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

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

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

**Directions:** District receives "**Y**" if the data is present and meets compliance. District receives "**N**" if the data is missing or if the data does not meet compliance and "**N/A**" if the question is not applicable to this student. **Year 1 and 2 dates** in the yellow highlighted row are the dates the review is being conducted, so record the date of review. The **Evidence column** contains evidence provided. The **note column** contains additional explanation for the reviewer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A.** | **ACCESS SHEET****34 CFR 300.614** | **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 | [ ] Access Sheet |  |
| 2. | Is the date and purpose for accessing the student file documented? | [ ] Yes[ ] No | [ ] Access Sheet |  |
| **B.** | **PARENTAL CONSENT FOR EVALUATION****34 CFR 300.300****34 CFR 300.503****34 CFR 300.504** | **Initial Eligibility** **Date \_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 3. | Was parent consent obtained from the parent prior to evaluation?  | [ ] Yes[ ] No | [ ]  Date Parent Consent to Evaluate received: |  |
| 4. | Does the parent consent to evaluate list the areas to be evaluated?  | [ ] Yes[ ] No | [ ]  Parent consent to Evaluate[ ]  Date to Evaluate  |  |
| 5. | Were parent rights provided when the parent consent to evaluate was signed? | [ ] Yes[ ] No | [ ]  Parent consent to Evaluate[ ]  Documentation that parent rights were provided |  |
| **C.** | **ELIGIBILITY OR REDETERMINATION****34 CFR 300.306** | **Initial Eligibility****Date \_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 6. | Were the vision and hearing screenings completed within one year of testing for the student? | [ ] 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 | * 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 | * Psychological Report
* Eligibility Report
 |  |
| 9. | Did the Eligibility Report include appropriate prereferral evidence-based interventions and results (includes SST)? | [ ] Yes[ ] No[ ]  N/A | * SST records
* Eligibility Report
 |  |
| **C.****Cont’d** | **ELIGIBILITY OR REDETERMINATION****34 CFR 300.306** | **Initial Eligibility****Date \_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 10. | Did the evaluation team consider progress monitoring data reflecting student progress over time?  | [ ] Yes[ ] No[ ]  N/A | * SST Records
* Eligibility Reports
 |  |
| 11. | Was parent input included during the eligibility determination discussion? | [ ] Yes[ ] No[ ]  N/A | * Eligibility Report
 |  |
| 12. | Did the team consider exclusionary factors prior to determining eligibility?  | [ ] 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 | * Eligibility Report
 |  |
| **D.** | **REEVALUATION/REDETERMINATION PROCESS****34 CFR 300.303****34 CFR 300.306** | **Current Reeval****Date \_\_\_\_\_\_\_\_** | **Previous Reeval****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 Ad data was needed[ ]  N/A | [ ]  Some additional data was needed [ ] Noadditional data was needed[ ] N/A | * Reevalution/

 Redetermination checklist |  |
| **D.****Cont’d**  | **REEVALUATION/REDETERMINATION PROCESS****34 CFR 300.303****34 CFR 300.306** | **Current Reeval****Date \_\_\_\_\_\_\_\_** | **Previous Reeval****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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 16. | Did the required participants attend the IEP meeting? | [ ] Yes[ ] No | [ ] Yes[ ] No | * Date IEP Meeting was held: \_\_\_\_\_\_\_\_\_\_\_
* 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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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 | [ ] Yes[ ] No | * 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 | * State Assessment(s)
* Name(s):

Date:* District Assessment(s)
* Name(s):

Date: |  |
| 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
 |  |
| **G.****Cont’d** | **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** **34 CFR 300.320** **34 CFR 300.324** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 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
 |  |
| 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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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 | * Transition plan
 |  |
| 24. | Does the transition plan reflect steps toward desired post secondary outcomes? | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24a. | Postsecondary outcome goals for Education/Training  | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| **I.** | **TRANSITION SERVICES PLAN****34 CFR 300.320****34 CFR 300.43** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 24b.  | Postsecondary outcome goal for Employment | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24c. | Postsecondary outcome goal for Independent Living (if appropriate) | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24d.  | Transition IEP Measurable Goals to meet postsecondary goals, at least one for each education/ training. | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24e. | Transition IEP Measureable Goals to meet postsecondary goals, at least one for employment. | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24f. | Postsecondary goals based on transition assessments | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24g. | Transition services and/or activities to facilitate movement to postsecondary outcomes | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| 24h. | Course of study to facilitate movement to post-school | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A |  |  |
| **I.****Cont’d** | **TRANSITION SERVICES PLAN****34 CFR 300.320****34 CFR 300.43** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 24i. | 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
 |  |
| 24j. | 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
 |  |
| 24k. | 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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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) |  |
| **J.****(cont’d)** | **MEASURABLE ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES****34 CFR 300.320** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 25b. | Does the IEP have measurable goals to address areas of deficits that help the student make progress towards general education curriculu | [ ] Yes[ ] No | [ ] Yes[ ] No | * IEP
 |  |
| 25c. | Has the student made progress toward his/her goals and objectives? | [ ] Yes[ ] No | [ ] Yes[ ] No | * 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
 |  |
| 27. | Are IEP annual goals identified to support the student’s Transition Plan if appropriate? | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A | * IEP
 |  |
| 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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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
 |  |
| 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
 |  |
| **K.****(con’t)** | **STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES****34 CFR 300.320** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **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
 |   |
| 35c. | Is the student making progress in the current placement?  | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A | * IEP
* Progress report
* Report Card
 |  |
| **M.****Cont’d** | **SPECIAL EDUCATION/RELATED SERVICES** **34 CFR 300.34** **34 CFR 300.116** **34 CFR 300.320** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 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 | * IEP
 |  |
| 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** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****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** | **Date \_\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 41. | Did parent give consent for placement? | [ ] Yes[ ] NoDate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  ☐ Consent to place |  |
| **P.** | **PRIOR NOTICE TO PARENTS****34 CFR 300.322** | **Current IEP****Date\_\_\_\_\_\_\_** | **Previous IEP****Date\_\_\_\_\_\_\_** | **Possible Evidence** | **Comment** |
| 42. | Were parents provided reasonable notice prior to starting services? | [ ] Yes[ ] No[ ]  N/A | [ ] Yes[ ] No[ ]  N/A | * IEP
 |  |