**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer(1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IEP Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP Amendment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:**  LEA receives "**Y**" if the data is present and meets compliance. LEA receives "**N**" if the data is missing or noncompliant and "**N/A**" if the question is not applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **N/A** |
|  **A.** | **ACCESS SHEET 34. C.F.R. 300.614** |  |  |  |
| 1. | Name(s) of persons accessing student file |  |  |  |
| 2. | Date & Purpose for accessing file |  |  |  |
| **B.** | **PARENTAL CONSENT FOR EVALUATION 34 C.F.R. 300.300**  **34 C.F.R. 300.503, 34 C.F.R 300.504**  |  |  |  |
| 3. | Obtained from parent prior to evaluation  |  |  |  |
| 4. | Areas to be evaluated listed on parent consent |  |  |  |
| 5. | Parent rights provided  |  |  |  |
| **C.** | **Initial Evaluation 34. C.F.R. 300.301**  |  |  |  |
| 6. | Variety of assessment tools used to gather relevant data |  |  |  |
| 7. | Assessments selected to assess all needs of the student |  |  |  |
| **D.** | **Initial Eligibility 34.C.F.R. 300.306** **34.C.F.R. 300.307; 34.C.F.R. 300.311** |  |  |  |
| 8. | Evidence-based interventions & results (including SST) were included in eligibility report (only required for SLD). |  |  |  |
| 9. | Parent input included |  |  |  |
| 10. | Exclusionary factors considered  |  |  |  |
| **E.** | **REEVALUATION PROCESS 34 C.F.R. 300.303, 34 C.F.R. 300.304**  **34 C.F.R. 300.305, 34 C.F.R. 300.306** |  |  |  |
| 11. | Reevaluation process completed within 3-year timeframe |  |  |  |
| **F.** | **IEP ANNUAL REVIEW MEETING NOTIFICATION 34 C.F.R. 300.322** |  |  |  |
| 12. | Includes the time, purpose and location of meeting |  |  |  |
| 13. | Required participants listed on notification |  |  |  |
| **G.** | **IEP ANNUAL REVIEW MEETING 34 C.F.R. 300.321** |  |  |  |
| 14. | Required participants attend the IEP meeting |  |  |  |
| 15.  | Proper excusal procedures followed |  |  |  |
| **H.** | **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP) 34 C.F.R. 300.320, 34 C.F.R. 300.324** |  |  |  |
| 16. | (PLAAFP) results of the initial and/or most recent evaluation included |  |  |  |
| 17. | Results of recent state and/ or district assessments included |  |  |  |
| 18. | Describes academic, developmental and/or functional strengths |  |  |  |
| 19. | Describes academic, developmental and/or functional needs |  |  |  |
| 20. | Describes how disability affects the student’s involvement and progress in general education |  |  |  |
| 21.  | Parental concerns regarding their student’s education stated on the IEP |  |  |  |
| **I** | **CONSIDERATION OF SPECIAL FACTORS 34 C.F.R. 300.324** |  |  |  |
| 22. | All special factors that may influence the student’s ed. programs addressed |  |  |  |
| 23. | BIP includes target behavior and positive behavior interventions and supports |  |  |  |
| **J.** | **TRANSITION SERVICES PLAN 34 C.F.R. 300.320, 34 C.F.R. 300.43** |  |  |  |
| 24.. | Postsecondary outcome goal for Employment |  |  |  |
|  25. | Postsecondary outcome goal for Education/Training  |  |  |  |
|  26. | Postsecondary outcome goal for Independent Living (if appropriate) |  |  |  |
| 27. | Reflects steps to desired post-secondary outcomes |  |  |  |
| 28. | Postsecondary goals based on transition assessments |  |  |  |
| 29. | Transition services and/or activities to facilitate movement to postsecondary outcomes |  |  |  |
| 30. | Course of study to facilitate movement to post-school outcomes  |  |  |  |
| 31. | Student invited to meeting |  |  |  |
| 32. | Agency representative invited, if applicable |  |  |  |
| 33. | Parent consent received prior to inviting agency representative, if applicable |  |  |  |
| 34. | Informed of the transfer of all due process rights to student at age 17 |  |  |  |
| 35. | All due process rights transferred to the student at age 18 |  |  |  |
| **K.** | **MEASURABLE ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES**  **34 C.F.R. 300.320** |  |  |  |
| 36. | Goals and Objectives align with the needs section of the PLAAFP |  |  |  |
| 37. | Measurable goals to address areas of deficit are listed |  |  |  |
| 38. | Statement regarding when progress on goals is reported to parents |  |  |  |
| **L.** | **STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES**  **34 C.F.R. 300.320** |  |  |  |
| 39. | Instructional accommodations listed |  |  |  |
| 40. | Accommodations align with needs  |  |  |  |
| 41 | Accommodations necessary for student to participate in classroom assessments  |  |  |  |
| 42. | Statement of special ed. and related services & supplementary aids and services  |  |  |  |
| 43. | Supports for school personnel included |  |  |  |
| **M.** | **PARTICIPATION IN ASSESSMENTS/ACCOMMODATIONS 34 C.F.R. 300.320** |  |  |  |
| 44. | Accommodations listed by subtest for district and state assessments (EOC and EOG) |  |  |  |
| **N.** | **SPECIAL EDUCATION/RELATED SERVICES 34 C.F.R. 300.116, 34 C.F.R. 300.320** |  |  |  |
| 45. | Considered placement options for the student |  |  |  |
| 46. | Selected options of services for the student |  |  |  |
| 47. | Explanation of extent not participating with peers w/o disabilities  |  |  |  |
| **O.** | **EXTENDED SCHOOL YEAR 34 C.F.R. 300.106** |  |  |  |
| 48. | Extended School Year (ESY) services addressed and considered |  |  |  |
| **P.** | **PARENTAL CONSENT FOR SERVICES 34 C.F.R. 300.300** |  |  |  |
| 49. | Parental consent for special education and related services |  |  |  |
|  |  | **YES** | **NO** | **N/A** |

**COMMENTS:**