|  |  |
| --- | --- |
| **Student First and Last Name:** | **Student #:** |
| **School:** | **Date of File Review:** |
| **Reviewer First and Last Name:** |
| **Teacher/Staff First and Last Name:** |
| **Record of Access Form Available and Signed by Reviewer:** [ ] Yes [ ] Form missing but corrected immediately |
| **Current PAAL:** **[ ]** Yes [ ] Form missing but corrected immediately |
| **Student’s Current Placement:** **[ ]** Preschool [ ] Resource/Itinerant [ ] SCSC [ ] Center-Based [ ] Home/Hospital |
| The purpose of a Jordan School District Special Education file review is to ensure the school team’s understanding and implementation of special education Federal (IDEA), State, and District policies. The office of Special Education Programs (OSEP) requires that we have 100% compliance on all files reviewed. Any area of noncompliance must be corrected in the following manner: * 1. **Correctable:** If the item is correctable, it must be corrected as soon as possible. The Teacher Specialist assigned to your school will sign-off that all problems have been corrected.
	2. **Training and Evidence (T+E):** If an item is not correctable, you will receive training and demonstrate that you understand the process by submitting an accurate file.
 |

**Jordan School District**

**Special Education File Review**

| **I.** | **STUDENT DEMOGRAPHIC DATA** |
| --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 2 | **Student’s Disability:**       *(refer to Determination of Eligibility form)*  |  |  |  |  |
| 4 | **Student Date of Birth:**       |  |  |  |  |
| 4a | **Student Age at Time of Review:**       |  |  |  |  |
| 4b | **Student Grade at Time IEP was Written/Updated** **and Reviewed:**       |  |  |  |  |
| 4c | **IF Adult Student/Guardian:** Does file contain documentation of guardianship for the adult student? [ ] Yes (go to 4c.1) [ ] No (go to 5)  |  |  |  |  |
| 4c.1 | **Date Guardian Appointed:**        |  |  |  |  |
| 5 | **Student Gender:** [ ] Male [ ] Female |  |  |  |  |
| 6a | **Student Race/Ethnicity:**  [ ] American Indian or Alaska Native [ ] Asian  [ ] Black or African American [ ] Hispanic or Latino[ ] Native Hawaiian or Other Pacific Islander [ ] White [ ] Two or more races |  |  |  |  |
| 8a | **Language Documented:** Is the parent’s primary home language documented in student’s file? [ ] Yes (go to 8b) [ ] No (go to Section II) [ ] Comment: |  | Correctable |  |  |
| 8b | **Primary Home Language:** Is the primary home language a language other than English? [ ] Yes (go to 8c) [ ] No (go to Section II) [ ] Comment: |  |  |  |  |
| 8c | **Language Assessment:** Was the student’s English language proficiency assessed? (WIDA or WAPT score report printed and put in the file with current testing?) [ ] Yes (go to 8d) [ ] No (go to 9) [ ] Comment:  |  | Correctable |  |  |
| 8d | **Limited English Proficiency in Oral Language, Reading or Writing:** If the student has limited or no English proficiency in oral language, reading or writing, were appropriate assessments in the student’s native language administered? *(Mark “NA” if the student demonstrates English proficiency in oral language, reading, or writing – WIDA=95+ or WAPT=5+)* [ ] Yes [ ] No [ ] NA [ ] Comment: |  | Correctable(team should contact ALS dept.) |  |  |
| 9 | **Parent Need for Interpreter/Translator:** Did parents need an interpreter/translator? [ ] Yes (go to 9a) [ ] No *OR* Parent Declined and it is documented (go to Section II) |  |  |  |  |
| 9a | **Interpreter/Translator Provided at Eligibility Determination Meeting:**  Was an interpreter/translator provided at Eligibility Determination meeting?[ ] Yes (go to 9b) [ ] No (go 9b) [ ] Comment:  |  | Training + Evid |  |  |
| 9b | **Interpreter/translator provided at IEP Meeting:** Was an interpreter/translator provided at the IEP meeting? [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |

**Documentation of Student Level of Performance and**

**Referral completed by (school name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **II.** | **DOCUMENTATION OF STUDENT LEVEL OF PERFORMANCE (JSD) – NA for Preschool** |
| --- | --- |
|  | **JSD ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 1 | Documentation of Student Level of Performance and RTI Tracking Tool Forms are in file ***(If forms are missing from JSD file = Training +Evidence; If form is missing from Out of District file, document name of district/state = NA)***  |  | \*Training + Evid (T+E) |  |  |
| 2 | If ELL, consultation with the ALS Teacher Specialist took place **AND** WIDA score is on Documentation of Student Level of Performance |  | Correctable |  |  |
| 3 | Area(s) of concern are identified |  | \*T + E |  |  |
| 4 | Student performance information section is completed |  | \*T + E |  |  |
| 5 | At least TWO supplemental/targeted interventions are described and data attached(Mark N/A if behavioral or speech interventions were not appropriate to be attempted) |  | \*T + E |  |  |
| 6 | Recommended Action is identified |  | \*T + E |  |  |
| 7 | Signed and dated by LEA Representative |  | \*T + E |  |  |

\* Training and Evidence needed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **III.** | **REFERRAL FOR SPECIAL EDUCATION (JSD)** |
| --- | --- |
|  | **JSD ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 1 | Referral for Special Education form is in file ***(If form is missing from JSD file=Training and Evidence; If form is missing from Out of District file = NA)*** |  | \*Training + Evid (T+E) |  |  |
| 2 | If parent referral, concerns are documented |  | \*T + E |  |  |
| 3 | Preschool Student Only: IEP implemented by 3rd birthday (only if coming from Early Intervention (EI) (it will say “referred by EI”), if not coming from EI then this item is NA) |  | \*T + E |  |  |
| 4 | If not, reason is documented (# of Calendar days exceeded \_\_\_\_\_\_\_\_\_\_\_) |  | \*T + E |  |  |
| 5 | Evaluation recommendation is identified |  | \*T + E |  |  |
| 6 | Signed and dated by LEA Representation |  | \*T + E |  |  |

\*Training and Evidence needed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **FILE STATUS** |
| --- | --- |
| 10 | **File Status:** Use response to 4a (Student Age) to determine correct age category. **For students age 18-21,** 4c requires a response to indicate whether or not there is documentation of guardianship for the adult student. Use response to 4c to determine Adult Student or Adult Student with Guardian. If 4c is No, mark Adult Student. If 4c is Yes, mark **Adult Student with Guardian**. |  |
| [ ] Initial Evaluation for a student ages 3 through 17[ ] Initial Evaluation for an Adult Student (ages 18-21)[ ] Initial Evaluation for an Adult Student (ages 18-21) with Guardian | Initial Evaluation Go to Section IV. |
| [ ] Reevaluation for a student ages 3 through 17 [ ] Reevaluation for an Adult Student (ages 18-21) [ ] Reevaluation for an Adult Student (ages 18-21) with Guardian | ReevaluationGo to Section V. |

| **IV.** | **INITIAL EVALUATION & ELIGIBILITY**  | **Complete this section if student’s file is an Initial Evaluation** |
| --- | --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 10.110.210.3 | **Parent/Guardian/Adult Student Consent for Initial Evaluation:** Is parent/guardian/adult student consent for initial evaluation included in the student’s file? [ ] Yes, if evidence in the file meets of any of the following criteria:* Consent for Initial Evaluation is in the file
* No additional data needed, no consent required
* No signed consent despite reasonable efforts (documented in file) LEA cannot discover parents’ whereabouts
* No signed consent because parent rights have been terminated according to state law (Student is ward of the State and not residing with parent)
* Parent rights subrogated, consent to evaluate given by individual appointed by judge

[ ] No, if evidence in the file meets any of the following criteria:* Areas of assessment not indicated on Consent for Initial Evaluation
* Consent for Evaluation not found in file
* Parent/Guardian/Adult Student signature on Consent for Initial Evaluation is missing
 |  | Training + Evid |  |  |
| 10a | **Date School Received Consent for Initial Evaluation:** The date the parent signed or the school documented receipt of consent.      |  |  |  |  |
| 10b | **Date Initial Evaluation Completed:**        |  |  |  |  |
| 10c | **Summer or School Holiday(s) Override:** Enter the # of days if summer or school holiday(s) occurred between the date the school received consent for Initial Evaluation, and the date the Initial Evaluation was completed. Enter the # of days (e.g., 21) if summer or school holiday(s) is applicable. If summer or school holiday(s) are not applicable, the response must be zero (0) and not left blank.)        |  |  |  |  |
| 10d | **Length of Time to Complete Initial Evaluation (this includes the determination of eligibility meeting):**        |  |  |  |  |
| **JSD1** | **Initial evaluation & eligibility completed w/in 45 school days of receiving parent written consent? (if referral is made by DCFS, must be done within 30 days)** [ ] Yes [ ] No [ ] Comment: |  | Training + Evid |  |  |
| 10e | **Initial Evaluation – Reason for Delay:** Select reason for delay or add if not listed.[ ] Parent did not produce student for assessments[ ] Student serious medical issues (e.g., hospitalization, surgery recuperation, etc.) [ ] Student transferred during the evaluation[ ] Adult student repeatedly fails or refuses to participate[ ] Other reason not listed:[ ] NA, Initial Evaluation completed within the 45 school day timeline |  | Correctable if it can be on ERSR.Training + Evid  |  |  |
| 17a | **Initial Evaluation – Areas of Concern:** Were **all** areas of concern **addressed**? [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| 17b | **Initial Evaluation – Consent Obtained to Evaluate:** Was consent obtained for all areas that were **assessed**? [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| 19a | **Initial Evaluation – Current Eligibility:** Is the eligibility for this student current? ***If response is No, remaining questions will not be answered in the online version. JSD guideline is to continue reviewing the file in applicable areas.*** [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 21 | **Notice of Meeting for Eligibility Determination:** Does the student’s file contain a Notice of Meeting for Eligibility Determination which includes: ***Indicate items that are missing.**** Purpose **(Review evaluation data and eligibility determination)**
* Date

*See also…..**UPIPS #40**and**JSD #31** Time
* Location
* Who will be in attendance

 *(note: if primary home lang. is other than English, interpreter must be listed as*  *participant)** Informed of right to bring others with knowledge/special expertise

[ ] Yes, all required areas [ ] No evidence provided (T&E)[ ] Notice in file, some information missing (T&E) |  | Training + Evid |  |  |
| 23 | **Evaluation Summary Report:** Does the student’s file contain an Evaluation Summary Report? [ ] Yes – Evaluation Summary Report could be: * A complete set of data (results) on the Eligibility Determination form
* A written summary of the evaluation data (results)

\*Must have updated hearing and vision data to be compliant.* Copies of student profile pages from test protocols

[ ] No evidence in the file meets any of the following criteria:* Evaluation summary Report is missing
* Evaluation Summary Report does not include data
* Unable to locate data or protocols
 |  | Correctable |  |  |
| **JSD2** | **Eligibility Determination Document Identifies Eligibility:**  Does the Eligibility Determination identify whether or not this student is eligible for special education and related services? [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 26a26b26c | **Parent/Guardian/Adult Student Input Used in Determining Eligibility:** Was parent/guardian/adult student input used in determining eligibility and gathering relevant functional/developmental and other information related to student involvement and progress in the general curriculum (preschool – appropriate activities)? [ ] Yes, if evidence in the student’s file meets any of the following criteria: * Parent/Guardian/Adult Student signature is on the eligibility document (indicates they had opportunity to provide input)
* No additional data needed

[ ] No [ ] Comment: |  | Training + Evid |  |  |
| **JSD3** | **Lack of Reading/Math Instruction Determinant Factor in Determining Eligibility:** Is lack of instruction in reading or math a determinant factor in determining eligibility*?* [ ] No, not a primary factor in determining eligibility (compliant)[ ] Yes, is a primary factor in determining eligibility[ ] No documentation in file |  | Correctable |  |  |
| **JSD4** | **LEP Determinant Factor in Determining Eligibility:** Is limited English proficiency a determinant factor in determining eligibility? [ ] No, not a primary factor in determining eligibility (compliant)[ ] Yes, is a primary factor in determining eligibility[ ] No documentation in file |  | Correctable |  |  |

| **V.** | **RE-EVALUATION & ELIGIBILITY**  | **Complete this section if student’s file is a re-evaluation** |
| --- | --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 11a | **Reevaluation – Review of Existing Data:** Did the IEP team (including parents) review existing evaluation data and determine whether additional data are needed for determining eligibility?[ ] Yes, existing evaluation data reviewed – additional assessment needed ***(Note: Must complete testing in all areas indicated by IEP team)***[ ] Yes, existing evaluation data reviewed – additional assessment NOT needed (go to 12b)[ ] No review of existing evaluation data completed  |  |  Training + Evid |  |  |
| 11.111.211.3 | **Parent/Guardian/Adult Student Consent for Reevaluation:** Is parent Consent for Reevaluation included in the student’s file?[ ] Yes, if evidence in the file meets of any of the following criteria:* Consent for Reevaluation is in the file
* No additional data needed, no consent required
* No signed consent despite reasonable efforts (documented in file)
* No signed consent because parent rights have been terminated according to state law
* Parent rights subrogated, consent to evaluate given by individual appointed by judge

[ ] No, if evidence in the file meets any of the following criteria:* Areas of assessment not indicated on Consent for Reevaluation
* Consent for Evaluation not found in file
* Parent/Guardian/Adult Student signature on Consent for Initial Evaluation is missing
 |  | Training + Evid |  |  |
| 12a | **Date School Received Consent for Reevaluation:** The date parent signed, or the school documented receipt of consent        [ ] NA, no additional assessment NOT needed  |  |  |  |  |
| 12b | **Date of Review of Existing Evaluation Data**:        |  |  |  |  |
| 13 | **Data Review Completed Prior to Consent:** Was the review of existing evaluation data completed prior to the date of consent for evaluation? *(Can be on the same day.)*[ ] Yes [ ] No [ ]  NA, no additional assessment NOT needed [ ] Comment:  |  | Training + Evid |  |  |
|  | **IEP Team Review of Existing Evaluation Data: *Identify those who provided input for the review of existing evaluation data. Signature, title, and date must be present on form to check Yes*.** |  |  |  |  |
| **JSD5** | **Team Review of Data – Parent/Guardian** (Or documentation in file providing evidence of attempts to involve parent/guardian.) [ ] Yes [ ] No [ ] Comment: |  | Training + Evid |  |  |
| **JSD6** | **Team Review of Data – General Education Teacher** [ ] Yes [ ] No [ ] NA (special school) [ ] Comment: |  | Training + Evid |  |  |
| **JSD7** | **Team Review of Data – Special Education Teacher** [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| **JSD8** | **Team Review of Data – LEA Representative** (A qualified representative of the LEA.) [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| **JSD9** | **Team Review of Data – Interpret Evaluation Process:** An individual who can interpret instructional implications of the evaluation process. [ ] Yes [ ] No [ ] Comment: |  | Training + Evid |  |  |
| 18a | **Reevaluation – Areas of Concern:** Were all areas of concern **addressed**?[ ] Yes [ ] No [ ] NA, no additional assessment NOT needed  |  | Training + Evid |  |  |
| 18b | **Reevaluation – Consent Obtained to Evaluate:** Was consent obtained for all areas that were **assessed**? [ ] Yes [ ] No [ ] NA, no additional assessment NOT needed  |  | Training + Evid |  |  |
| 19b | **Reevaluation – Current Eligibility:** Is the eligibility status for this student current? ***If response is NO, stop! Team must address ASAP.* [ ]** Yes **[ ]** No **[ ]** Comment: |  | Correctable |  |  |
| 20a | **Most Recent Eligibility Determination Date:**       |  |  |  |  |
| 20b | **Previous Eligibility Determination Date:**        |  |  |  |  |
| **JSD 10** | **Re-evaluation completed within 3 years of the date of last Determination of Eligibility?**[ ] Yes [ ] No [ ] Comment: |  | Training + Evid |  |  |
| 21 | **Notice of Meeting for Eligibility Determination:** Does the student’s file contain a Notice of Meeting for Eligibility Determination which includes: * Purpose (**Review evaluation data and eligibility determination**)

***Indicate items that are missing.**** Date
* Time

*See also…..**UPIPS #40**and**JSD #31** Location
* Who will be in attendance

 *(note: if primary home lang. is other than English, interpreter must be listed as*  *participant)** Informed of right to bring others with knowledge/special expertise

[ ] Yes, all required areas [ ] No evidence provided (T&E)[ ] Notice in file, some information missing (T&E)  |  | Training + Evid |  |  |
| 23 | **Evaluation Summary Report:** Does the student’s file contain an Evaluation Summary Report? [ ] Yes – Evaluation Summary Report could be: \*Must have updated hearing and vision data to be compliant.* A complete set of data (results) on the Eligibility Determination form
* A written summary of the evaluation data (results)
* Copies of student profile pages from test protocols

[ ] No evidence in the file meets any of the following criteria:* Evaluation summary Report is missing
* Evaluation Summary Report does not include data
* Unable to locate data or protocols
 |  | Correctable |  |  |
| **JSD 11** | **Eligibility Determination Document Identifies Eligibility:**  Does the Eligibility Determination identify whether or not this student is eligible for special education and related services? [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 26a26b26c | **Parent/Guardian/Adult Student Input Used in Determining Eligibility:** Was parent/ guardian/adult student used in determining eligibility and gathering relevant functional/developmental and other information related to student involvement and progress in the general curriculum (preschool – appropriate activities)? [ ] Yes, if evidence in the student’s file meets any of the following criteria: * Parent/Guardian/Adult Student signature is on the eligibility document (indicates they had opportunity to provide input)
* No additional data needed

[ ] No [ ] Comment: |   | Training + Evid |  |  |
| **JSD 12** | **Lack of Reading/Math Instruction Primary Factor in Determining Eligibility:** Is lack of instruction in reading or math the primary factor in determining eligibility*?* [ ] No, not a primary factor in determining eligibility[ ] Yes, is a primary factor in determining eligibility[ ] No documentation in file |  | Correctable |  |  |
| **JSD 13** | **LEP Primary Factor in Determining Eligibility:** Is limited English proficiency the primary factor in determining eligibility? [ ] No, not a primary factor in determining eligibility[ ] Yes, is a primary factor in determining eligibility [ ] No documentation in file |  | Correctable |  |  |

| **VI.** | **ELIGIBILITY CRITERIA AND EVALUTION** |
| --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
|  | **Refer to Eligibility Criteria for Specific Classification (separate form)** |  |  |  |  |

| **VII.** | **STUDENT IEP** |
| --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 33 | **IEP is in Student File:** ***If response is No or No not current, team must address ASAP.***[ ] Yes, IEP is current [ ] No, IEP is not in student file [ ] IEP is in file but not current (Stop, until IEP is current) |  | Correctable |  |  |
| 39b | **Date of Most Current IEP:**       |  |  |  |  |
| 39c | **Date of Previous IEP: If initial IEP, enter same date as 39b.**        |  |  |  |  |
| **JSD 14** | **Was the Current IEP held within one year of the Previous?** [ ] Yes [ ] No [ ] NA (Initial IEP) [ ] Comment |  | Training + Evid |  |  |
| 40 | **Notice of IEP Meeting:** Is the Notice of Meeting found in the student’s file?IEP Meeting Notice includes:* Purpose: Discuss/develop IEP
* Purpose: Consider transition services (if 14 yrs. old at time of IEP)

***Indicate items that are missing.**** Date
* Time
* Location
* Who will be in attendance

  *(note: if primary home lang. is other than English, interpreter must be listed as*  *participant)** Student invited (if 14 yrs. old at time of IEP)
* Informed of right to bring others with knowledge/special expertise
* Outside agency represented for school to post-school transition

[ ] Yes, all required areas addressed [ ] No evidence provided (T&E)[ ] Notice in file, some information missing (T&E)*See also…..**JSD #31* |  | Training + Evid |  |  |
|  | **Does the IEP document the participation of the following required IEP team members? *(Documentation means signature, title and date for each team member)*** |  |  |  |  |
| 44a.144a.2 | **IEP Team Participation – Parent/Guardian/Adult Student**[ ] Yes, if evidence in student’s file meets any of the following criteria:* Participated in meeting
* Participated in alternate means
* Did not participate but adequate notices were provided

[ ] No, Parent/guardian/adult student did not participate and adequate notice was not provided and documented (T&E) |  | Training + Evid |  |  |
| 44c | **IEP Team Participation – General Education Teacher**[ ] Yes, if evidence in student’s file meets any of the following criteria: * Participated in meeting
* Participation excused by written consent of parent and LEA with input into IEP development documented
* Attendance not necessary by written agreement of parent and LEA, because area not discussed
* Participation not needed since student does/will not participate in regular education

[ ] No, did not participate (T&E)  |  | Training + Evid |  |  |
| 44d | **IEP Team Participation – Special Education Provider:** (For SLI and Guidance only students, the special education provider is the SLP or school psychologist)[ ] Yes, if evidence in student’s file meets any of the following criteria:* Participated in meeting
* Participation excused by written consent of parent and LEA with **written** input into IEP development documented
* Attendance not necessary by written agreement of parent and LEA, because area not discussed

[ ] No, did not participate (T&E) [ ] Comment:  |  | Training + Evid |  |  |
| 44e | **IEP Team Participation – LEA Representative:** A Qualified Representative of the LEA[ ] Yes, participated in meeting [ ] No, did not participate (T&E) [ ] Comment: |  | Training + Evid |  |  |
| **JSD 15** | **IEP Team Participation – Individual to Interpret Instruction Results:** An individual who can interpret instructional implications of the evaluation process *(This role can be filled by another team member e.g., special education teacher or school psychologist)*[ ] Yes, if evidence in student’s file meets any of the following criteria: * Participated in meeting
* Participation excused by written consent of parent and LEA with **written** input into IEP development documented
* Attendance not necessary by written agreement of parent and LEA, because area not discussed

[ ] No, needed, but did not participate (T&E) [ ] NA, other personnel not needed |  | Training + Evid |  |  |
| **JSD 16** | **IEP Team Participation – Interpreter *(If primary home language is other than English and Parent(s) required an interpreter, an interpreter must be provided.)***[ ] Yes, if evidence in student’s file meets any of the following criteria:* Participated in meeting
* Attendance not necessary by written agreement of parent and LEA because parents did not want interpretation services *(interpreters name should still be listed on IEP with comment on signature line about decline)*

[ ] No, needed, but did not participate (T&E) [ ] NA, interpreter not needed because  primary home language is English  |  | Training + Evid |  |  |
| 45 | **Present Levels of Academic Achievement and Functional Performance (PLAAFP):**  Does the IEP document PLAAFPs for this student? (PLAAFPs must address all areas of need.)[ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 45a | **PLAAFP – Includes Data:** Was the PLAAFP written to include baseline or current data? (JSD requirement: Look at all PLAAFPs; do they all include baseline or current data?)[ ] Yes [ ] No [ ] Comment: |  | Training + Evid |  |  |
| 45b | **PLAAFP – Progress in General Curriculum:** Does the PLAAFP include how the disability affects involvement/progress in general curriculum? (If preschool student, how the disability affects participation in appropriate activities.) [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
|  | ***Instructions for the following section:*** 1. **Identify selected IEP goal for this student (If SLD, choose goal in area of eligibility).**
2. **Write the exact wording of the goal in the field for the GOAL STATEMENT.**
3. **Answer questions 46a through 46f based on evidence in the IEP for the identified goal.**
4. **If the IEP goal references the benchmarks, write those in the field as well.**
 |  |  |  |  |
| 46a | **Goal Addresses Education Need:** Does the IEP goal address an area of education need? Look at the PLAAFP for needs and make sure this goal addresses an identified need. [ ] Yes, this IEP goal addresses an identified need[ ] No, the need addressed in this goal is not in PLAAFP |  | Training + Evid |  |  |
| 46b | **Measurable Goal:** Does the goal state the: |  |  |  |  |
| **Condition** (how/when the individual will perform)? [ ] Yes [ ] No [ ] Comment:  |  | T + E |  |  |
| **Skill or behavior** (what the student will do)? [ ] Yes [ ] No [ ] Comment:  |  | T + E |  |  |
| **Criterion** (the acceptable level of performance at the end of the goal period, with accuracy over time)? [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| 46c | **Benchmarks/Shortterm Objectives:** For students participating in the UAA, is there a description of benchmarks or shortterm objectives included in the IEP? ***(Required for students who participate in an Alternate Assessment.)*** [ ] Yes [ ] No [ ] NA  |  | Training + Evid |  |  |
| 46d | **Description of How Student Progress Measured:** Does the IEP contain a description of how the student’s progress toward meeting this goal will be measured?[ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| 46e | **Description of When Reports Provided to Parents:** Does the IEP contain a statement of when periodic reports on progress made toward this goal will be provided to parents? *(embedded on GoalView form)* [ ] Yes [ ] No [ ] Comment:  |  | Training + Evid |  |  |
| **JSD 17** | **Method of Reporting Progress to Parents:** Does the IEP contain a statement of how progress will be reported to parents (i.e. using Progress Reports)? [ ] Yes [ ] No [ ] Comment: |  | Training + Evid |  |  |
| **JSD 18** | **Evidence of Progress Reports Provided to Parents:** Does the IEP file contain evidence that reports of progress made toward this goal were provided to parents?[ ] Yes [ ] No [ ] NA, Current time period does not require a progress report  |  | Training + Evid |  |  |
| 47a | **Special Education Services - Areas of Specially Designed Instruction:** Does the IEP include a list of the curricular and/or developmental skill area in which instruction will be provided to address the student’s IEP goals? [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 47b | **Special Education Services - Location of Services:** Does the IEP state the location of services by type of setting? (G) General education class, (S) Special education class including resource, (O) Other [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 47c | **Special Education Services - Frequency of Services:** Does the IEP state the amount of time and frequency of services? [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| **JSD 19** | **Special Education and Related Services - Dates of Services:**  Does the IEP include projected dates for beginning and anticipated duration of services? [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 48a | **Related Services - Address Student Needs:** Does the IEP address the student’s need for related services? [ ] Yes, the IEP addressed the student needs for related services[ ] No, there was no evidence in the IEP that student needs for related services were addressed [ ] NA, the student does not have needs in this area |  | Correctable |  |  |
| 48b | **Related Services - Location of Services:**  Does the IEP state the location of services by type of setting? (G) General education class, (S) Special education class including resource, (O) Other [ ] Yes [ ] No [ ] NA, student does not have needs in this area [ ] Comment: |  | Correctable |  |  |
| 48c | **Related Services - Frequency of Services:** Does the IEP state the amount of time **and** frequency of services? [ ] Yes [ ] No [ ] NA, student does not have needs in this area [ ] Comment: |  | Correctable |  |  |
| **JSD20** | **IEP Services are Accurately Reflected on Current SCRAM Printout:** [ ] Yes [ ] No [ ] Comment: |  | Correctable |  |  |
| 49a | **Program Modifications/Supports for School Personnel and/or Supplementary Aids/Services (Address Student’s Needs):** Does the student’s IEP address the student’s need for modifications, supports and other supplementary aids or services?[ ] Yes [ ] No [ ] NA, the student does not have needs in this area  |  | Correctable |  |  |
| 49b | **Program Modifications/Supports for School Personnel and/or Supplementary Aids/Services (Identify Type Needed):** Does the IEP list the specific service, modification or support needed on behalf of, or for this student in **general education programs?**[ ] Yes [ ] No [ ] NA, the student does not have needs in this area  |  | Correctable |  |  |
| 49c | **Program Modifications/Supports for School Personnel and/or Supplementary Aids/ Services (Frequency):** Does the IEP state the frequency of modifications/services/ supports to be provided for, or on behalf of the student in the **general education program**? [ ] Yes (2,3,4,5x Weekly, Daily, Weekly, Monthly, Every Other Day)[ ] Yes (As Needed) (\*go to item JSD 22)[ ] No [ ] NA, the student does not have needs in this area  |  | Correctable |  |  |
| **JSD21** | **Program Modifications: “**As needed” frequency is defined.[ ] Yes [ ] No [ ] NA, as needed was not a frequency listed above[ ] Comment:  |  | Correctable |  |  |
|  | **Participation in State-wide Assessments: SAGE GRADES 3-12 (NA for Grades K-2)** |  |  |  |  |
| 51 | **Participation in State-wide Assessments: SAGE Language Arts** Based on the student’s IEP, how will the student participate in the State SAGE for **Language Arts**? [ ] Yes, student will participate in the State Language Arts SAGE (SA, PA, PM)[ ] Yes, student will participate in an Alternate State Language Arts Assessment [ ] No, the IEP does not indicate how the student will participate in the State LA SAGE[ ] NA, student is in Grade K-2  |  | Correctable |  |  |
| 51a | **Alternate Assessment Explanation: SAGE Language Arts** Does the IEP explain why student cannot participate in the regular assessment? [ ] Yes [ ] No [ ] NA, student is not taking alternate assessment [ ] Comment: |  | Correctable |  |  |
| 52 | **Participation in State-wide Assessments: SAGE Math** Based on the student’s IEP, how will student participate in the State SAGE for **Math**?[ ] Yes, student will participate in the State Math SAGE (SA, PA, PM)[ ] Yes, student will participate in an Alternate State Math Assessment [ ] No, the IEP does not indicate how the student will participate in the State Math SAGE[ ] NA, student is in Grade K-2 |  | Correctable |  |  |
| 52a | **Alternate Assessment Explanation: SAGE Math** Does the IEP explain why student cannot participate in the regular assessment? [ ] Yes [ ] No [ ] NA, student is not taking alternate assessment [ ] Comment: |  | Correctable |  |  |
| 53 | **Participation in State-wide Assessments: SAGE SCIENCE** Based on the student’s IEP, how will student participate in the State SAGE for **Science**?[ ] Yes, student will participate in the State Science SAGE (SA, PA, PM)[ ] Yes, student will participate in an Alternate State Science Assessment [ ] No, the IEP does not indicate how the student will participate in the State Science SAGE[ ] NA, SAGE Science is not given in Grades K-3 |  | Correctable |  |  |
| 53a | **Alternate Assessment Explanation: SAGE Science** Does the IEP explain why student cannot participate in the regular assessment? [ ] Yes [ ] No [ ] NA, student is not taking alternate assessment [ ] Comment: |  | Correctable |  |  |
| **JSD 22** | **Special Factors - Behavior Needs:** Does the IEP reflect consideration of behavior needs for a student whose behavior impedes learning? [ ] Yes, the team completed this item, and if an area of need, addressed it in the IEP[ ] No, -neither box was checked -this item was completed but not addressed in IEP -this item was addressed in the IEP but not marked a Special Factor |  | Correctable |  |  |
| **JSD 23** | **Special Factors - Language Needs:** Does IEP reflect consideration of language needs for a student with limited English proficiency?*[ ]* Yes, the team completed this item, and if an area of need, addressed it in the IEP (one of the following two situations must apply):

|  |  |
| --- | --- |
| IEP services include listening, speaking, reading and/or writing and the student has PLAAFP’s, goals, and special factors marked. | IEP services DO NOT include listening, speaking, reading and/or writing and the student has special factors marked. In the comment section it states that ESL services are being addressed through general education. |

[ ] No, -neither box was checked -this item was completed but not addressed in IEP -this item was addressed in the IEP but not marked a Special Factor  |  | Correctable |  |  |
| **JSD 24** | **Special Factors - Braille:** Does the IEP reflect consideration of Braille needs for a student who is blind or visually impaired?[ ] Yes, the team completed this item, and if an area of need, addressed it in the IEP[ ] No, -neither box was checked -this item was completed but not addressed in IEP -this item was addressed in the IEP but not marked a Special Factor |  | Correctable |  |  |
| **JSD 25** | **Special Factors - Language Communication Needs:** Does the IEP reflect consideration of language/communication for 1) ALL students, and 2) students who are deaf or hard of hearing (including language/communication methods/modes with peers and staff)?[ ] Yes, the team completed this item, and if an area of need, addressed it in the IEP[ ] No, -neither box was checked -this item was completed but not addressed in IEP -this item was addressed in the IEP but not marked a Special Factor |  | Correctable |  |  |
| **JSD 26** | **Special Factors - Assistive Technology:** Does the IEP reflect consideration of assistive technology devices and services for the student who without them would not benefit from special education?[ ] Yes, the team completed this item, and if an area of need, addressed it in the IEP[ ] No -neither box was checked -this item was completed but not addressed in IEP -this item was addressed in the IEP but not marked a Special Factor |  | Correctable |  |  |
| **JSD 27** | **Special Factors - Assistive Technology in Home/Other Setting:** Does the IEP reflect consideration of access to assistive technology in the home or other setting in order to receive FAPE?[ ] Yes, the team completed this item, and if an area of need, addressed it in the IEP [ ] No -neither box was checked -this item was completed but not addressed in IEP -this item was addressed in the IEP but not marked a Special Factor[ ] NA, the team determine that AT was not needed in the home |  | Correctable |  |  |
| 65 | **Extended School Year (ESY):** [ ] Yes, student requires ESY services [ ] ESY services are NOT required [ ] ESY decision to be documented by end of current school year[ ] Item not marked or no evidence of a decision by end of school year |  | Correctable |  |  |
| 65a | **Extended School Year – Written Prior Notice:** Does the IEP file contain Written Prior Notice regarding the goals, services and amount of time?[ ] Yes, WPN in file , meets all criteria (goals, services, amount of time listed)[ ] WPN present in file, missing some or all of the following items**:*** Decision based on data
* Type of service

***Indicate items that are missing.**** Location of service
* Amount of time (Hours, days, weeks)
* Who will provide services

[ ] WPN is not in student’s file [ ] NA, student does not require ESY services |  | Training + Evid |  |  |

| **VIII.** | **LRE/PLACEMENT** |
| --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| 66 | **Every File Must Have an Initial Placement Consent:** Is consent for initial placement included in student’s file? [ ] Yes [ ] No [ ] Comment:  |  | Correctable |  |  |
| 71a | **Complete 71a if the Student’s IEP is an Initial IEP**  |  | Correctable  |  |  |
| **Initial Placement Decision Made by IEP Team:** Was the placement decision made by a group of persons (IEP Team) including student’s parents/guardians and other persons knowledgeable about the student, the meaning of evaluation data and the placement options?[ ] Yes, if Consent for Initial Placement is in file, placement decision is marked, and it is signed by parent. (Note: “Initial Placement “should also be marked on signature page of the ***Initial GoalView IEP***)[ ] No, if:\*\*If you mark this item as compliant or correctable, then 71b must be marked NA.* Consent for Initial Placement form is missing
* Parent/guardian signature/involvement missing
* Required team signature/involvement missing
* Placement decision was not marked

[ ] NA, Student has a Continuing IEP [ ] Comment: |
| 71b | **Complete 71b if the Student’s IEP is an Annual IEP** |  | Correctable |  |  |
| **Continuing Placement Made by IEP Team:** Was the placement decision made by a group of persons (IEP Team) including student’s parent/guardian and other persons knowledgeable about the student, the meaning of evaluation data and the placement options?[ ] Yes, IEP placement decision is marked and all required signatures are on the IEP signature page. [ ] No, if:* IEP form is missing
* Parent/guardian signature/involvement missing
* Required team signature/involvement missing
* Placement decision not marked on IEP

[ ] NA, Student’s IEP is an Initial IEP\*\*If you mark this item as compliant or correctable, then 71a must be marked NA.[ ] Comment: |
| **JSD 28** | **Current Placement: Does the student’s current placement match the current Placement form in the student’s file (Initial Placement or Change of Placement)?** [ ] Yes [ ] No [ ] Comment: |  | Correctable |  |  |
| **JSD 29** | **Reason for Rejection of Placement Options:** The IEP indicates that the placement option for this student was selected and the others rejected because of: ***(check all that apply)***[ ] Degree of curricular content modification *(cannot stand alone)*[ ] Degree of behavioral intervention needed[ ] Degree of instructional modification needed[ ] Other Reason: [ ] Item is blank, no reason for rejection of placement options marked *(mark as noncompliant)* |  | Training + Evid |  |  |
| **JSD 30** | **Notice of Meeting for Initial or Annual Review of Placement:** Is the Notice of Meeting for Annual Review of Placement found in the student’s file?* Purpose: discuss placement
* Date

***Indicate items that are missing.**** Time
* Location
* Who will be in attendance

 *(note: if primary home lang. is other than English, interpreter*  *must be listed as participant)** Informed of right to bring others with knowledge/special expertise *(embedded in form)*

[ ] Yes, all required areas addressed [ ] No evidence provided [ ] Notice in file, some information missing ***(indicate missing items, above)*** |  | Training + Evid |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | **OTHER JSD REQUIREMENTS** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
| **JSD 31** | **Previous IEP Reviewed** (not applicable for initial IEP) [ ] Yes [ ] No [ ] NA |  | T + E |  |  |
| **JSD 32** | **Exit Summary Report** (High School or Postsecondary) [ ] Yes [ ] No [ ] NA |  | Correctable |  |  |

| **IX.** | **SECONDARY TRANSITION REQUIREMENT** |
| --- | --- |
| **UPIPS****#** | **UPIPS ITEM DESCRIPTION** | **NA** | **Non-****Compliance** | **Compliance** | **Staff** **Sign-off** |
|  | **Refer to Secondary Transition Requirement Form (separate form)** |  |  |  |  |

| **X.** | **COMMENTS** |
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