

**GEORGIA DEPARTMENT OF EDUCATION  
DIVISION FOR SPECIAL EDUCATION SERVICES AND SUPPORTS**

**STUDENT RECORD REVIEW TO DETERMINE COMPLIANCE**

**TRAINING DOCUMENT**

Date: \_\_\_\_\_ School: \_\_\_\_\_ LEA: \_\_\_\_\_

Team Leader and Reviewer 1: \_\_\_\_\_ Reviewer 2: \_\_\_\_\_

Student Name:	DOB:
Eligibility Category(ies):	Initial Eligibility Date: Reevaluation Dates:
Annual IEP Date:	Current Grade:

**Directions:** Check "Y" if the data is present and meets compliance. Check "N" if the data is missing or if the data does not meet compliance. Check "N/A" if the question is not applicable to this student. **Date** in the yellow highlighted column indicates the date of review or specific dates of events in student record. In the **Evidence column**, check the boxes next to the evidence provided. The **note column** contains additional explanation for the reviewer.



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<b>A.</b>	<b>ACCESS SHEET 34 CFR 300.614</b>		<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
1.	Is there an access sheet in the student folder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access Sheet	GOIEP districts maintain access sheets electronically. Access sheets must be signed by third parties. These are people who are not included on the Authorized Personnel to Access Records maintained by the district. Therefore, this sheet could be a blank sheet with name, date, and purpose on the header if no third party has been provided access.	
2.	Is the date, name of the person accessing the file and purpose for accessing the student file documented on the access sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access Sheet	Access Sheet; ask for it if not available.	



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<b>B.</b>	<b>PARENTAL CONSENT FOR EVALUATION</b>  <b>34 CFR 300.300</b> <b>34 CFR 300.503</b> <b>34 CFR 300.504</b>	<b>Initial Evaluation Date _____</b>	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
3.	Was parent consent obtained from the parent prior to evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date Parent Consent to Evaluate received: _____		
4.	Are the areas to be evaluated listed on the parent consent to evaluate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent consent to Evaluate	Look for the list of areas to be evaluated. For example, cognitive, achievement, social-emotional, adaptive etc.	
5.	Were parent rights provided when the parent consent to evaluate was signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent consent to Evaluate <input type="checkbox"/> Documentation that parent rights were provided	Look for the statement on the parent consent form that would indicate that parent rights have been provided.	



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<b>C.</b>	<b>INITIAL EVALUATION</b> <b>34 CFR 300.304</b>	<b>Initial Evaluation</b> <b>Date _____</b>	<b>Possible Evidence</b>	<b>Note</b> <b>Complete this section only if the student has had an initial evaluation within the last 3 years of CFM</b>	<b>Comment</b>
6.	Did the evaluation team use a variety of assessment tools to gather relevant academic, functional, and developmental information about the student to determine eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Psychological Report <input type="checkbox"/> Eligibility Report	Individual Student Data on the Eligibility Report	
7.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Psychological Report <input type="checkbox"/> Eligibility Report	Individual Student Data section on the Eligibility Report	



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D.	INITIAL ELIGIBILITY  34 CFR 300.306 34 CFR 300.307 34 CFR 300.311	Initial Eligibility  Date _____	Possible Evidence	Note  Complete this section only of the student has had an initial eligibility meeting in the last 3 years of CFM	Comment
8.	Did the Eligibility Report include appropriate prereferral evidence-based interventions and results (includes SST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> SST records <input type="checkbox"/> Eligibility Report	<b>REQUIRED FOR SLD only, but</b> is considered best practice for all other areas, including eligibility for preschool students. Student progress monitoring data obtained from SST should be included on the eligibility report. Rarely, school personnel and parents/guardian may determine there is a reasonable cause to bypass SST. However, if the student was not already receiving scientific, research, or evidence based interventions (i.e., SST) prior to being referred for special education consideration, these interventions and supports should have been implemented while the evaluation was in progress.	



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9.	Was parent input included during the eligibility determination discussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Eligibility Report	Individual Student Data  Parent information can be anywhere on the eligibility report.	
10.	Did the team consider exclusionary factors prior to determining eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Eligibility Report		
<b>E.</b>	<b>REEVALUATION PROCESS</b>  <b>34 CFR 300.303</b> <b>34 CFR 300.304</b> <b>34 CFR 300.305</b> <b>34 CFR 300.306</b>	<b>Current Reeval</b>  <b>Date _____</b>	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
11.	Was the reevaluation process completed within the 3 year timeframe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP <input type="checkbox"/> Reevaluation Checklist	Reevaluation should be completed every 3 years	



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<b>F.</b>	<b>IEP MEETING NOTIFICATION 34 CFR 300.322</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
12.	Does the parent notification of the IEP meeting include the time, purpose and location for the meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP Meeting notice <input type="checkbox"/> Purpose <input type="checkbox"/> Location <input type="checkbox"/> Time <input type="checkbox"/> Date_____	IEP meeting should be held annually. The amendment does not override the annual review date	
13.	Are the required participants for the IEP meeting listed on the parent notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notification lists the following required participants: <input type="checkbox"/> Parent <input type="checkbox"/> LEA Representative <input type="checkbox"/> Student's special education teacher <input type="checkbox"/> Student's general education teacher(s) <input type="checkbox"/> Student, if applicable <input type="checkbox"/> Staff qualified to interpret educational implications of test results <input type="checkbox"/> Other agency personnel, if appropriate (VR, DBHDD, Private Evaluators, Social Workers, etc) <input type="checkbox"/> Transition and other agency personnel invited as appropriate with written parental consent	Individuals can be identified by position title.	



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<b>G.</b>	<b>IEP MEETING 34 CFR 300.321</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
14.	Did the required participants attend the IEP meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Parent: <i>Attended/ Not attended (Circle one)</i></b> <input type="checkbox"/> <b>LEA Representative</b> <input type="checkbox"/> <b>Student's special education teacher</b> <input type="checkbox"/> <b>Student's general education teacher(s)</b> <input type="checkbox"/> Student, if applicable <input type="checkbox"/> Staff qualified to interpret educational implications of test results <input type="checkbox"/> Other agency personnel, if appropriate (VR, DBHDD, Private Evaluators, Social Workers, etc) <input type="checkbox"/> Transition and other agency personnel invited as appropriate with written parental consent	The bolded personnel are required members of IEP Team.	



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15.	Were proper excusal procedures followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excusal letter	If a required member was absent, was the excusal notice signed by parent?.	
<b>H.</b>	<b>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE</b> 34 CFR 300.320 34 CFR 300.324	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
16.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PLAAFP section of the IEP <input type="checkbox"/> Date(s) of testing <input type="checkbox"/> Explanation describing what the test scores mean		
17.	Does the PLAAFP include recent state and/ or district assessments results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State Assessment(s) <input type="checkbox"/> Name(s): Date: <input type="checkbox"/> District Assessment(s) <input type="checkbox"/> Name(s): Date:	1 <sup>st</sup> grader may have KG assessments  2 <sup>nd</sup> & 3 <sup>rd</sup> grade IEPs may not have scores from state and/or district assessments and it could be N/A  State tests start in Grade 3 and are administered at the end of the grade.  Grades 3-8 : End-of-Grade  High School: End-of-Course	



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<b>H. Cont'd</b>	<b>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE</b> 34 CFR 300.320 34 CFR 300.324	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
18.	Does the PLAAFP describe the student's academic, developmental and/or functional strengths?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP		
19.	Does the PLAAFP describe the student's academic, developmental and/or functional needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP		
20.	Does the PLAAFP 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 in appropriate activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP		
21.	Did the IEP team consider the concerns of the parents for enhancing the education of their child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	If the student is 18, rights should have been transferred to the student and the student would provide input. Mark no if it says N/A	



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<b>I</b>	<b>CONSIDERATION OF SPECIAL FACTORS 34 CFR 300.324</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
22.	Did the IEP team consider all special factors that may influence the student's educational programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Applicable:</b> <input type="checkbox"/> Limited English Proficiency (LEP) <input type="checkbox"/> Blind or visually impaired <input type="checkbox"/> Behavior <input type="checkbox"/> <b>Communication needs</b> <input type="checkbox"/> Deaf/hard of hearing needs <input type="checkbox"/> <b>Assistive Technology devices or services</b> <input type="checkbox"/> <b>Alternative formats for instructional materials</b>  <b>(Words bolded are required items on GoIEP)</b>	Consideration of Special Factors on the IEP  Look for documentation that supports needs of student. For example, is there a BIP if behavior impedes learning? A BIP is not required for all students with behavioral difficulties. A behavior goal will address those needs as well. Districts must consider communication needs and assistive technology for all students.	
23.	If there is a Behavior Intervention plan, does it include target behavior and positive behavior interventions and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> BIP	Look to see if the Behavior Intervention Plan has positive interventions and supports. Mark N/A if there is no BIP.	



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<b>J.</b>	<b>TRANSITION SERVICES PLAN 34 CFR 300.320 34 CFR 300.43</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
24.	Beginning by age 16 or 9 <sup>th</sup> grade (whichever comes first)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
25.	Postsecondary outcome goal for Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
26.	Postsecondary outcome goal for Education/Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
27.	Postsecondary outcome goal for Independent Living (if appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
28.	Transition IEP Measurable Goals to meet postsecondary goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
29.	Postsecondary goals aligned with the transition assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
30.	Transition services and/or activities to facilitate movement to postsecondary outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		



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31.	Course of study to facilitate movement to post-school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
32.	Was the student invited?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition Plan <input type="checkbox"/> Notice of IEP meeting		
33.	Was an agency representative invited?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition Plan <input type="checkbox"/> Notice of IEP meeting		
34.	Was parent consent received prior to inviting agency representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition Plan <input type="checkbox"/> Notice of IEP meeting		
35.	Was the student informed of the transfer of all due process rights to student at age 17?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP <input type="checkbox"/> Transition plan		
36.	Were all due process rights transferred to the student at age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP		
<b>K.</b>	<b>ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES 34 CFR 300.320</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
37.	Do the student's annual goals and short-term objectives align with the needs section of the PLAAFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP goals <input type="checkbox"/> Criteria for mastery <input type="checkbox"/> Evaluation method (s)	Measurable Annual Goals and Short Term Objectives on the IEP	



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				Students who have alternate assessments are required to have short-term objectives or benchmarks. It is not required for other students.	
38.	Are the goals and short-term objectives measurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP goals and objectives		
39.	Does the IEP contain a statement regarding when progress on IEP goals is reported to parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Time period when progress reports are sent		
<b>L.</b>	<b>STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES 34 CFR 300.320</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
40.	Does the IEP include instructional accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP		
41..	Did the accommodations align with the students needs stated in the PLAAFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP		



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42.	Does the IEP include accommodations that are necessary for the student to participate in classroom assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP		
43.	Does the IEP include a statement of the special education and related services and supplementary aids and services to be provided to the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	If the student does not need any supports, it should be noted on the IEP. It should not be left blank. If it is blank, mark No.	
44.	Does the IEP include supports for school personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	If the school personnel do not need any supports, it should be noted on the IEP. It should not be left blank. If it is blank, mark No.	
<b>M.</b>	<b>PARTICIPATION IN ASSESSMENTS/ACCOMMODATIONS 34 CFR 300.320</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
45.	Does the IEP have appropriate accommodations listed by subtest that enable the student to participate in district and state assessments (GAA, EOC, EOG etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State and district tests specific to each subtest and test <input type="checkbox"/> State and district tests aligned with needs section of the PLAAFP <input type="checkbox"/> State and district test accommodations used as instructional accommodation		



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			<input type="checkbox"/> GAA: Statement explaining why student cannot participate in general education assessment.		
<b>N.</b>	<b>SPECIAL EDUCATION/RELATED SERVICES</b> 34 CFR 300.34 34 CFR 300.115 34 CFR 300.116 34 CFR 300.320	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
46.	Did the IEP team consider placement options for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Services section		
47.	Did the IEP team select options of services for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Frequency of services (hours, minutes, segments per day, week, or month indicated) <input type="checkbox"/> Dates for initiation and duration of services (month/day/year) <input type="checkbox"/> Special education location of services		



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			<input type="checkbox"/> General education location of services		
48.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP	<p>If students are all in general education classes, this item will not be populated on the GOIEP form. In those situations mark N/A.</p> <p>If the student is in all general education classes districts may repond with a N/A</p>	
<b>O.</b>	<b>EXTENDED SCHOOL YEAR 34 CFR 300.106</b>	<b>IEP Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
49.	Did the IEP team consider Extended School Year (ESY) services to enable the student to make progress in the general education curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP		



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P.	<b>PARENTAL CONSENT FOR SERVICES 34 CFR 300.300</b>	<b>Consent Date</b> _____	<b>Possible Evidence</b>	<b>Note</b>	<b>Comment</b>
50.	Did parent give consent for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent consent	<p>Look for consent for initial services only. Consent is signed only once when the student becomes initially eligible to receive services.</p> <p>This was formerly called the Consent for Placenment form.</p>	