

# School District/Charter School Compliance Monitoring System

## **File Review**

Pennsylvania Department of Education Bureau of Special Education



## **Initial Evaluation Only File Review (of Student Files)**

Student Name:		
Student ID Number:	Age of Student on IEP:	
Prior Written Notice for Initial Evaluation and Request for Consent Form  153. PTE-Consent Form is present in the student file	Evaluation Report (ER)  160. ER is present in the student file Yes No NA	
Yes No NA	(If the answer to question 160 is No, indicate NA for questions 161-193)	
(If the answer to question 153 is No, indicate NA for questions 154-159)	Date of Report	
Date LEA sent PTE-Consent Form	161. Evaluation was completed within timelines	
Date of receipt of Consent Form	Yes No NA	
The following information is present:  154. Demographic data YesNoNA  155. Reason(s) for referral for evaluation YesNoNA	(60 calendar days from the date of LEA receipt of signed PTE, excluding summer break) (If the timeline has been extended for students being evaluated for a learning disability, written documentation exists that the team has mutually agreed to the extension)	
156. Proposed types of tests and assessmentsYes No NA	162. A copy of the ER was disseminated to parents at least 10 school days prior to the meeting of the IEP team (unless this requirement is waived by parent in writing)	
157. Contact person's name and contact information	The following information is present:	
Yes No NA	163. Demographic data	
158. Parent signature or documentation of reasonable efforts to obtain consentYesNoNA	Yes No No NA	
159. Parent has selected a consent optionYes No NA	Yes No NA  165. Reason(s) for referral  Yes No NA	

166.	Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form	Determining factors - Conclusion (yes/no) and evidence for conclusion:	
	Yes No NA	(For questions 173, 174, and 175, if the LEA has documented a "yes/no" conclusion and evidence as	
•	the parents of the student (or documenta- tion of LEA's attempts to obtain parent	required on the ER form, indicate Yes; if the LEA has not documented a conclusion and evidence, indicate No.)	
	input)	173. Lack of appropriate instruction in reading	
	YesNoNA	Yes No NA	
168.	Teacher observations and observations by related service providers, when	174. Lack of appropriate instruction in math	
	appropriate	Yes No NA	
	YesNoNA	175. Limited English proficiency	
169.	Recommendations by teachers	YesNoNA	
	Yes No NA	Summary of findings/interpretation of	
170.	The student's physical condition (including	evaluation results:	
	health, vision, hearing); social or cultural background; and adaptive behavior	176. Present levels of academic achievement	
	relevant to the student's suspected	Yes No NA	
	disability and potential need for special education	177. Present levels of functional performance	
	Yes No NA	Yes No NA	
171.	Assessments, including when appropriate, current classroom based assessments, aptitude and achievement tests; local and/or state assessments; behavioral	178. Behavioral information	
		Yes No NA	
		179. Conclusions: On the ER form, 6A, or 6B, or 6C	
	assessments; vocational technical edu- cation assessment results; interests,	is checked	
	preferences, aptitudes (for secondary	Yes No NA	
	transition); etc.	180. Disability Category	
	YesNoNA	Yes No NA	
standard conditions, descript extent to which it varied fron conditions (including if the a was given in the student's na	If an assessment is not conducted under standard conditions, description of the	181. Recommendations for consideration by the IEP team	
	conditions (including if the assessment	Yes No NA	
	was given in the student's native language or other mode of communication)	182. Evaluation Team Participants documented	
	YesNoNA	Yes No NA	
		(If student is not being evaluated for SLD indicate NA for question 183)	

183.	For students evaluated for SLD documentation of Agree/Disagree	191.	Observation in the student's learning environment
	YesNoNA		Yes No NA
Deter	mination of Specific Learning Disability	192.	Other data if needed
for stu Indica conter be loca the "D the en	tions 184 through 193 are applicable only dents being evaluated for SLD; for all others te NA for these questions. Note that the nt required to answer questions 184-193 can ated in one of two places in the ER - either in etermination of SLD" Component located at d of the ER, or embedded within Sections 5 of the ER.)		Yes No NA  Statement for all 6 items indicated to support conclusions of the evaluation team (#10 on the "Determination of SLD" Component) Yes No NA
184.	Documentation that the student does not achieve adequately for age, etc.		ation to Participate in the IEP Team ing or Other Meeting
	Yes No NA	241.	Invitation is present in the student file
185.	Indication of process(es) used to determine eligibility		YesNoNA (If the answer to question 241 is No, indicate
	YesNoNA		NA for questions 242-250. However, if the student is age 16 or older and the answer to
186.	Instructional strategies used and student-centered data collected		241 is No, indicate No for questions 246 and 247, and NA for the other questions.)
	YesNoNA		Date Sent
187.	Educationally relevant medical findings, if anyYesNoNA	242.	Invitation to Participate in the IEP Meeting was issued prior to the meeting (or documentation that parent signed waiver to move directly to IEP meeting)
188.	Effects of the student's environment, culture, or economic background		Yes No NA
	YesNoNA	The fol	llowing information is present:
189.	Data demonstrating that general education	243.	Demographic data
instruction was delivered by qualified personnel, including the ESL program, if applicable	instruction was delivered by qualified		YesNoNA
		244.	Purpose(s) of the meeting
	YesNoNA		Yes No NA
190.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents	245.	Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)
	Yes No NA		Yes No NA

246. Transition planning and services - if appropriate, evidence that a representative of any		Date of Receipt of Parent Excusal Form	
	participating agency was invited to the IEP team meeting with the prior consent of	The fo	ollowing information is present:
	the parent or student (If the agency is not providing the services or paying for the	252.	Demographic data
	services, indicate NA for this question.)		Yes No NA
	Yes No NA	253.	Form designates required IEP team member(s) for whom attendance is
247.	Transition planning and services – Transition planning is checked (age 14, or younger if		not necessary
	determined appropriate); student is listed		Yes No NA
	on invitation	254.	Form designates which required members will submit written input prior to the
	YesNoNA		meeting
248.	Invited IEP team members		Yes No NA
	Yes No NA	255.	Parent written consent is documented
249.	. Date/time/location of meeting		Yes No NA
	Yes No NA	256.	The required team members excused:
250.	Parent response, or documentation of parent attendance at the meeting, or		a. General Education Teacher
	documentation of multiple efforts to		Yes No NA
encourage participationYesNoNA			b. Special Education Teacher
	YesNoNA		Yes No NA
	nt Consent to Excuse Required Members Attending the IEP Team Meeting		c. Local Education Agency Representative
	ted in 256, only three members are required. If		Yes No NA
anyon	e other than one of the three required members accused, even though there is a form in the file,	Indiv	idualized Education Program (IEP)
questi	ons 251-255 are marked NA)	257.	IEP is present in the student file
	m was required, answer questions 251-256. If vas not required, indicate NA for questions 251-		Yes No NA
255.)			(If the answer to question 257 is No, indicate NA for questions 258-327)
251.	Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file		HOWEVER, if the student is age 16 or older and the answer to 257 is No,
	Yes No NA		indicate No for questions 289, 290, 291, 292a, 292b and 292c, and NA for the other questions)
	(If the answer to question 251 is No, indicate	Date o	of IEP (IEP Team Meeting date)

NA for questions 252-255)

258.	(No more than 30 calendar days from final ER)	doc	al Education Agency Representative (or cumented parent and LEA agreement to ticipate in another manner or excused)
	Yes No NA		Yes No NA
The following information is present:			Career Technical Education (CTE)
259.	Demographic data	•	resentative ( <b>if appropriate, e.g., if</b> dent is enrolled in or applying to a
	YesNoNA		CTE) (or documentation they were invited or participated in another
260.	IEP implementation date		nner)
	YesNoNA		Yes No NA
261.	Anticipated duration of services and programs	(If 2	68 is NA, indicate NA for question 269)
	YesNoNA		Representative was in attendance, udent was attending CTE
262.	If appropriate, LEA and parent agreement to		Yes No NA
	make changes to IEP without convening an IEP meeting  Yes No NA  (If this section is blank on the IEP, and no	арр	nmunity Agency Representative (if propriate for transition planning or tumentation they were invited)
			Yes No NA
Docu	changes were made to the IEP without a meeting, indicate NA for question 262)  mentation of IEP Team Participation	271. Tea <b>of a</b>	cher of the Gifted (required for IEP student with a disability who is also ed under Chapter 16)
	Parents (or documented efforts to have		Yes No NA
	them attend)YesNoNA	mei	tten input provided by IEP team mber(s) excused from participating ne IEP meeting if the invitation stated
264.	Student (or documentation of invitation if transition services are being planned)	·	y were to provide written input
	Yes No NA		Yes No NA
265.	General Education Teacher (or documented parent and LEA agreement to participate in		by of Procedural Safeguards Notice was en to parent during the school year
	another manner or excused)		Yes No NA
	Yes No NA	I. Special	Considerations (IEP)
266.	parent and LEA agreement to participate in checked, the IEP		ent's IEP has any special consideration(s) ne IEP team must address those special con- s as described on the IEP form; if special
	Yes No NA		ions apply to this student, answer the questions in 274-280; if not, indicate NA.)

The fo	llowing information is present:	283.	Present levels related to current post-
274.	If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not	294	secondary transition goals (if student is 14, or younger if determined by IEP team)  Yes No NA  Parental concerns for enhancing the educa-
275.	appropriate  If the student is deaf or hard of hearing, a communication plan	204.	tion of the student (if provided by parent to the LEA) YesNoNA
276.	Yes No NA  If the student has communication needs, needs must be addressed in the IEP	285.	How the student's disability affects involvement and progress in the general education curriculum
	Yes No NA		YesNoNA
277.	If the student requires assistive technology	286.	Strengths
	devices and/or services, needs must be addressed in the IEP		YesNoNA
	Yes No NA	287.	Academic, developmental, and functional needs related to student's disability
278.	If the student has limited English proficiency, the IEP team must consider		YesNoNA
	English as Second Language for provision	III. Tes	ensition Services (IED)
	of FAPE	111. 110	ansition Services (IEP)
279.	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan	(Requi than 1 Indica	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)
279.	If the student has behaviors that impede his/her learning or that of others, the IEP	(Requi than 1 Indica service	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition
	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behav-	(Requi than 1 Indica service The fo	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)
	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques  If the student has other special consider-	(Requi than 1 Indica service The fo	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)  Illowing information is present:  If the student's IEP required participation in
280.	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques  If the student has other special considerations, these are addressed in the IEP	(Requi than 1 Indica service The fo 288.	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)  Illowing information is present:  If the student's IEP required participation in CTE program, was the CIP code completed Yes No NA  Evidence that the measurable postsecondary goal(s) were based on age appropriate
280. II. Pre	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques  If the student has other special considerations, these are addressed in the IEP Yes No NA  esent Levels of Academic Achievement	(Requi than 1 Indica service The fo 288.	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)  Illowing information is present:  If the student's IEP required participation in CTE program, was the CIP code completed YesNoNA  Evidence that the measurable postsecond-
280.  II. Pre and F The fo	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques  If the student has other special considerations, these are addressed in the IEP YesNoNA  esent Levels of Academic Achievement functional Performance (IEP)  Illowing information is present:  Student's present levels of academic	(Requirements) (Requi	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)  Illowing information is present:  If the student's IEP required participation in CTE program, was the CIP code completed Yes No NA  Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))
280.  II. Pre and F The fo	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques  If the student has other special considerations, these are addressed in the IEP Yes No NA  esent Levels of Academic Achievement functional Performance (IEP)  Illowing information is present:	(Requirements) (Requi	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)  Illowing information is present:  If the student's IEP required participation in CTE program, was the CIP code completed  Yes No NA  Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))  An appropriate measurable postsecondary goal or goals that covers education or
280.  II. Pre and F The fo 281.	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques  If the student has other special considerations, these are addressed in the IEP YesNoNA  esent Levels of Academic Achievement functional Performance (IEP)  Illowing information is present:  Student's present levels of academic achievement	(Requirements) (Requi	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)  Illowing information is present:  If the student's IEP required participation in CTE program, was the CIP code completed  Yes No NA  Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))  An appropriate measurable postsecondary

go en	291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually (If student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)	295.	If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams
			YesNoNA
		296.	If the student will participate in the PASA, explanation of why PASA is appropriate
292.	Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/ServiceYes No NA	297.	YesNoNA  If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)
292a.	Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)Yes No NA	grade, assess only to	LEA administers a local assessment in any the LEA is required to offer a local alternate ment. (Questions 298-301 are applicable those grades in which a local assessment is histered - for all other grades indicate NA)
292b.	Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)	The fo	llowing information is present:  Indication of IEP team decision regarding
	Annual goals are related to the student's transition services		participation in local assessments (local or alternate local)
	Yes No NA		Yes No NA
IV. Participation in State and Local Assessments (IEP)		299.	If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations
assess PASA)	tions 293-297 are applicable to statewide ment of students in grades 3 through 8 (PSSA/ and high school (Keystone Exams/Grade 11 for all other grades indicate NA)	300.	Yes No NA  If the IEP indicates the student will partici-
The fo	llowing information is present:		pate in an alternate local assessment, explanation of why the student cannot
293.	Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)	Yes No NA  301. If the student will participate in	participate in the regular assessment YesNoNA  If the student will participate in an alternate local assessment, explanation of why the
Yes No NA	•		alternate assessment is appropriate YesNoNA
294.	If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations		16314014/1
	Yes No NA		

## V. Annual Goals and Objectives (including academic and functional goals) (IEP)

The following information is present: 302. Measurable Annual Goals (If student's annual goals were evaluated in III. Transition Services (IEP), question 292c, score this question the same way as question 292c, i.e. yes, no, or NA) \_\_\_\_Yes \_\_\_\_ No \_\_\_\_ NA 303. Description of how student progress toward meeting goals will be measured \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA 304. Description of when periodic reports on progress will be provided to parents \_\_\_ Yes \_\_\_ No \_\_\_ NA 305. Documentation of progress reporting on **Annual Goals** \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA 306. Short Term Objectives (Required for students with disabilities who take the alternate assessment aligned to alternate achievement standards - PASA; for other students indicate NA) \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA **VI. Special Education/Related Services/ Supplementary Aids and Services/Program Modifications (IEP)** The following information is present: 307. Program Modifications and Specially Designed Instruction Yes No NA 308. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did

the IEP team address those recommenda-

tions in development of this IEP?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA

303.	Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
	YesNoNA
310.	If a student attends a Career or Vocational Technical School, evidence that the specially designed instruction addresses the student's needs in Career and Vocational Technical School
	YesNoNA
311.	If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
	YesNoNA
312.	If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in development of this IEP?
	YesNoNA
313.	If supports for school personnel are included on the IEP, the personnel to receive support, support, location, frequency, projected beginning date and anticipated duration of services
	YesNoNA
314.	If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommen- dations in development of this IEP
	YesNoNA

309 If Program Modifications and Specially

315.	Support services, if the student is identified as gifted and also is identified as a student	322. Type of support, by amount (itinerant, supplemental, full-time)
316.	with a disability  Yes No NA  A conclusion regarding student eligibility for ESY	YesNoNA  323. Type of special education supports, (e.g., autistic support, emotional support, learning support)
317.	Yes No NA Information or data reviewed by the IEP team to support the ESY eligibility	Yes No NA  324. Location of student's program (name of LEA where the IEP will be implemented)
318.	determination  Yes No NA  Where ESY services were deemed appropriate, annual goals and when appropriate, short term objectives that are to be	YesNoNA  325. Location of student's program (name of School Building where the IEP will be implemented) YesNoNA
319.	addressed in the child's ESY program  Yes No NA  Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and	326. If child will not be attending his/her neighborhood school, reason why notYesNoNA
	anticipated duration of servicesYesNoNA	VIII. PennData Reporting for Educational Environment (IEP)  The following information is present:
VII. E	ducational Placement (IEP)	327. Completed Section A or Section B
The fo	llowing information is present:	Yes No NA
320.	Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general	Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN)
	education classYes No NA	328. NOREP/PWN is present in the student file (If the answer to question 328 is No, indicate NA for questions 329-340)
321.	Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum Yes No NA	Date LEA sent current NOREP/PWN
		Date LEA received signed NOREP/PWN
		The following information is present:
		329. Demographic data
		YesNoNA

330.	Type of action takenYesNoNA	LEA's proposal or refusal
331.	A description of the action proposed or	Yes No NA
	refused by the LEA	336. Educational placement recommended (including amount and type)
332.	Yes No NA An explanation of why the LEA proposed or	YesNoNA
	refused to take the action	337. Signature of school district superintendent or charter school CEO or designee
333	Yes No NA A description of the other options the IEP	Yes No NA
333.	team considered and the reason why those options were rejected (if action is in regard to educational placement, options considered must begin with the general education	338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)
	environment with supplementary aids and services)	Yes No NA
	Yes No NA	339. Parent has selected a consent option
334.	Description of each evaluation procedure,	Yes No NA
	assessment, record or report used as the basis for proposed action or action refused	340. NOREP/PWN reflects the educational place ment indicated on the student's IEP
	Yes No NA	Yes No NA

## **Reevaluation Only File Review (of Student Files)**

Student Name:	
Student ID Number:	Age of Student on IEP:
Prior Written Notice for a Reevaluation and Request for Consent Form (If form was not required, indicate NA for 194-200)	Reevaluation Report (RR)  207. RR is present in the student file Yes No NA
194. PTRE-Consent Form is present in the student file Yes No NA	(If the answer to question 207 is No, indicate NA for questions 208-240)  Date of Report
(If the answer to question 194 is No, indicate NA for questions 195-200)	Date of Report  Date report was provided to parent
Date LEA sent PTRE-Consent Form  Date of Receipt of PTRE-Consent Form  The following information is present:	208. Reevaluation was completed within time- lines (either 60 calendar days from the dat of LEA receipt of signed PTRE-Consent For excluding summer break, or within 3 years
195. Demographic dataYesNoNA  196. Reason for reevaluation	(2 years for any intellectual disability student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR) Yes No NA
YesNoNA  197. Types of assessment tools, tests, and procedures to be usedYesNoNA	209. A copy of the RR was disseminated to parents at least 10 school days prior to the meeting of the IEP team (unless this requirement was waived by a parent in writing)
198. Contact person's name and contact information	YesNoNA
Yes No NA  199. Parent has selected a consent option	The following information is present:  210. Demographic data YesNoNA
Yes No NA  200. Parent signature or documentation of reasonable efforts to obtain consent	211. Date IEP team reviewed existing evaluation data
Yes No NA	YesNoNA

212. Physical condition, social, or cultural background and adaptive behavior relevant	Determination of Need for Additional Data, Summary and Conclusions:
to the student's need for special education Yes No NA	221. Conclusion regarding need for additional data is indicated
213. Evaluations and information provided by	Yes No NA
the parent (or documentation of LEA's attempts to obtain parent input)	(If option selected indicates that additional data are not needed, answer question 222.
YesNoNA	If option selected indicates additional data are needed, indicate NA for question 222.)
214. Aptitude and achievement tests Yes No NA	222. Reasons additional data are not needed are included
215. Current classroom based assessments and local and/or state assessments	Yes No NA
Yes No NA	(Answer questions 223-227 for all students, i.e., whether additional data were determined to be
216. Observations by teacher(s) and related service provider(s) when appropriate	needed or not.)  223. Determination whether the child has a
Yes No NA	disability and requires special education
217. Teacher recommendations	Yes No NA
YesNoNA	The following information is present:
Determining factors - Conclusion (yes/no) and	224. Disability category(ies)
evidence for conclusion:	YesNoNA
(For questions 218, 219, and 220 if the LEA has docu- mented a "yes/no" conclusion and evidence as required on RR form, indicate Yes; if the LEA has not	225. Summary of findings includes student's educational strengths and needs
documented a conclusion and evidence, indicate No.)	Yes No NA
218. Lack of appropriate instruction in reading Yes No NA	226. Summary of findings includes present level of academic achievement and related deve
219. Lack of appropriate instruction in math	opmental needs, including transition needs as appropriate.
YesNoNA	227. Summary of findings includes recommendations for consideration by the IEP team
220. Limited English proficiency	regarding additions or modifications to the
YesNoNA	student's programs Yes No NA
	(If option selected indicates that additional data are needed, answer question 228. If option selected indicates that additional data are not needed, answer

question 228 NA.)

228.	Interpretation of additional data	236.	Observation in the student's learning			
	Yes No NA		environment			
(If the	IEP team determined that additional data are		Yes No NA			
	d, and the student is being reevaluated for SLD,	237.	Other data if needed			
	er questions 229-238. If student is not being Luated for SLD, indicate NA for questions 229-		YesNoNA			
two pl	Note that this content can be located in one of aces in the RR - either in the "Determination of Component located at the end of the RR, or	238.	Statement for all 6 items (# 10 on the "Determination of SLD" Component)			
	dded within Section II, #2 of the RR)		Yes No NA			
229.	Documentation that the student does not	For Al	LL students:			
	achieve adequately for age, etc.	239.	Documentation of Evaluation Team			
	Yes No NA		Participants			
230.	Indication of process(es) used to determine		Yes No NA			
	eligibilityYesNoNA		udents reevaluated for SLD: (for all other ilities indicate NA)			
231.	Instructional strategies used and student- entered data collected	240.	Documentation that team members Agree/ Disagree			
	Yes No NA		Yes No NA			
232.	Educationally relevant medical findings, if any		ation to Participate in the IEP Team ing or Other Meeting			
	Yes No NA	241.	Invitation is present in the student file			
233.	Effects of the student's environment, culture, or economic background		YesNoNA			
	YesNoNA		(If the answer to question 241 is No, indicate NA for questions 242-250			
234.	Data demonstrating that general education instruction was delivered by qualified personnel, including the ESL program, if applicable		HOWEVER, if the student is age 16 or older and the answer to 241 is No, i ndicate No for questions 246 & 247, and NA for the other questions)			
	Yes No NA	Date S	ent			
235.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents	242.	Invitation to Participate in the IEP Meeting was issued prior to the meeting (or documentation that parent signed waiver to move directly to IEP meeting)			
	Yes No NA		Yes No NA			

anyone other than one of the three required members was excused, even though there is a form in the file questions 251-255 are marked NA)  244. Purpose(s) of the meeting YesNoNA  245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate) YesNoNA  246. Transition planning and services – if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student (if the agency is not providing the services or paying for the services indicate NA for this question) YesNoNA  247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation YesNoNA  248. Invited IEP team members YesNoNA  249. Date/time/location of meeting YesNoNA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to	The following information is present:		Parent Consent to Excuse Required Members		
anyone other than one of the three required members was excused, even though there is a form in the file questions 251-255 are marked NA)  244. Purpose(s) of the meeting YesNoNA  245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate) YesNoNA  246. Transition planning and services – if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student (if the agency is not providing the services or paying for the services indicate NA for this question) YesNoNA  247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation YesNoNA  248. Invited IEP team members YesNoNA  249. Date/time/location of meeting YesNoNA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to	243.	Demographic data	From Attending the IEP Team Meeting		
YesNoNA  245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate) YesNoNA  246. Transition planning and services – if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student (If the agency is not providing the services or paying for the services indicate NA for this question) YesNoNA  247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation YesNoNA  248. Invited IEP team members YesNoNA  249. Date/time/location of meeting YesNoNA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to  questions 251-255 are marked NA) (If form was not required, answer questions 251-256. If form was not required, indicate NA for questions 251-256. If form was not required, indicate NA for questions 251-256. If form was not required, indicate NA for questions 251-255.)  251. Parent Consent to Excuse Required  Members from Attending the IEP Team Meeting is present in the student file YesNoNA  (If form was required, answer questions 251-256. If form was not required, indicate NA for questions 251-256. If form was not required, indicate NA for questions 251-256. If form was not required in EP Team Meeting is present in the student file YesNoNA  (If form was not required, answer questions 251-256. If form was not required members The student file YesNoNA  (If form was not required, indicate NA for questions 251-256. If form was not required members The student file YesNoNA  252. Demographic data YesNoNA  253. Form designates required IEP team meetingYesNoNA  254. Form designates which required members		Yes No NA	(As listed in 256, only three members are required. If anyone other than one of the three required members		
Yes	244.	Purpose(s) of the meeting	was excused, even though there is a form in the file,		
to parents is checked (age 14, younger if determined appropriate) YesNoNA  246. Transition planning and services – if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student (If the agency is not providing the services or paying for the services indicate NA for this question) YesNoNA  247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation YesNoNA  248. Invited IEP team members YesNoNA  249. Date/time/location of meeting YesNoNA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to  251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file  251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file  251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file  252. Date of Receipt of Parent Excusal Form		Yes No NA	. (If form was required, answer questions 251-256. If		
Meeting is present in the student file  246. Transition planning and services – if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student (If the agency is not providing the services or paying for the services indicate NA for this question)  — Yes No NA  247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation  — Yes No NA  248. Invited IEP team members  — Yes No NA  249. Date/time/location of meeting  — Yes No NA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to  Meeting is present in the student file  — Yes No NA  (If the answer to question 251 is No, indicat NA for questions 252-255)  Date of Receipt of Parent Excusal Form  The following information is present:  252. Demographic data  — Yes No NA  253. Form designates required IEP team member(s) for whom attendance is not necessary  — Yes No NA  254. Form designates which required members will submit written input prior to the meeting  — Yes No NA  255. Parent written consent is documented  — Yes No NA	245.	to parents is checked (age 14, younger if determined appropriate)	251-255.)  251. Parent Consent to Excuse Required  Members from Attending the IEP Team		
247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation YesNoNA  248. Invited IEP team members YesNoNA  249. Date/time/location of meeting YesNoNA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to YesNoNA  251. Demographic data YesNoNA YesNoNA  253. Form designates required IEP team member(s) for whom attendance is not necessary YesNoNA  254. Form designates which required members will submit written input prior to the meeting YesNoNA  255. Parent written consent is documented YesNoNA	246.	Transition planning and services – if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student (If the agency is not providing the services or paying for the services indicate NA for this question)	Yes No NA  (If the answer to question 251 is No, indicate NA for questions 252-255)  Date of Receipt of Parent Excusal Form		
YesNoNA  248. Invited IEP team membersYesNoNA YesNoNA  254. Form designates which required members will submit written input prior to the meetingYesNoNA  255. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to	247.	Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed	Yes No NA  253. Form designates required IEP team		
YesNoNA  254. Form designates which required members will submit written input prior to the meeting YesNoNA  256. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to  257. Form designates which required members will submit written input prior to the meeting YesNoNA  258. Form designates which required members will submit written input prior to the meeting YesNoNA  259. Parent written consent is documented YesNoNA			not necessary		
YesNoNAYesNoNA  250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts toYesNoNA		Yes No NA	254. Form designates which required members will submit written input prior to the		
parent attendance at the meeting, or Yes No NA documentation of multiple efforts to	249.	•	3		
Yes No NA	250.	Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation			

256. The requir	red team members excused:	262.	If appropriate, LEA and parent agreement			
a. Genera	al Education Teacher		to make changes to IEP without convening an IEP meeting (If this section is blank on			
Yes _	No NA		the IEP, and no changes were made to			
b. Specia	b. Special Education Teacher		the IEP without a meeting, indicate NA for question 262)			
Yes _	No NA		Yes No NA			
c. Local E	Education Agency Representative	Docu	mentation of IEP Team Participation			
	No NA		Parents (or documented efforts to have			
Individualized	Education Program (IEP)		them attend)			
257. IEP is prese	ent in the student file		Yes No NA			
	NoNA	264.	Student (or documentation of invitation if transition services are being planned)			
	wer to question 257 is No, A for questions 258-327)		YesNoNA			
and the ar questions	R, if the student is age 16 or older nswer to 257 is No, indicate No for 289, 290, 291, 292a, 292b and NA for the other questions)	265.	General Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)			
Date of IEP (IEP Team Meeting date)			Yes No NA			
258. IEP was co	ompleted within timelines than 1 year from the date of the		Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)			
•	No NA		Yes No NA			
The following info	ormation is present:	267.	Local Education Agency Representative (or			
259. Demograp	•		documented parent and LEA agreement to participate in another manner or excused)			
	No NA		Yes No NA			
260. IEP impler	mentation date	268.	Career Technical Education (CTE)			
Yes	NoNA		Representative if appropriate, ie., if student is enrolled in or applying to a			
261. Anticipate programs	. Anticipated duration of services and programs		CTE (or documentation they were invited participated in another manner) (If 268 is NA, indicate NA for question 269)			
Yes	NoNA		Yes No NA			
		269.	CTE Representative was in attendance, if student was attending CTE			
			Yes No NA			

270. Community Agency Representative (if appropriate for transition planning or documentation they were invited)	277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP
YesNoNA	Yes No NA
271. Teacher of the Gifted (required for IEP of a student with a disability who is also gifted under Chapter 16)	278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE
YesNoNA	Yes No NA
272. Written input provided by IEP team member(s) excused from participating in the IEP meeting if the invitation stated they were to provide written input	279. If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques
YesNoNA	
273. Copy of Procedural Safeguards Notice	YesNoNA
was given to parent during the school year Yes No NA	280. If the student has other special consider- ations, these are addressed in the IEP
163 110 11A	
. Special Considerations (IEP)	YesNoNA  II. Present Levels of Academic Achievement
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the	YesNoNA  II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:  281. Student's present levels of academic
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)	II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:	<ul><li>II. Present Levels of Academic Achievement and Functional Performance (IEP)</li><li>The following information is present:</li><li>281. Student's present levels of academic</li></ul>
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:  274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team	<ul><li>II. Present Levels of Academic Achievement and Functional Performance (IEP)</li><li>The following information is present:</li><li>281. Student's present levels of academic achievement</li></ul>
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:  274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not	II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:  281. Student's present levels of academic achievement YesNoNA  282. Student's present levels of functional
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:  274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team	II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:  281. Student's present levels of academic achievement YesNoNA  282. Student's present levels of functional performance YesNoNA  283. Present levels related to current postsecondary transition goals (if
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:  274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate	II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:  281. Student's present levels of academic achievement YesNoNA  282. Student's present levels of functional performance YesNoNA  283. Present levels related to current
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:  274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate YesNoNA  275. If the student is deaf or hard of hearing, a	II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:  281. Student's present levels of academic achievement YesNoNA  282. Student's present levels of functional performance YesNoNA  283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined
If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)  The following information is present:  274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate YesNoNA  275. If the student is deaf or hard of hearing, a communication plan	II. Present Levels of Academic Achievement and Functional Performance (IEP)  The following information is present:  281. Student's present levels of academic achievement YesNoNA  282. Student's present levels of functional performance YesNoNA  283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)

285.	How the student's disability affects involvement and progress in the general education curriculum		(If student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)
286.	YesNoNA Strengths		Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service
III. Tra (Requi than 1 Indica vices o	YesNoNA Academic, developmental, and functional needs related to student's disabilityYesNoNA  ansition Services (IEP) ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. Ite NA for questions 289-292c if transition service not required.)	292b. 292c.	YesNoNA  Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s) YesNoNA  Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s) YesNoNA  Annual goals are related to the student's transition services
288.	Illowing information is present:  If the student's IEP required participation in CTE program, was the CIP code completed Yes No NA  Evidence that the measurable postsecond-	Asses:	YesNoNA rticipation in State and Local sments (IEP) ions 293-297 are applicable to statewide ment of students in grades 3 through 8 (PSSA)
	ary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/ or IEP Present Levels (section II of the IEP)) YesNoNA An appropriate measurable postsecondary	PASA) f The fol 293.	and high school (Keystone Exams/Grade 11 for all other grades indicate NA)  Illowing information is present:  Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)
	goal or goals that covers education or training, employment, and, as needed, independent living YesNoNA  Evidence that the postsecondary goal or goals that covers education or training,	294.	YesNoNA  If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodationsYesNoNA
	employment, and, as needed, independent living are updated annuallyYes NoNA		

295.	If the student will participate in the PASA an explanation of why the student	V. Annual Goals and Objectives (including academic and functional goals) (IEP)			
	cannot participate in the PSSA/Keystone Exams	The following information is present:			
296.	YesNoNA	302. Measurable Annual Goals (if student's			
	If the student will participate in the PASA, explanation of why PASA is appropriate	annual goals were evaluated in III. Transition Services (IEP), question 292c, score this ques- tion the same way as question 292c, i.e., yes, no, or NA)			
	Yes No NA	Yes No NA			
297.	If the student will participate in the PASA, how student's performance will be docu- mented (videotape or written narrative)	303. Description of how student progress toward meeting goals will be measured			
	YesNoNA	Yes No NA			
If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assess-		304. Description of when periodic reports on progress will be provided to parents			
	(Questions 298-301 are applicable only to grades in which a local assessment is adminis-	YesNoNA			
tered – for all other grades indicate NA)  The following information is present:		305. Documentation of progress reporting on			
		Annual Goals			
298.	<ul> <li>Indication of IEP team decision regarding participation in local assessment (local or alternate local)</li> <li>Yes No NA</li> <li>If the student will participate in local assessments, indication of IEP team decision regarding participation with or without</li> </ul>	Yes No NA  306. Short Term Objectives  (Required for students with disabilities			
299		who take the alternate assessment aligned to alternate achievement standards – PASA; for other students indicate NA)			
2,7,		Yes No NA			
	accommodationsYesNoNA	VI. Special Education/Related Services/ Supplementary Aids and Services/Program			
300.	If the IEP indicates the student will partici-	Modifications (IEP)			
	explanation of why the student cannot	The following information is present:			
		<ol> <li>Program Modifications and Specially Designed Instruction</li> </ol>			
	Yes No NA	YesNoNA			
301.	If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate Yes No NA	308. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP?			

309.	If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	315. Support services, if the student is as gifted and also is identified as a with a disability YesNoNA	
	YesNoNA	316. A conclusion regarding student e for ESY	ligibility
310.	If a student attends a Career or Vocational Technical School, evidence that the specially designed instruction addresses the student's needs in Career and Vocational Technical School	Yes No NA  317. Information or data reviewed by team to support the ESY eligibilit determination	
	Yes No NA	Yes No NA	
311.	If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	318. Where ESY services were deemed ate, annual goals and when appro short term objectives that are to addressed in the child's ESY prog	opriate, be
	Yes No NA	Yes No NA	
312.	If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in devel- opment of this IEP?	319. Where ESY was determined to be ate, ESY service to be provided, lo frequency, projected beginning canticipated duration of services YesNoNA	ocation,
	YesNoNA	VII. Educational Placement (IEP)	
313.	If Supports for school personnel are	The following information is present:	
	included on the IEP, the personnel to receive support, support, location, frequency, projected beginning date and anticipated duration of services	320. Explanation of the extent, if any, the student will not participate without disabilities in the geducation class	ith stu-
	Yes No NA	YesNoNA	
314.	If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommen- dations in development of this IEP?	321. Explanation of the extent, if any, the student will not participate without disabilities in the geducation curriculum YesNoNA	ith stu-
	Yes No NA	322. Type of support, by amount (itine supplemental, full-time)	erant,
		Yes No NA	

323.	323. Type of special education supports, e.g., autistic support, emotional support, learning support)		A description of the action proposed or refused by the LEA		
			YesNoNA		
324.	YesNoNA Location of student's program (name of LEA	332.	An explanation of why the LEA proposed or refused to take the action		
	where the IEP will be implemented)		YesNoNA		
	YesNoNA	333.	A description of the other options the		
325.	Location of student's program (name of school building where the IEP will be implemented)	333.	IEP team considered and the reason why those options were rejected (if action is in regard to educational placement, options		
	YesNoNA		considered must begin with the general education environment with supplemen-		
326.	If child will not be attending his/her neigh- borhood school, reason why not		tary aids and services) Yes No NA		
	Yes No NA	334	Description of each evaluation procedure,		
	PennData Reporting for Educational	334.	assessment, record or report used as the basis for proposed action or action refused		
Envir	onment (IEP)		YesNoNA		
The fo	llowing information is present:	335	Description of other factor(s) relevant to		
327.	Completed Section A or Section B	555.	LEA's proposal or refusal		
Yes No NA			YesNoNA		
	e of Recommended Educational ment/Prior Written Notice (NOREP/	336.	Educational placement recommended (including amount and type)		
PWN)			YesNoNA		
328.	NOREP/PWN is present in the student file (If the answer to question 328 is No,	337.	Signature of school district superintendent or charter school CEO or designee		
	indicate NA for questions 329-340)		Yes No NA		
Date L	EA sent current NOREP/PWN	338.	Parent signature or documentation of		
Date LEA received signed NOREP/PWN The following information is present:		330.	reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)		
329.	329. Demographic dataYesNoNA		YesNoNA		
			Parent has selected a consent option		
330.	Type of action taken		YesNoNA		
Yes No NA		340.	NOREP/PWN reflects the educational placement indicated on the student's IEP		
			YesNoNA		

## **Reevaluation Waiver Only File Review (of Student Files)**

Student Name:					
Student ID Number:	Age of Student on IEP:				
Agreement to Waive Reevaluation	206. Parent signature				
(NA for students with intellectual disability; if a waiver was issued for student identified with intellectual disability peer monitor must inform chairperson)  201. Agreement to Waive Reevaluation is present in the student file YesNoNA  (If answer to question 201 is No, indicate NA for questions 202-206)  Date Sent  Date of Receipt of Agreement to Waiver Form	YesNoNA  Invitation to Participate in the IEP Team Meeting or Other Meeting  241. Invitation is present in the student file YesNoNA  (If the answer to question 241 is No, indicate NA for questions 242-250; HOWEVER, if the student is age 16 or older and the answer to 241 is No, indicate No for questions 246 & 247, and NA for the other questions.)				
202. Waiver was completed within required timelines (3 years (2 years for any intellectual disability student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR) Yes No NA The following information is present:	Date Sent  242. Invitation to Participate in the IEP Meeting was issued prior to the meeting (or documentation that parent signed waiver to move directly to IEP meeting)  Yes No NA  The following information is present:				
203. Reason reevaluation is not necessary at this time is included	243. Demographic dataYes No NA 244. Purpose(s) of the meeting				
Yes No NA  204. Contact person's name and contact information Yes No NA	Yes No NA  245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)				
205. Parent has selected a consent option	Yes No NA				

246. Transition planning and services - if appropriate, evidence that a representative of any participating agency was invited to the IEP		Date of Receipt of Parent Excusal Form		
		The following information is present:		
	team meeting with the prior consent of the parent or student (If the agency is not providing the services or paying for the services	252.	Demographic data	
		253.	YesNoNA	
	indicate NA for this question)		Form designates required IEP team	
	YesNoNA		member(s) for whom attendance is not necessary	
247.	Transition planning and services – Transition planning is checked (age 14, or younger if		YesNoNA	
	determined appropriate); Student is listed on invitation	254.	Form designates which required members will submit written input prior to the	
	YesNoNA		meeting	
248.	Invited IEP team members		YesNoNA	
	Yes No NA	255.	Parent written consent is documented	
249.	Date/time/location of meeting		YesNoNA	
	YesNoNA	256.	The required team members excused:	
250.	Parent response, or documentation		a. General Education Teacher	
	of parent attendance at the meeting, or documentation of multiple efforts to encourage participation		YesNoNA	
			b. Special Education Teacher	
Yes No NA			Yes No NA	
Parer	nt Consent to Excuse Required Members		c. Local Education Agency Representative	
	Attending the IEP Team Meeting		Yes No NA	
	ted in 256, only three members are required. If	Indiv	idualized Education Program (IEP)	
was ex	e other than one of the three required members ccused, even though there is a form in the file,	257.	IEP is present in the student file	
questions 251-255 are marked NA) (If form was required, answer questions 251-256. If form was not required, indicate NA for questions 251-255.)			YesNoNA	
			(If the answer to question 257 is No,	
			indicate NA for questions 258-327)	
251.	Parent Consent to Excuse Required  Members from Attending the IEP Team		HOWEVER, if the student is age 16 or older and the answer to 257 is No, indicate	
	Members from Attending the IEP Team Meeting is present in the student file		No for questions 289, 290, 291, 292a, 292b	
	Yes No NA		and 292c, and NA for the other questions)	
	(If the answer to question 251 is No,	Date of IEP (IEP Team Meeting date)		
	indicate NA for questions 252-255)			

258.	IEP was completed within timelines (No more than 1 year from the date of the last IEP)		267.	267. Local Education Agency Representative (a documented parent and LEA agreement to participate in another manner or excused			
	Yes	_No _	NA		Yes	No	NA
The fo	llowing inforr	mation i	s present:	268.	Career Tech		
259.	Demographi	ic data			Representative (if appropriate, is enrolled in or applying to a CT		
	Yes	_ No _	NA			•	nvited or participated in 68 is NA, indicate NA for
260.	IEP impleme	ntation	date		question 26		,
	Yes	_ No _	NA		Yes	No	NA
261.	Anticipated and program		n of services	269.	CTE Repres		vas in attendance if ng CTE
	Yes	_ No _	NA		Yes	No	NA
262.	make change IEP meeting	es to IEF ( <i>If this s</i>	nd parent agreement to without convening an ection is blank on the were made to the IEP	270.	YesNoNA Community Agency Representative (if appropriate for transition planning or documentation they were invited)	nsition planning	
		_	ndicate NA for question		Yes	No	NA
	<b>262)</b> Yes No NA		271.		t with a di	(required for IEP sability who is also 16)	
Docur	nentation of IEP Team Participation			Yes	No	NA	
263.	Parents (or d them attend		ted efforts to have	272.		•	ed by IEP team mem- participating in the IEP
	Yes	_No _	NA		meeting if the invitation stated they	ion stated they were to	
264.			ntation of invitation if re being planned)		provide written input YesNoNA		
	Yes	_No _	NA	273.			afeguards Notice was
265.		General Education Teacher (or documented parent and LEA agreement to participate in		given to pa		g the school year NA	
	another manner or excused)	I. Spe	cial Consid	lerations	(IEP)		
	Yes	_ No _	NA	_			special consideration(s)
266.	•	EA agre nner or e	-	check sidera consid	ed, the IEP te tions as desc derations app	cam must of cribed on to this	address those special con- the IEP form; if special student, answer the 280; if not, indicate NA.)

The following information is present:	282. Student's present levels of functional performance				
274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team deter-	YesNoNA				
mines that such instruction is not appropriate	<ol> <li>Present levels related to current postsec- ondary transition goals (if student is 14,</li> </ol>				
Yes No NA	or younger if determined by IEP team)				
275. If the student is deaf or hard of hearing, a communication plan	Yes No NA				
YesNoNA	284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)				
276. If the student has communication needs, needs must be addressed in the IEP	Yes No NA				
YesNoNA	285. How the student's disability affects				
277. If the student requires assistive technology devices and/or services, needs must be	involvement and progress in the general education curriculum				
addressed in the IEP	Yes No NA				
Yes No NA	286. Strengths				
278. If the student has limited English profi-	Yes No NA				
ciency, the IEP team must consider English as Second Language for provision of FAPE	287. Academic, developmental, and functional needs related to student's disability				
Yes No NA	Yes No NA				
279. If the student has behaviors that impede his/her learning or that of others, the IEP	III. Transition Services (IEP)				
includes a Positive Behavior Support Plan based on a functional assessment of behav-	(Required for students age 14 and older, or young				
ior utilizing positive behavior techniques	than 14 if determined appropriate by IEP team. Indicate NA for questions 289-292c if transition				
Yes No NA	services are not required.)				
280. If the student has other special consider-	The following information is present:				
ations, these are addressed in the IEPYes No NA	288. If the student's IEP required participation in CTE program, was the CIP code completed				
II. Present Levels of Academic Achievement	YesNoNA				
and Functional Performance (IEP)	289. Evidence that the measurable postsecond-				
The following information is present:	ary goal(s) were based on age appropriate transition assessment (locate assessment				
281. Student's present levels of academic achievement	information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))				
Yes No NA	Yes No NA				

290.	An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living	The following information is present:		
		293. Documentation of IEP team decision regaing participation in statewide assessmen (PSSA/Keystone Exams, ACCESS for ELLs,	its	
	Yes No NA	Alternate ACCESS for ELLs or PASA)		
291.	Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually (if student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)	YesNoNA  294. If the student will participate in the PSSA Keystone Exams, documentation of IEP team decision regarding participation wior without accommodations YesNoNA		
292.	Yes No NA Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service	295. If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams YesNoNA		
292a.	YesNoNA  Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s) YesNoNA	<ul> <li>296. If the student will participate in the PASA explanation of why PASA is appropriate YesNoNA</li> <li>297. If the student will participate in the PASA how student's performance will be docu-</li> </ul>	۸,	
292b.	Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)YesNoNA	mented (videotape or written narrative) Yes No NA  If a LEA administers a local assessment in any gr the LEA is required to offer a local alternate asse	rade	
292c.	Annual goals are related to the student's transition services  Yes No NA	ment. (Questions 298-301 are applicable only to those grades in which a local assessment is adm tered – for all other grades indicate NA)  The following information is present:	)	
IV. Participation in State and Local Assessments (IEP)  (Questions 293-297 are applicable to statewide assessment of students in grades 3 through 8 (PSSA/PASA) and high school (Keystone Exams/Grade 11 PASA) for all other grades indicate NA)		298. Indication of IEP team decision regarding participation in local assessments (local calternate local)		
		Yes No NA  299. If the student will participate in local assessments, indication of IEP team decis regarding participation with or without accommodations  Yes No NA	sion	

300.	If the IEP indicates the student will participate in an alternate local assessment, explanation of why the student cannot participate in the regular assessment.		VI. Special Education/Related Services/ Supplementary Aids and Services/Program Modifications (IEP)		
	participate in the regular assessmentYesNoNA	The fo	llowing information is present:		
301.	If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate	307.	Program Modifications and Specially Designed InstructionYes No NA		
acade	YesNoNA Annual Goals and Objectives (including ademic and functional goals) (IEP) e following information is present:		If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommenda- tions in development of this IEP?		
302.	Measurable Annual Goals (if student's annual goals were evaluated in III. Transition Services (IEP), question 292c, score this question the same way as question 292c, i.e., yes, no, or NA)	309.	YesNoNA  If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration		
303.	Yes No NA  Description of how student progress toward meeting goals will be measured	310.	of services Yes No NA If a student attends a Career or Vocational		
304.	YesNoNA  Description of when periodic reports on progress will be provided to parents		Technical School, evidence that the specially designed instruction addresses the student's needs in Career and Vocational Technical School		
	YesNoNA		Yes No NA		
305.	Documentation of progress reporting on Annual GoalsYesNoNA	311.	If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services		
306.	Short Term Objectives		YesNoNA		
	YesNoNA  (Required for students with disabilities who take the alternate assessment aligned to alternate achievement standards – PASA; for other students indicate NA)	312.	If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in devel- opment of this IEP?		
			Yes No NA		

313.	If Supports for school personnel are included on the IEP, the personnel to receive support, support, location, frequency, projected beginning date and anticipated duration of services	VII. Educational Placement (IEP)			
		The following information is present:			
		320.	Explanation of the extent, if any the student will not participate dents without disabilities in the	with stu-	
	YesNoNA		education class	general	
314.	If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommendations in development of this IEP		YesNoNA		
		321.	Explanation of the extent, if any the student will not participate dents without disabilities in the education curriculum	with stu-	
	Yes No NA		Yes No NA		
315.	Support services, if the student is identified as gifted and also is identified as a student with a disability	322.	Type of support, by amount (itin supplemental, full-time)	nerant,	
	Yes No NA		YesNoNA		
316.	A conclusion regarding student eligibility for ESY	323.	Type of special education support (e.g., autistic support, emotional learning support)		
	Yes No NA		YesNoNA		
317.	Information or data reviewed by the IEP team to support the ESY eligibility determination	324.	Location of student's program ( where the IEP will be implemen		
	YesNoNA  Where ESY services were deemed appropriate, annual goals and when appropriate, short term objectives that are to be addressed in the child's ESY program	325.	YesNoNA		
318.			Location of student's program ( school building where the IEP w implemented)		
			Yes No NA		
	Yes No NA	326.	If child will not be attending his		
319.	Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services Yes No NA		neighborhood school, reason w Yes No NA	niy not	
		VIII F		estional	
		VIII. PennData Reporting for Educational Environment (IEP)			
		The following information is present:			
		327.	327. Completed Section A or Section B		
			Yes No NA		

#### **Notice of Recommended Educational** 336. Educational placement recommended Placement/Prior Written Notice (NOREP/PWN) (including amount and type) \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA 328. NOREP/PWN is present in the student file Yes No NA 337. Signature of school district superintendent or charter school CEO or designee (If the answer to question 328 is No, indicate NA for questions 329-340) \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA Date LEA sent current NOREP/PWN \_\_\_\_\_ 338. Parent signature or documentation of reasonable efforts to obtain consent Date LEA received signed NOREP/PWN \_\_\_\_\_ (e.g., mailed to parents, certified mail, visit to the parent's home) The following information is present: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA 329. Demographic data 339. Parent has selected a consent option \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA 330. Type of action taken 340. NOREP/PWN reflects the educational \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA placement indicated on the student's IEP 331. A description of the action proposed or \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA refused by the LEA \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA 332. An explanation of why the LEA proposed or refused to take the action Yes No NA 333. A description of the other options the IEP team considered and the reason why those options were rejected (if action is in regard to educational placement, options considered must begin with the general education environment with supplementary aids and services) \_\_\_ Yes \_\_\_ No \_ NA 334. Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused Yes No NA 335. Description of other factor(s) relevant to

LEA's proposal or refusal

### **Commonwealth of Pennsylvania**

**Tom Wolf** Governor

#### **Department of Education**

**Pedro Rivera**Secretary

#### **Matthew S. Stem**

Office of Elementary and Secondary Education Deputy Secretary

#### **Ann Hinkson-Herrmann**

Director, Bureau of Special Education

