



School District/Charter School Compliance Monitoring System

File Review

Pennsylvania Department of Education
Bureau of Special Education



File Review

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

___ Yes ___ No ___ NA

(If the answer to question 153 is No, indicate NA for questions 154-159)

Date LEA sent PTE-Consent Form _____

Date of receipt of Consent Form _____

The following information is present:

154. Demographic data

___ Yes ___ No ___ NA

155. Reason(s) for referral for evaluation

___ Yes ___ No ___ NA

156. Proposed types of tests and assessments

___ Yes ___ No ___ NA

157. Contact person's name and contact information

___ Yes ___ No ___ NA

158. Parent signature or documentation of reasonable efforts to obtain consent

___ Yes ___ No ___ NA

159. Parent has selected a consent option

___ Yes ___ No ___ NA

Evaluation Report (ER)

160. ER is present in the student file

___ Yes ___ No ___ NA

(If the answer to question 160 is No, indicate NA for questions 161-193)

Date of Report _____

161. Evaluation was completed within timelines

___ Yes ___ No ___ NA

(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)

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)

The following information is present:

163. Demographic data

___ Yes ___ No ___ NA

164. Date report was provided to parent

___ 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
☐ Yes ☐ No ☐ NA
167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)
☐ Yes ☐ No ☐ NA
168. Teacher observations and observations by related service providers, when appropriate
☐ Yes ☐ No ☐ NA
169. Recommendations by teachers
☐ Yes ☐ No ☐ NA
170. The student's physical condition (including health, vision, hearing); social or cultural background; and adaptive behavior relevant to the student's suspected disability and potential need for special education
☐ Yes ☐ No ☐ NA
171. Assessments, including when appropriate, current classroom based assessments, aptitude and achievement tests; local and/or state assessments; behavioral assessments; vocational technical education assessment results; interests, preferences, aptitudes (for secondary transition); etc.
☐ Yes ☐ No ☐ NA
172. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions (including if the assessment was given in the student's native language or other mode of communication)
☐ Yes ☐ No ☐ NA

Determining factors - Conclusion (yes/no) and evidence for conclusion:

(For questions 173, 174, and 175, if the LEA has documented a "yes/no" conclusion and evidence as required on the ER form, indicate Yes; if the LEA has not documented a conclusion and evidence, indicate No.)

173. Lack of appropriate instruction in reading
☐ Yes ☐ No ☐ NA
174. Lack of appropriate instruction in math
☐ Yes ☐ No ☐ NA
175. Limited English proficiency
☐ Yes ☐ No ☐ NA

Summary of findings/interpretation of evaluation results:

176. Present levels of academic achievement
☐ Yes ☐ No ☐ NA
177. Present levels of functional performance
☐ Yes ☐ No ☐ NA
178. Behavioral information
☐ Yes ☐ No ☐ NA
179. Conclusions: On the ER form, 6A, or 6B, or 6C is checked
☐ Yes ☐ No ☐ NA
180. Disability Category
☐ Yes ☐ No ☐ NA
181. Recommendations for consideration by the IEP team
☐ Yes ☐ No ☐ NA
182. Evaluation Team Participants documented
☐ 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

☐ Yes ☐ No ☐ NA

Determination of Specific Learning Disability

(Questions 184 through 193 are applicable only for students being evaluated for SLD; for all others indicate NA for these questions. Note that the content required to answer questions 184-193 can be located in one of two places in the ER - either in the "Determination of SLD" Component located at the end of the ER, or embedded within Sections 5 and 6 of the ER.)

184. Documentation that the student does not achieve adequately for age, etc.

☐ Yes ☐ No ☐ NA

185. Indication of process(es) used to determine eligibility

☐ Yes ☐ No ☐ NA

186. Instructional strategies used and student-centered data collected

☐ Yes ☐ No ☐ NA

187. Educationally relevant medical findings, if any

☐ Yes ☐ No ☐ NA

188. Effects of the student's environment, culture, or economic background

☐ Yes ☐ No ☐ NA

189. Data demonstrating that general education instruction was delivered by qualified personnel, including the ESL program, if applicable

☐ Yes ☐ No ☐ NA

190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents

☐ Yes ☐ No ☐ NA

191. Observation in the student's learning environment

☐ Yes ☐ No ☐ NA

192. Other data if needed

☐ Yes ☐ No ☐ NA

193. Statement for all 6 items indicated to support conclusions of the evaluation team (#10 on the "Determination of SLD" Component)

☐ Yes ☐ No ☐ NA

Invitation to Participate in the IEP Team Meeting or Other Meeting

241. Invitation is present in the student file

☐ Yes ☐ No ☐ NA

(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 and 247, and NA for the other questions.)

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:

243. Demographic data

☐ Yes ☐ No ☐ NA

244. Purpose(s) of the meeting

☐ Yes ☐ No ☐ NA

245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)

☐ Yes ☐ No ☐ NA

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 encourage participation

☐ Yes ☐ No ☐ NA

Parent Consent to Excuse Required Members From Attending the IEP Team Meeting

(As listed in 256, only three members are required. If 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)

(If form was required, answer 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

☐ Yes ☐ No ☐ NA

(If the answer to question 251 is No, indicate 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

256. The required team members excused:

a. General Education Teacher

☐ Yes ☐ No ☐ NA

b. Special Education Teacher

☐ Yes ☐ No ☐ NA

c. Local Education Agency Representative

☐ Yes ☐ No ☐ NA

Individualized Education Program (IEP)

257. IEP is present in the student file

☐ Yes ☐ No ☐ NA

(If the answer to question 257 is No, indicate NA for questions 258-327) HOWEVER, if the student is age 16 or older and the answer to 257 is No, indicate No for questions 289, 290, 291, 292a, 292b and 292c, and NA for the other questions)

Date of IEP (IEP Team Meeting date) _____

258. IEP was completed within timelines
*(No more than 30 calendar days from
final ER)*

☐ Yes ☐ No ☐ NA

The following information is present:

259. Demographic data

☐ Yes ☐ No ☐ NA

260. IEP implementation date

☐ Yes ☐ No ☐ NA

261. Anticipated duration of services and
programs

☐ Yes ☐ No ☐ NA

262. If appropriate, LEA and parent agreement to
make changes to IEP without convening an
IEP meeting

☐ Yes ☐ No ☐ NA

*(If this section is blank on the IEP, and no
changes were made to the IEP without a
meeting, indicate NA for question 262)*

Documentation of IEP Team Participation

263. Parents (or documented efforts to have
them attend)

☐ Yes ☐ No ☐ NA

264. Student (or documentation of invitation if
transition services are being planned)

☐ Yes ☐ No ☐ NA

265. General Education Teacher (or documented
parent and LEA agreement to participate in
another manner or excused)

☐ Yes ☐ No ☐ NA

266. Special Education Teacher (or documented
parent and LEA agreement to participate in
another manner or excused)

☐ Yes ☐ No ☐ NA

267. Local Education Agency Representative (or
documented parent and LEA agreement to
participate in another manner or excused)

☐ Yes ☐ No ☐ NA

268. Career Technical Education (CTE)
Representative *(if appropriate, e.g., if
student is enrolled in or applying to a
CTE)* (or documentation they were
invited or participated in another
manner)

☐ Yes ☐ No ☐ NA

(If 268 is NA, indicate NA for question 269)

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)

☐ Yes ☐ No ☐ NA

271. Teacher of the Gifted *(required for IEP
of a student with a disability who is also
gifted under Chapter 16)*

☐ 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

☐ Yes ☐ No ☐ NA

273. Copy of Procedural Safeguards Notice was
given to parent during the school year

☐ Yes ☐ No ☐ NA

I. Special Considerations (IEP)

*(If the student's IEP has any special consideration(s)
checked, the IEP team must address those special con-
siderations 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
___ Yes ___ No ___ NA
275. If the student is deaf or hard of hearing, a communication plan
___ Yes ___ No ___ NA
276. If the student has communication needs, needs must be addressed in the IEP
___ Yes ___ No ___ NA
277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP
___ Yes ___ No ___ NA
278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE
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
280. If the student has other special considerations, these are addressed in the IEP
___ Yes ___ No ___ NA

II. Present Levels of Academic Achievement and Functional Performance (IEP)

The following information is present:

281. Student's present levels of academic achievement
___ Yes ___ No ___ NA
282. Student's present levels of functional performance
___ Yes ___ No ___ NA

283. Present levels related to current post-secondary transition goals (if student is 14, or younger if determined by IEP team)
___ Yes ___ No ___ NA
284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)
___ Yes ___ No ___ NA
285. How the student's disability affects involvement and progress in the general education curriculum
___ Yes ___ No ___ NA
286. Strengths
___ Yes ___ No ___ NA
287. Academic, developmental, and functional needs related to student's disability
___ Yes ___ No ___ NA

III. Transition Services (IEP)

(Required for students age 14 and older, or younger than 14 if determined appropriate by IEP team. Indicate NA for questions 289-292c if transition services are not required.)

The following information is present:

288. If the student's IEP required participation in CTE program, was the CIP code completed
___ Yes ___ No ___ NA
289. 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)*)
290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living
___ Yes ___ No ___ NA

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*)

292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service
☐ Yes ☐ No ☐ NA

292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)
☐ Yes ☐ No ☐ NA

292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)

292c. Annual goals are related to the student's transition services
☐ Yes ☐ No ☐ NA

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)

The following information is present:

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

294. If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations
☐ Yes ☐ No ☐ NA

295. If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams
☐ Yes ☐ No ☐ NA

296. If the student will participate in the PASA, explanation of why PASA is appropriate
☐ Yes ☐ No ☐ NA

297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)

If the LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assessment. (Questions 298-301 are applicable only to those grades in which a local assessment is administered - for all other grades indicate NA)

The following information is present:

298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)
☐ Yes ☐ No ☐ NA

299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations
☐ Yes ☐ No ☐ NA

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
☐ Yes ☐ No ☐ NA

301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate
☐ 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 recommendations in development of this IEP?
☐ Yes ☐ No ☐ NA

309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
☐ Yes ☐ No ☐ NA
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
311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
☐ 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 development 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
☐ Yes ☐ No ☐ NA
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
☐ Yes ☐ No ☐ NA

315. Support services, if the student is identified as gifted and also is identified as a student with a disability

☐ Yes ☐ No ☐ NA

316. A conclusion regarding student eligibility for ESY

☐ Yes ☐ No ☐ NA

317. Information or data reviewed by the IEP team to support the ESY eligibility determination

☐ Yes ☐ No ☐ NA

318. 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

☐ Yes ☐ No ☐ NA

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

VII. Educational Placement (IEP)

The following information is present:

320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education class

☐ Yes ☐ No ☐ NA

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

322. Type of support, by amount (itinerant, supplemental, full-time)

☐ Yes ☐ No ☐ NA

323. Type of special education supports, (e.g., autistic support, emotional support, learning support)

☐ Yes ☐ No ☐ NA

324. Location of student's program (name of LEA where the IEP will be implemented)

☐ Yes ☐ No ☐ NA

325. Location of student's program (name of School Building where the IEP will be implemented)

☐ Yes ☐ No ☐ NA

326. If child will not be attending his/her neighborhood school, reason why not

☐ Yes ☐ No ☐ NA

VIII. PennData Reporting for Educational Environment (IEP)

The following information is present:

327. Completed Section A or Section B

☐ Yes ☐ No ☐ NA

Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN)

328. NOREP/PWN is present in the student file
(If the answer to question 328 is No, indicate NA for questions 329-340)

Date LEA sent current NOREP/PWN _____

Date LEA received signed NOREP/PWN _____

The following information is present:

329. Demographic data

☐ Yes ☐ No ☐ NA

330. Type of action taken

☐ Yes ☐ No ☐ NA

331. A description of the action proposed or 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

☐ Yes ☐ No ☐ NA

336. Educational placement recommended (including amount and type)

☐ Yes ☐ No ☐ NA

337. Signature of school district superintendent or charter school CEO or designee

☐ Yes ☐ No ☐ NA

338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)

☐ Yes ☐ No ☐ NA

339. Parent has selected a consent option

☐ Yes ☐ No ☐ NA

340. NOREP/PWN reflects the educational placement indicated on the student's IEP

☐ 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)

194. PTRE-Consent Form is present in the student file

☐ Yes ☐ No ☐ NA

(If the answer to question 194 is No, indicate NA for questions 195-200)

Date LEA sent PTRE-Consent Form _____

Date of Receipt of PTRE-Consent Form _____

The following information is present:

195. Demographic data

☐ Yes ☐ No ☐ NA

196. Reason for reevaluation

☐ Yes ☐ No ☐ NA

197. Types of assessment tools, tests, and procedures to be used

☐ Yes ☐ No ☐ NA

198. Contact person's name and contact information

☐ Yes ☐ No ☐ NA

199. Parent has selected a consent option

☐ Yes ☐ No ☐ NA

200. Parent signature or documentation of reasonable efforts to obtain consent

☐ Yes ☐ No ☐ NA

Reevaluation Report (RR)

207. RR 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 _____

Date report was provided to parent _____

208. Reevaluation was completed within time-lines *(either 60 calendar days from the date of LEA receipt of signed PTRE-Consent Form, excluding summer break, or within 3 years (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

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)

☐ Yes ☐ No ☐ NA

The following information is present:

210. Demographic data

☐ Yes ☐ No ☐ NA

211. Date IEP team reviewed existing evaluation data

☐ Yes ☐ No ☐ NA

212. Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education

☐ Yes ☐ No ☐ NA

213. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)

☐ Yes ☐ No ☐ NA

214. Aptitude and achievement tests

☐ Yes ☐ No ☐ NA

215. Current classroom based assessments and local and/or state assessments

☐ Yes ☐ No ☐ NA

216. Observations by teacher(s) and related service provider(s) when appropriate

☐ Yes ☐ No ☐ NA

217. Teacher recommendations

☐ Yes ☐ No ☐ NA

Determining factors - Conclusion (yes/no) and evidence for conclusion:

(For questions 218, 219, and 220 if the LEA has documented a "yes/no" conclusion and evidence as required on RR form, indicate Yes; if the LEA has not documented a conclusion and evidence, indicate No.)

218. Lack of appropriate instruction in reading

☐ Yes ☐ No ☐ NA

219. Lack of appropriate instruction in math

☐ Yes ☐ No ☐ NA

220. Limited English proficiency

☐ Yes ☐ No ☐ NA

Determination of Need for Additional Data, Summary and Conclusions:

221. Conclusion regarding need for additional data is indicated

☐ Yes ☐ No ☐ NA

(If option selected indicates that additional data are not needed, answer question 222. If option selected indicates additional data are needed, indicate NA for question 222.)

222. Reasons additional data are not needed are included

☐ Yes ☐ No ☐ NA

(Answer questions 223-227 for all students, i.e., whether additional data were determined to be needed or not.)

223. Determination whether the child has a disability and requires special education

☐ Yes ☐ No ☐ NA

The following information is present:

224. Disability category(ies)

☐ Yes ☐ No ☐ NA

225. Summary of findings includes student's educational strengths and needs

☐ Yes ☐ No ☐ NA

226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate.

227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the 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

☐ Yes ☐ No ☐ NA

(If the IEP team determined that additional data are needed, and the student is being reevaluated for SLD, answer questions 229-238. If student is not being reevaluated for SLD, indicate NA for questions 229-238). Note that this content can be located in one of two places in the RR - either in the "Determination of SLD" Component located at the end of the RR, or embedded within Section II, #2 of the RR)

229. Documentation that the student does not achieve adequately for age, etc.

☐ Yes ☐ No ☐ NA

230. Indication of process(es) used to determine eligibility

☐ Yes ☐ No ☐ NA

231. Instructional strategies used and student-entered data collected

☐ Yes ☐ No ☐ NA

232. Educationally relevant medical findings, if any

☐ Yes ☐ No ☐ NA

233. Effects of the student's environment, culture, or economic background

☐ Yes ☐ No ☐ NA

234. Data demonstrating that general education instruction was delivered by qualified personnel, including the ESL program, if applicable

☐ Yes ☐ No ☐ NA

235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents

☐ Yes ☐ No ☐ NA

236. Observation in the student's learning environment

☐ Yes ☐ No ☐ NA

237. Other data if needed

☐ Yes ☐ No ☐ NA

238. Statement for all 6 items (# 10 on the "Determination of SLD" Component)

☐ Yes ☐ No ☐ NA

For ALL students:

239. Documentation of Evaluation Team Participants

☐ Yes ☐ No ☐ NA

For students reevaluated for SLD: (for all other disabilities indicate NA)

240. Documentation that team members Agree/Disagree

☐ Yes ☐ No ☐ NA

Invitation to Participate in the IEP Team Meeting or Other Meeting

241. Invitation is present in the student file

☐ Yes ☐ No ☐ NA

(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)

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:

243. Demographic data

☐ Yes ☐ No ☐ NA

244. Purpose(s) of the meeting

☐ Yes ☐ No ☐ NA

245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)

☐ Yes ☐ No ☐ NA

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 encourage participation

☐ Yes ☐ No ☐ NA

Parent Consent to Excuse Required Members From Attending the IEP Team Meeting

(As listed in 256, only three members are required. If 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)

(If form was required, answer 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

☐ Yes ☐ No ☐ NA

(If the answer to question 251 is No, indicate 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

256. The required team members excused:
- a. General Education Teacher
☐ Yes ☐ No ☐ NA
 - b. Special Education Teacher
☐ Yes ☐ No ☐ NA
 - c. Local Education Agency Representative
☐ Yes ☐ No ☐ NA

Individualized Education Program (IEP)

257. IEP is present in the student file

☐ Yes ☐ No ☐ NA

*(If the answer to question 257 is No, indicate NA for questions 258-327)
 HOWEVER, if the student is age 16 or older and the answer to 257 is No, indicate No for questions 289, 290, 291, 292a, 292b and 292c, and NA for the other questions)*

Date of IEP (IEP Team Meeting date) _____

258. IEP was completed within timelines
(No more than 1 year from the date of the last IEP)

☐ Yes ☐ No ☐ NA

The following information is present:

259. Demographic data

☐ Yes ☐ No ☐ NA

260. IEP implementation date

☐ Yes ☐ No ☐ NA

261. Anticipated duration of services and programs

☐ Yes ☐ No ☐ NA

262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting *(If this section is blank on the IEP, and no changes were made to the IEP without a meeting, indicate NA for question 262)*

☐ Yes ☐ No ☐ NA

Documentation of IEP Team Participation

263. Parents (or documented efforts to have them attend)

☐ Yes ☐ No ☐ NA

264. Student (or documentation of invitation if transition services are being planned)

☐ Yes ☐ No ☐ NA

265. General Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)

☐ Yes ☐ No ☐ NA

266. Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)

☐ Yes ☐ No ☐ NA

267. Local Education Agency Representative (or documented parent and LEA agreement to participate in another manner or excused)

☐ Yes ☐ No ☐ NA

268. Career Technical Education (CTE) Representative *if appropriate, ie., if student is enrolled in or applying to a CTE (or documentation they were invited or participated in another manner) (If 268 is NA, indicate NA for question 269)*

☐ 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)
☐ Yes ☐ No ☐ NA
271. Teacher of the Gifted (*required for IEP of a student with a disability who is also gifted under Chapter 16*)
☐ 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
☐ Yes ☐ No ☐ NA
273. Copy of Procedural Safeguards Notice was given to parent during the school year
☐ Yes ☐ No ☐ NA

I. Special Considerations (IEP)

(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
☐ Yes ☐ No ☐ NA
275. If the student is deaf or hard of hearing, a communication plan
☐ Yes ☐ No ☐ NA
276. If the student has communication needs, needs must be addressed in the IEP
☐ Yes ☐ No ☐ NA

277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP
☐ Yes ☐ No ☐ NA
278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE
☐ Yes ☐ No ☐ NA
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
☐ Yes ☐ No ☐ NA
280. If the student has other special considerations, these are addressed in the IEP
☐ Yes ☐ No ☐ NA

II. Present Levels of Academic Achievement and Functional Performance (IEP)

The following information is present:

281. Student's present levels of academic achievement
☐ Yes ☐ No ☐ NA
282. Student's present levels of functional performance
☐ Yes ☐ No ☐ NA
283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)
☐ Yes ☐ No ☐ NA
284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)
☐ Yes ☐ No ☐ NA

285. How the student's disability affects involvement and progress in the general education curriculum

☐ Yes ☐ No ☐ NA

286. Strengths

☐ Yes ☐ No ☐ NA

287. Academic, developmental, and functional needs related to student's disability

☐ Yes ☐ No ☐ NA

III. Transition Services (IEP)

(Required for students age 14 and older, or younger than 14 if determined appropriate by IEP team.

Indicate NA for questions 289-292c if transition services are not required.)

The following information is present:

288. If the student's IEP required participation in CTE program, was the CIP code completed

☐ Yes ☐ No ☐ NA

289. 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)**)

☐ Yes ☐ No ☐ NA

290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living

☐ Yes ☐ No ☐ NA

291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually

☐ Yes ☐ No ☐ NA

(If student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)

292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service

☐ Yes ☐ No ☐ NA

292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)

☐ Yes ☐ No ☐ NA

292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)

☐ Yes ☐ No ☐ NA

292c. Annual goals are related to the student's transition services

☐ Yes ☐ No ☐ NA

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)

The following information is present:

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

294. If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations

☐ Yes ☐ No ☐ NA

295. If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams

☐ Yes ☐ No ☐ NA

296. If the student will participate in the PASA, explanation of why PASA is appropriate

☐ Yes ☐ No ☐ NA

297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)

☐ Yes ☐ No ☐ NA

If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assessment. (Questions 298-301 are applicable only to those grades in which a local assessment is administered – for all other grades indicate NA)

The following information is present:

298. Indication of IEP team decision regarding participation in local assessment (local or alternate local)

☐ Yes ☐ No ☐ NA

299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate

☐ 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 recommendations in development of this IEP?

☐ Yes ☐ No ☐ NA

309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services

☐ Yes ☐ No ☐ NA

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

311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services

☐ 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 development 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

☐ Yes ☐ No ☐ NA

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?

☐ Yes ☐ No ☐ NA

315. Support services, if the student is identified as gifted and also is identified as a student with a disability

☐ Yes ☐ No ☐ NA

316. A conclusion regarding student eligibility for ESY

☐ Yes ☐ No ☐ NA

317. Information or data reviewed by the IEP team to support the ESY eligibility determination

☐ Yes ☐ No ☐ NA

318. 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

☐ Yes ☐ No ☐ NA

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

VII. Educational Placement (IEP)

The following information is present:

320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education class

☐ Yes ☐ No ☐ NA

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

322. Type of support, by amount (itinerant, supplemental, full-time)

☐ Yes ☐ No ☐ NA

323. Type of special education supports, e.g., autistic support, emotional support, learning support)
☐ Yes ☐ No ☐ NA
324. Location of student's program (name of LEA where the IEP will be implemented)
☐ Yes ☐ No ☐ NA
325. Location of student's program (name of school building where the IEP will be implemented)
☐ Yes ☐ No ☐ NA
326. If child will not be attending his/her neighborhood school, reason why not
☐ Yes ☐ No ☐ NA

VIII. PennData Reporting for Educational Environment (IEP)

The following information is present:

327. Completed Section A or Section B
☐ Yes ☐ No ☐ NA

Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN)

328. NOREP/PWN is present in the student file
(If the answer to question 328 is No, indicate NA for questions 329-340)

Date LEA sent current NOREP/PWN _____

Date LEA received signed NOREP/PWN _____

The following information is present:

329. Demographic data
☐ Yes ☐ No ☐ NA
330. Type of action taken
☐ Yes ☐ No ☐ NA

331. A description of the action proposed or 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
☐ Yes ☐ No ☐ NA
336. Educational placement recommended (including amount and type)
☐ Yes ☐ No ☐ NA
337. Signature of school district superintendent or charter school CEO or designee
☐ Yes ☐ No ☐ NA
338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)
☐ Yes ☐ No ☐ NA
339. Parent has selected a consent option
☐ Yes ☐ No ☐ NA
340. NOREP/PWN reflects the educational placement indicated on the student's IEP
☐ Yes ☐ No ☐ NA

Reevaluation Waiver Only File Review (of Student Files)

Student Name: _____

Student ID Number: _____ Age of Student on IEP: _____

Agreement to Waive Reevaluation

(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

___ Yes ___ No ___ NA

(If answer to question 201 is No, indicate NA for questions 202-206)

Date Sent _____

Date of Receipt of Agreement to Waiver Form

202. Waiver was completed within required time-lines *(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:

203. Reason reevaluation is not necessary at this time is included

___ Yes ___ No ___ NA

204. Contact person's name and contact information

___ Yes ___ No ___ NA

205. Parent has selected a consent option

___ Yes ___ No ___ NA

206. Parent signature

___ Yes ___ No ___ NA

Invitation to Participate in the IEP Team Meeting or Other Meeting

241. Invitation is present in the student file

___ Yes ___ No ___ NA

(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.)

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:

243. Demographic data

___ Yes ___ No ___ NA

244. Purpose(s) of the meeting

___ Yes ___ No ___ NA

245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)

___ Yes ___ No ___ NA

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 encourage participation

☐ Yes ☐ No ☐ NA

Parent Consent to Excuse Required Members From Attending the IEP Team Meeting

(As listed in 256, only three members are required. If 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)

(If form was required, answer 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

☐ Yes ☐ No ☐ NA

(If the answer to question 251 is No, indicate 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

256. The required team members excused:

a. General Education Teacher

☐ Yes ☐ No ☐ NA

b. Special Education Teacher

☐ Yes ☐ No ☐ NA

c. Local Education Agency Representative

☐ Yes ☐ No ☐ NA

Individualized Education Program (IEP)

257. IEP is present in the student file

☐ Yes ☐ No ☐ NA

(If the answer to question 257 is No, indicate NA for questions 258-327) HOWEVER, if the student is age 16 or older and the answer to 257 is No, indicate No for questions 289, 290, 291, 292a, 292b and 292c, and NA for the other questions)

Date of IEP (IEP Team Meeting date) _____

258. IEP was completed within timelines
(No more than 1 year from the date of the last IEP)

☐ Yes ☐ No ☐ NA

The following information is present:

259. Demographic data

☐ Yes ☐ No ☐ NA

260. IEP implementation date

☐ Yes ☐ No ☐ NA

261. Anticipated duration of services and programs

☐ Yes ☐ No ☐ NA

262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting *(If this section is blank on the IEP, and no changes were made to the IEP without a meeting, indicate NA for question 262)*

☐ Yes ☐ No ☐ NA

Documentation of IEP Team Participation

263. Parents *(or documented efforts to have them attend)*

☐ Yes ☐ No ☐ NA

264. Student *(or documentation of invitation if transition services are being planned)*

☐ Yes ☐ No ☐ NA

265. General Education Teacher *(or documented parent and LEA agreement to participate in another manner or excused)*

☐ Yes ☐ No ☐ NA

266. Special Education Teacher *(or documented parent and LEA agreement to participate in another manner or excused)*

☐ Yes ☐ No ☐ NA

267. Local Education Agency Representative *(or documented parent and LEA agreement to participate in another manner or excused)*

☐ Yes ☐ No ☐ NA

268. Career Technical Education (CTE) Representative *(if appropriate, e.g., if student is enrolled in or applying to a CTE) (or documentation they were invited or participated in another manner) (If 268 is NA, indicate NA for question 269)*

☐ 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)*

☐ Yes ☐ No ☐ NA

271. Teacher of the Gifted *(required for IEP of a student with a disability who is also gifted under Chapter 16)*

☐ 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

☐ Yes ☐ No ☐ NA

273. Copy of Procedural Safeguards Notice was given to parent during the school year

☐ Yes ☐ No ☐ NA

I. Special Considerations (IEP)

(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

☐ Yes ☐ No ☐ NA

275. If the student is deaf or hard of hearing, a communication plan

☐ Yes ☐ No ☐ NA

276. If the student has communication needs, needs must be addressed in the IEP

☐ Yes ☐ No ☐ NA

277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP

☐ Yes ☐ No ☐ NA

278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

280. If the student has other special considerations, these are addressed in the IEP

☐ Yes ☐ No ☐ NA

II. Present Levels of Academic Achievement and Functional Performance (IEP)

The following information is present:

281. Student's present levels of academic achievement

☐ Yes ☐ No ☐ NA

282. Student's present levels of functional performance

☐ Yes ☐ No ☐ NA

283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)

☐ Yes ☐ No ☐ NA

284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)

☐ Yes ☐ No ☐ NA

285. How the student's disability affects involvement and progress in the general education curriculum

☐ Yes ☐ No ☐ NA

286. Strengths

☐ Yes ☐ No ☐ NA

287. Academic, developmental, and functional needs related to student's disability

☐ Yes ☐ No ☐ NA

III. Transition Services (IEP)

(Required for students age 14 and older, or younger than 14 if determined appropriate by IEP team. Indicate NA for questions 289-292c if transition services are not required.)

The following information is present:

288. If the student's IEP required participation in CTE program, was the CIP code completed

☐ Yes ☐ No ☐ NA

289. 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)*)

☐ Yes ☐ No ☐ NA

290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living

☐ Yes ☐ No ☐ NA

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*)

☐ Yes ☐ No ☐ NA

292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service

☐ Yes ☐ No ☐ NA

292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)

☐ Yes ☐ No ☐ NA

292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)

☐ Yes ☐ No ☐ NA

292c. Annual goals are related to the student's transition services

☐ Yes ☐ No ☐ NA

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)

The following information is present:

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

294. If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations

☐ Yes ☐ No ☐ NA

295. If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams

☐ Yes ☐ No ☐ NA

296. If the student will participate in the PASA, explanation of why PASA is appropriate

☐ Yes ☐ No ☐ NA

297. If the student will participate in the PASA, how student's performance will be documented (*videotape or written narrative*)

☐ Yes ☐ No ☐ NA

If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assessment. (Questions 298-301 are applicable only to those grades in which a local assessment is administered – for all other grades indicate NA)

The following information is present:

298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)

☐ Yes ☐ No ☐ NA

299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate

☐ 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

☐ Yes ☐ No ☐ NA

(Required for students with disabilities who take the alternate assessment aligned to alternate achievement standards – PASA; for other students indicate 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 recommendations in development of this IEP?

☐ Yes ☐ No ☐ NA

309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services

☐ Yes ☐ No ☐ NA

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

311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services

☐ 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 development 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
☐ Yes ☐ No ☐ NA
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
☐ Yes ☐ No ☐ NA
315. Support services, if the student is identified as gifted and also is identified as a student with a disability
☐ Yes ☐ No ☐ NA
316. A conclusion regarding student eligibility for ESY
☐ Yes ☐ No ☐ NA
317. Information or data reviewed by the IEP team to support the ESY eligibility determination
☐ Yes ☐ No ☐ NA
318. 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
☐ Yes ☐ No ☐ NA
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

VII. Educational Placement (IEP)

The following information is present:

320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education class
☐ Yes ☐ No ☐ NA
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
322. Type of support, by amount (itinerant, supplemental, full-time)
☐ Yes ☐ No ☐ NA
323. Type of special education supports, (e.g., autistic support, emotional support, learning support)
☐ Yes ☐ No ☐ NA
324. Location of student's program (name of LEA where the IEP will be implemented)
☐ Yes ☐ No ☐ NA
325. Location of student's program (name of school building where the IEP will be implemented)
☐ Yes ☐ No ☐ NA
326. If child will not be attending his/her neighborhood school, reason why not
☐ Yes ☐ No ☐ NA

VIII. PennData Reporting for Educational Environment (IEP)

The following information is present:

327. Completed Section A or Section B
☐ Yes ☐ No ☐ NA

Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN)

328. NOREP/PWN is present in the student file

☐ Yes ☐ No ☐ NA

(If the answer to question 328 is No, indicate NA for questions 329-340)

Date LEA sent current NOREP/PWN _____

Date LEA received signed NOREP/PWN _____

The following information is present:

329. Demographic data

☐ Yes ☐ No ☐ NA

330. Type of action taken

☐ Yes ☐ No ☐ NA

331. A description of the action proposed or 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

☐ Yes ☐ No ☐ NA

336. Educational placement recommended (including amount and type)

☐ Yes ☐ No ☐ NA

337. Signature of school district superintendent or charter school CEO or designee

☐ Yes ☐ No ☐ NA

338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)

☐ Yes ☐ No ☐ NA

339. Parent has selected a consent option

☐ Yes ☐ No ☐ NA

340. NOREP/PWN reflects the educational placement indicated on the student's IEP

☐ Yes ☐ No ☐ NA

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

