regarding results of the initial and/or most recent evaluation of the student? | Yes  No  N/A | Yes  No  N/A | * IEP * Date(s) of testing * Explanation describing what the test scores mean? |  |
| 17b. | Does the present level include recent state and/ or district assessments results? | Yes  No  N/A | Yes  No  N/A | * IEP * State Assessment(s) * Name(s):   Date:   * District Assessment(s) * Name(s):   Date: |  |
| **G.**  **Cont’d** | **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**  **34 CFR 300.320**  **34 CFR 300.324** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 17c. | Did the student’s current state and district assessments indicate progress from the previous year? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| 18a. | Does the PLAAFP describe the student’s academic, developmental and/or functional strengths? | Yes  No | Yes  No | * IEP |  |
| 18b. | Does the PLAAFP describe the student’s academic, developmental and/or functional needs? | Yes  No | Yes  No | * IEP |  |
| **G.**  **Cont’d** | **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**  **34 CFR 300.320**  **34 CFR 300.324** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 19. | Does the student’s present levels of academic achievement and functional performance include how the student’s disability affects the student’s involvement and progress in the general education curriculum or in the case of preschool students participation of appropriate activities? | Yes  No | Yes  No | * IEP |  |
| 20. | Were parental concerns regarding their student’s education stated on the IEP? | Yes  No | Yes  No | * IEP |  |
| **H** | **CONSIDERATION OF SPECIAL FACTORS**  **34 CFR 300.324** | **Year One**  **Date \_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 21. | Did the IEP team consider all special factors that may influence the student’s educational programs? | Yes  No  N/A | Yes  No  N/A | **If Applicable:**   * Limited English Proficiency (LEP) * Blind or visually impaired * Behavior * **Communication needs** * Deaf/hard of hearing needs * **Assistive Technology devices or services** * Alternative formats for instructional materials |  |
| 22a. | Did the IEP team develop plans (i.e., AT plan, BIP etc.) to address special factors to provide educational benefit to the student? | Yes  No  N/A | Yes  No  N/A | * Documentation of special factors. For example, AT plan and/or Functional Behavior Assessment (FBA)   Behavior Intervention Plan (BIP) |  |
| **H**  **Cont’d** | **CONSIDERATION OF SPECIAL FACTORS**  **34 CFR 300.324** | **Year One**  **Date \_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 22b. | Does the Behavior Intervention plan include target behavior and positive behavior interventions and supports? | Yes  No  N/A | Yes  No  N/A | * BIP |  |
| 22c. | Did the student make progress on targeted behaviors after implementation of positive behavior interventions and supports? | Yes  No  N/A | Yes  No  N/A | * BIP * IEP |  |
| **I.** | **TRANSITION SERVICES PLAN**  **34 CFR 300.320**  **34 CFR 300.43** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 23. | Was the transition plan developed by age 16 or 9th grade (whichever comes first)? | Yes  No  N/A | Yes  No  N/A | * IEP/Transition plan |  |
| 24a. | Does the transition plan reflect steps toward desired post secondary outcomes? | Yes  No  N/A | Yes  No  N/A | * IEP * Postsecondary outcome goal for Education/Training * Postsecondary outcome goal for Employment * Postsecondary outcome goal for Independent Living * Transition IEP Measurable Goals to meet postsecondary goals, at least one for each/education/training * Transition IEP Measurable Goals to meet postsecondary goals, at least one for employment * Transition IEP Measurable Goals to meet postsecondary goals, at least one for independent living if selected (adult living and/or daily living) * Transition IEP Measurable Goals for Community Participation/Related Services * Postsecondary goals based on transition assessments * Transition services and/or activities to faclitiate movement to postsecondary outcomes * Course of study to facilitate movement to post-school |  |
| **I.**  **Cont’d** | **TRANSITION SERVICES PLAN**  **34 CFR 300.320**  **34 CFR 300.43** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 24b. | Were student’s post-secondary goals aligned with the outcome of the transition assessment? | Yes  No  N/A | Yes  No  N/A | * Transition assessment * Transition plan * Individual Graduation Plan |  |
| 24c. | Were the students informed of the transfer of all due process rights to student at age 17? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| 24d. | Were all due process rights transferred to the student at age 18? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| **J.** | **MEASURABLE ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES**  **34 CFR 300.320** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 25a. | Does the student’s annual goals and short-term objectives align with the needs section of the PLAAFP? | Yes  No | Yes  No | * IEP goals * Criteria for mastery * Evaluation method (s) |  |
| 25b. | Does the IEP have measurable goals to address areas of deficits that help the student make progress towards general education curriculum? | Yes  No | Yes  No | * IEP |  |
| 25c. | Has the student made progress toward his/her goals and objectives? | Yes  No  N/A | Yes  No  N/A | * IEP * Progress reports * Data sheets |  |
| 26. | Has the IEP team revised the IEP to address any lack of expected progress toward annual goals? | Yes  No  N/A | Yes  No  N/A | * IEP amendments * Progress reports |  |
| 27. | Are IEP annual goals identified to support the student’s Transition Plan if appropriate? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| **J.**  **Cont’d** | **MEASURABLE ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES**  **34 CFR 300.320** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 28. | Does the IEP contain a statement regarding when progress on IEP goals is reported to parents? | Yes  No | Yes  No | * IEP * Progress reports |  |
| **K.** | **STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES**  **34 CFR 300.320** | **Year One**  **Date \_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 29a. | Does the IEP include instructional accommodations? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| 29b. | Did the accommodations align with the students’ needs stated in the PLAAFP? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| 30. | Do the accommodations enable the student to make progress in the general education curriculum? | Yes  No  N/A | Yes  No  N/A | * IEP * Progress reports * Report card |  |
| **K.**  **Cont’d** | **STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES**  **34 CFR 300.320** | **Year One**  **Date \_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 31. | Does the IEP include accommodations that are necessary for the student to participate in classroom assessments? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| 32a. | Does the IEP include a statement of the special education and related services and supplementary aids and services to be provided to the student? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| 32b. | Do the supplementary aids and services enable the student to attain his/her goals AND make progress in the general education curriculum? | Yes  No  N/A | Yes  No  N/A | * IEP * Progress Reports * Report Card |  |
| 33. | Does the IEP include supports for school personnel in order to enable student to make progress within the general education curriculum? | Yes  No  N/A | Yes  No  N/A | * IEP * Progress Reports * Report Card |  |
| **L.** | **PARTICIPATION IN ASSESSMENTS/ACCOMMODATIONS**  **34 CFR 300.320** | **Year One**  **Date \_\_\_\_\_\_** | **Year Two**  **Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 34. | Does the IEP have appropriate accommodations listed by subtest that enable the student to participate in district and state assessments (GAA, EOC, Milestones)? | Yes  No  N/A | Yes  No  N/A | * IEP * State and district tests specific to each subtest and test * State and district tests aligned with needs section of the PLAAFP * State and district test accommodations used as instructional accommodation * GAA: Statement explaning why student cannot participate in general education assessment |  |
| **M.** | **SPECIAL EDUCATION/RELATED SERVICES**  **34 CFR 300.34**  **34 CFR 300.116**  **34 CFR 300.320** | **Year One**  **\_\_\_\_\_\_\_\_\_** | **Year Two**  **\_\_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 35a. | Did the IEP team consider placement options for the student? | Yes  No | Yes  No | * IEP |  |
| 35b. | Did the IEP team select options of services for the student? | Yes  No | Yes  No | * IEP * Frequency of services (hours, minutes, segments per day, week, or month indicated) * Dates for initiation and duration of services (month/day/year) * Special education location of services * General education location of services |  |
| **M.**  **Cont’d** | **SPECIAL EDUCATION/RELATED SERVICES**  **34 CFR 300.34**  **34 CFR 300.116**  **34 CFR 300.320** | **Year One**  **\_\_\_\_\_\_\_\_\_** | **Year Two**  **\_\_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 35c. | Is the student making progress in the current placement? | Yes  No  N/A | Yes  No  N/A | * IEP * Progress report * Report Card |  |
| 36. | Are the appropriate services identified to support progress toward all goals including: progress in the general curriculum, participation in extracurricular activities, and other nonacademic areas? | Yes  No  N/A | Yes  No  N/A | * IEP * Placement discussion * Progress Reports * Report Card |  |
| 37. | Were services and supports documented for all areas of need? | Yes  No | Yes  No |  |  |
| 38. | Did the IEP include an explanation of the extent, if any, to which the student will not participate with peers without disabilities in the regular class and/or in nonacademic and extracurricular activities? | Yes  No  N/A | Yes  No  N/A | * IEP |  |
| **N.** | **EXTENDED SCHOOL YEAR**  **34 CFR 300.106** | **Year One**  **Date \_\_\_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 39. | Did the IEP team consider Extended School Year (ESY) services to enable the student to make progress in the general education curriculum? | Yes  No | Yes  No | * IEP * Measurable goals developed * Date of initiation of services\_\_\_\_\_\_\_ * Date of end of services\_\_\_\_\_\_\_\_ * Provider Title * Transportation * Location of services * Frequency of services ((hours, minutes, segments) |  |
| 40. | Did the student meet his/her ESY goals and objectives? | Yes  No  N/A | Yes  No  N/A | * IEP * ESY goals and objectives |  |
| **O.** | **PARENTAL CONSENT FOR PLACEMENT**  **34 CFR 300.300** | **Year One**  **Date \_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 41. | Did parent give consent for placement? | Yes  No  N/A | Yes  No  N/A | * Consent to place * Date:\_\_\_\_\_\_\_\_\_\_ |  |
| **P.** | **PRIOR NOTICE TO PARENTS**  **34 CFR 300.322** | **Year One**  **Date \_\_\_\_\_** | **Year Two**  **Date \_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 42. | Were parents provided reasonable notice prior to starting services? | * Yes * No * N/A | * Yes * No * N/A | * IEP |  |