

**GEORGIA DEPARTMENT OF EDUCATION
DIVISION FOR SPECIAL EDUCATION SERVICES AND SUPPORTS
STUDENT RECORD REVIEW TO DETERMINE COMPLIANCE**

TRAINING DOCUMENT

Reviewer 1 _____

Reviewer 2 _____

Student Name:	DOB:
Eligibility Category(ies): Primary Category: _____ Secondary Category: _____	Initial Eligibility Date: Most Recent Reevaluation Date:
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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A.	ACCESS SHEET 34 CFR 300.614		Possible Evidence	Note	Comment
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.	PARENTAL CONSENT FOR EVALUATION 34 CFR 300.300 34 CFR 300.503 34 CFR 300.504	Initial Evaluation Date _____ Or Reevaluation Date _____	Possible Evidence	Note	Comment
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: _____	Was parent consent obtained from the parent prior to the initial or most recent evaluation?	
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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C.	INITIAL EVALUATION 34 CFR 300.304	Initial Evaluation Date _____	Possible Evidence	Note: Complete this section only if the student has had an initial evaluation within the last 3 years of CFM	Comment
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	REQUIRED FOR SLD only, but 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		
E.	REEVALUATION PROCESS 34 CFR 300.303 34 CFR 300.304 34 CFR 300.305 34 CFR 300.306	Current Reeval Date _____	Possible Evidence	Note	Comment
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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F.	IEP MEETING NOTIFICATION 34 CFR 300.322	IEP Date _____	Possible Evidence	Note	Comment
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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G.	IEP MEETING 34 CFR 300.321	IEP Date _____	Possible Evidence	Note	Comment
14.	Did the required participants attend the IEP meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent: <i>Attended/ Not attended (Circle one)</i> <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	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?.	
H.	PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE 34 CFR 300.320 34 CFR 300.324	IEP Date _____	Possible Evidence	Note	Comment
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	<i>Example: Sally Sunshine is a student identified with a specific learning disability. Her IQ on the WISC-IV is in the high average range. She has processing weakness in the areas of working memory and auditory memory. On the Beery-Buktenica Test of Visual-Motor Integration (VMI-6) her score falls within the normal range of visual-motor performance for her age.</i>	
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)	1 st grader may have KG assessments 2 nd & 3 rd grade IEPs may not have scores from state and/or	



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			<input type="checkbox"/> Name(s): Date:	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	
H. Cont'd	PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE 34 CFR 300.320 34 CFR 300.324	IEP Date _____	Possible Evidence	Note	Comment
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		



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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	
I	CONSIDERATION OF SPECIAL FACTORS 34 CFR 300.324	IEP Date _____	Possible Evidence	Note	Comment
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	If Applicable: <input type="checkbox"/> Limited English Proficiency (LEP) <input type="checkbox"/> Blind or visually impaired <input type="checkbox"/> Behavior <input type="checkbox"/> Communication needs <input type="checkbox"/> Deaf/hard of hearing needs <input type="checkbox"/> Assistive Technology devices or services <input type="checkbox"/> Alternative formats for instructional materials	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.	



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			(Words bolded are required items on GoIEP)		
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.	
J.	TRANSITION SERVICES PLAN 34 CFR 300.320 34 CFR 300.43	IEP Date _____	Possible Evidence	Note	Comment
24.	Postsecondary outcome goal for Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
25.	Postsecondary outcome goal for Education/Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Transition plan		
26.	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		
27.	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		
28.	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		



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29.	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		
30.	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		
31.	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		
32.	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		
33.	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		
34.	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		
35.	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		
K.	ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES 34 CFR 300.320	IEP Date _____	Possible Evidence	Note	Comment



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36.	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)	<p>Measurable Annual Goals and Short Term Objectives on the IEP that are related to the student's area of weakness.</p> <p>Students who have alternate assessments are required to have short-term objectives or benchmarks. It is not required for other students.</p>	
37.	Are the goals and short-term objectives measurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP goals and objectives		
38.	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		
L.	STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES 34 CFR 300.320	IEP Date _____	Possible Evidence	Note	Comment



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39.	Does the IEP include instructional accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IEP		
40.	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		
41.	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		
42.	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.	
43.	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.	
M.	PARTICIPATION IN ASSESSMENTS/ACCOMMODATIONS 34 CFR 300.320	IEP Date _____	Possible Evidence	Note	Comment



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44.	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 <input type="checkbox"/> GAA: Statement explaining why student cannot participate in general education assessment.		
N.	SPECIAL EDUCATION/RELATED SERVICES 34 CFR 300.34 34 CFR 300.115 34 CFR 300.116 34 CFR 300.320	IEP Date _____	Possible Evidence	Note	Comment
45.	Did the IEP team consider placement options for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Services section		
46.	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)		



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			<input type="checkbox"/> Dates for initiation and duration of services (month/day/year) <input type="checkbox"/> Special education location of services <input type="checkbox"/> General education location of services		
47.	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	If students are all in general education classes, this item will not be populated on the GOIEP form. In those situations mark N/A. If the student is in all general education classes districts may repond with a N/A	
O.	EXTENDED SCHOOL YEAR 34 CFR 300.106	IEP Date _____	Possible Evidence	Note	Comment
48.	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.	PARENTAL CONSENT FOR SERVICES 34 CFR 300.300	Consent Date _____	Possible Evidence	Note	Comment
49.	Did parent give consent for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent consent	Look for consent for initial services only. Consent is signed only once when the student becomes initially eligible to receive services. This was formerly called the Consent for Placenment form.	

Additional Notes: