## Charter School Corrective Action Verification/Compliance and Improvement Plan - Bureau of Special Education

This form is designed to serve both as a planning tool and as verification of completion of corrective action.

Charter School: Center for Student Learning CS at Pennsbury

Chief Executive Officer: Dr. Charles Bonner

Special Education Director/Coordinator: Chrisen Cartolaro

BSE Special Education Adviser: Dr. Juanita Kirton

Date of Report: March 10, 2019

Date Final Report Sent to LEA: January 04, 2018

Reminder: The timelines for corrective action of all non-compliance items may not exceed ONE YEAR from the Date Final Report Sent to LEA

First Visit Date: January 26, 2018

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Topical Area 1: Policies, Practices, and Procedures			
Y						<ol> <li>FSA-ASSISTIVE TECHNOLOGY AND SERVICES</li> <li>Standard: The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP</li> </ol>			
Y						1A.       FSA-HEARING AIDS         Standard: Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. Each public agency must ensure that the external components of surgically implanted medical devices are functioning properly			
	N					2. <b>FSA-POSITIVE BEHAVIOR SUPPORT</b> Standard: LEA complies with the positive behavior support policy requirements.	CS will update & train staff on policies/procedures that comply with the Positive Behavior Support requirements. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet	01/04/2019 IU, PDE, CS, Pattan	07/03/2018

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						3. FSA-CHILD FIND			
						<b>Standard:</b> LEA demonstrates compliance with annual public notice requirements.			
Y						4. FSA-CONFIDENTIALITY			
						<b>Standard</b> The LEA is in compliance with confidentiality requirements.			
		X				5. FSA-DISPUTE RESOLUTION (DUE PROCESS HEARING DECISION IMPLEMENTATION)			
						Standard: The LEA uses dispute resolution processes for program improvement.			
Y						8. FSA-PROCEDURAL REQUIREMENTS FOR SUSPENSION			
						<b>Standard:</b> The LEA adheres to procedural requirements in suspending students with disabilities.			
Y						10. FSA-INDEPENDENT EDUCATIONAL EVALUATION			
						<b>Standard:</b> The LEA documents a procedure for responding to requests made by parents for an independent educational evaluation at public expense.			
Y						11A. FSA-LEAST RESTRICTIVE ENVIRONMENT			
						<b>Standard:</b> The LEA's continuum of special education services supports the availability of LRE under 34 CFR Part 300.			
Y						12. FSA-EXTENDED SCHOOL YEAR SERVICES			
Y						13. FSA-RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING			
Y						15. FSA-PARENT TRAINING			
						<b>Standard:</b> Parent opportunities for training and information sharing address the special knowledge, skills and abilities needed to serve the unique needs of children with disabilities.			
						INTERVIEW RESULTS (Parent)			
						P 62. My school district/charter school makes available training related to the needs of students with disabilities that I could attend.			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					1	Always			
					1	Sometimes			
					1	Rarely			
					3	Never Don't Know			
					0	Does not Apply			
					0	P 63. My school district/charter school invites parents to			
						trainings that are available to school staff regarding			
						research based best practices, supplementary aids and			
						services, differentiating instruction and modifying the			
						general education curriculum.			
					1	Always			
					0	Sometimes			
					1	Rarely Never			
					4	Don't Know			
					0	Does not Apply			
Y						18. FSA-SURROGATE PARENTS (STUDENTS			
						REQUIRING)			
						Standard: The LEA identifies eligible students in need			
						of surrogate parents and recruits, selects, trains, and			
						assigns in a timely manner.			
Y						19. FSA-PERSONNEL TRAINING			
						Standard: In-service training appropriately and			
						adequately prepares and trains personnel to address the			
						special knowledge, skills, and abilities to serve the			
						unique needs of children with disabilities, including			
						those with low incidence disabilities, when applicable.			
						INTERVIEW RESULTS (General & Special Education			
			<u> </u>			Teacher)			
10	0	0				GE 88. Do you receive training regarding how to differentiate			
						instruction and modify the curriculum in your			
10	0					classroom?			
10	0	0				GE 89. Do you receive training regarding how to provide positive behavior supports for students with negative			
						behaviors?			
10	0	0				GE 90. If you have a student with a behavioral need, have you			
	ľ	ľ				been trained how to deescalate negative and aggressive			
						student behavior?			
10	0	0				GE 91. Do you participate in determining the kinds of training			
						and technical assistance needed to support students			
						with IEPs in regular education classrooms?			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	0	6					AT included in his/her current IEP, d training in AT, and accessing AT			
10	0	0					ate with general education teachers and recommend training needs for the LEA?			
		X				<b>Standard:</b> The L for the provision (FAPE) for all stu	<b>TE INTERAGENCY APPROACH</b> LEA identifies, reports, and provides of Free Appropriate Public Education udents with disabilities including those intensive interagency approaches.			
Y						FUNCTIONAL SAFEGUARD R GRADUATION Standard: The L Achievement and whose eligibility	Y OF ACADEMIC AND PERFORMANCE/PROCEDURAL REQUIREMENTS FOR LEA provides Summary of Academic d Functional Performance for children terminates due to graduation or aging ovides required prior written notice for			
Y							REQUIREMENTS LEA complies with requirements for ng for students.			
						Topical Area 2: Delivery	of Service			
	N					Standard: The L	<b>CHOOL ENROLLMENT</b> .EA's percentage of children with d in special education is comparable to	The charter school will submit an improvement plan to address public school enrollment. The improvement plan will be submitted by July 3, 2018.	01/04/2019 IU, PDE, CS, Pattan	07/03/2018
Y						Standard: Timel	CHOOL ENROLLMENT ly provision of FAPE for students who gencies within state, and from another			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						22. FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION			
						<b>Standard:</b> LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
Y						23. FSA-EDUCATIONAL BENEFIT REVIEW			
						<b>Standard:</b> The IEP meets procedural compliance and is reasonably calculated to enable the child to advance appropriately toward attaining their annual goals.			
						CLASSROOM OBSERVATIONS			
9	0	0		1		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
10	0	0		0		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
0	0	10		0		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
10	0	0		0		CO 4. If the student is in a regular education setting, is he/she participating in the lesson taught by the general education teacher or a co-teacher?			
10	0	0		0		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			
5	0	3		2		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			
10	0	0		0		CO 7. Does this setting coincide with the student's IEP with regard to the extent to which the student is educated with non-disabled peers?			
						INTERVIEW RESULTS (Parent, General & Special			
			<u> </u>		<u> </u>	Education Teacher)			
						P 55. My child does classroom work in a regular classroom with students without disabilities.			
					6	Always			
					1	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know Does not Apply			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						P 56. My child participates or has the opportunity to participate in school activities other than classroom work, including extra-curricular activities, with			
						students without disabilities.			
					7	Always			
					0	Sometimes			
					0	Rarely			
					0	Never Don't Know			
					0				
					0	Does not Apply         P 56a.       My child goes on field trips, attends school functions			
						and/or participates in extracurricular activities with			
						their same age/grade peers who are non-disabled.			
					6	Always			
					0	Sometimes			
					1	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
						P 56b. There are routine opportunities for my child to interact			
						with peers who are non-disabled that are planned			
						and/or facilitated by school personnel.			
					6	Always			
						Sometimes			
					0	Rarely Never			
					0	Don't Know			
					0	Does not Apply			
10	0	0				GE 70. Are you familiar with the content of this student's			
10	Ŭ					current IEP, including accommodations, supplementary			
						aids and services, and annual goals?			
8	1	1				GE 71. Do you adapt and modify the general education			
						curriculum based on the student's current IEP?			
9	0	1				GE 72. Do you have support from special education personnel			
-	-					to help you modify curriculum, instruction and			
						assessment as required in the student's current IEP?			
10	0	0				GE 73. Are you and the special education personnel working			
						collaboratively to implement this student's program?			
10	0	0				GE 78. Are all the supplementary aids and services necessary			
						for the student's progress in the general education class			
						included in his/her current IEP?			
10	0	0				GE 80. Is the student making progress within the general			
						education curriculum?			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				GE 80a.	In your opinion, is this student benefiting from participation in your general education classroom?			
0	0	0				GE 80b.	If yes, in what ways? More participation, starts work, passing course. Raises hand, completing classwork, volunteers in class. Chance to highlight skills in the general education classroom. Academically appropriate, gets social feedback. Getting a lot out of working with peers; academics. Participates every day, helps with peers.			
							Time management and organizational skills. Academic skills. Access to curriculum. Writing, self confidence, ability to communicate with staff and peers.			
0	0	10				GE 80c.	If no, what does this student need that he/she is not receiving in your class?			
10	0	0				GE 85.	Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
10	0	0				GE 85a.	Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	10				GE 85b.	If no, what training or support would assist you?			
10	0	0				GE 93.	Do special education personnel work directly with you to help you reduce negative student behaviors?			
10	0	0				SE 95.	Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
7	2	1				SE 95a.	In the most recent IEP meeting for this student, did you discuss whether he/she could be educated in a general education classroom for the entire school day?			
0	8	2				SE 95b.	In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	10				SE 95c.	If yes, what reasons were discussed for recommending removal?			
0	0	10				SE 95d.	If yes, how was the amount of time that this student would be removed from the general education classroom decided?			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	1				discuss whether this satisfactorily in a ge	EP meeting, did the IEP team student could be educated eneral education classroom for the ith supplementary aids and			
9	0	1				participate in non-ad	n given the opportunity to cademic and extracurricular ren without disabilities?			
9	0	1				SE 97. Have necessary sup to enable that partic	ports been offered and/or provided ipation?			
0	0	10				-	services personnel working eting the measurable annual goals			
10	0	0					education personnel working eting the measurable annual goals			
10	0	0					we available information regarding entary Aids and Services ToolKit?			
10	0	0				identify training nee	with general education teachers to eds related to the provision of and services to students with IEPs tion classroom?			
						Topical Area 3: Performan	ce Indicators			
		X				RESOLUTION	USE OF DISPUTE			
						for program improv				
Y							<b>DN RATES (SPP)</b> luation rate of the LEA's students omparable to the state graduation			
	N						ATES (SPP) yout rate of the LEA's students with arable to the state dropout rate.	The charter school will submit an improvement plan to address meeting the SPP target for dropout rates. The improvement plan will be submitted by July 3, 2018.	01/04/2019 IU, CS, PDE, Pattan	07/03/2018

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						8A. FSA-SUSPENSION RATES			
						Standard: The LEA's rate of suspensions and			
						expulsions of students with disabilities is comparable			
						to the rate of other LEAs in the state.			
Y						11. FSA-LEAST RESTRICTIVE ENVIRONMENT			
						(SPP)			
						Standard: Students with disabilities are provided for			
						in the least restrictive environment			
Y									
Ŷ						16. FSA-PARTICIPATION IN PSSA AND PASA (SPP)			
						(SFF)			
						Standard: The LEA's population of students who			
						participate in state assessment is comparable with the			
						state data.			
Y						16A. FSA-LOCAL ASSESSMENT			
1						IOA. FSA-LOCAL ASSESSIMENT			
						Topical Area 4: Evaluation and Reevaluation Process			
						and Content			
						CONSENT AND WAIVER REQUIREMENTS FOR			
						EVALUATION/REEVALUATION			
						PERMISSION TO EVALUATE (File Reviews)			
0	0	10				FR 153. PTE-Consent Form is present in the student file			
0	0	10				FR 154. Demographic data			
0	0	10				FR 155. Reason(s) for referral for evaluation			
0	0	10				FR 156. Proposed types of tests and assessments			
0	0	10				rk 156. Proposed types of tests and assessments			
0	0	10				FR 157. Contact person's name and contact information			
0	0	10				FR 158. Parent signature or documentation of reasonable efforts			
U	U					to obtain consent			
0	0	10				FR 159. Parent has selected a consent option			
						PERMISSION TO REEVALUATE (File Reviews)			
						FERMISSION TO KEEVALUATE (FIIE KEVIEWS)	1		

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	1	8			50%	FR 194.	PTRE-Consent Form is present in the student file	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
1	0	9				FR 195.	Demographic data			
1	0	9				FR 196.	Reason for reevaluation			
1	0	9				FR 197.	Types of assessment tools, tests and procedures to be used			
1	0	9				FR 198.	Contact person's name and contact information			
1	0	9				FR 199.	Parent has selected a consent option			
1	0	9				FR 200.	Parent signature or documentation of reasonable efforts to obtain consent IENT TO WAIVE REEVALUATION (File Reviews)			
0	0	10				FR 201.	Agreement to Waive Reevaluation is present in the student file			
0	0	10				FR 202.	Waiver was completed within required timelines (3 years (2 years for any ID student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR)			
0	0	10				FR 203.	Reason reevaluation is not necessary at this time is included			
0	0	10				FR 204.	Contact person's name and contact information			
0	0	10				FR 205.	Parent has selected a consent option			
0	0	10				FR 206.	Parent signature			
						EVALUA	TION REPORT (INITIAL) (File Reviews)			
0	0	10				FR 160.	ER is present in the student file			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 161.	Evaluation was completed within timelines			
0	0	10				FR 162.	A copy of the ER was disseminated to parents at least 10 school days prior to meeting of the IEP team (unless this requirement is waived by parent in writing)			
0	0	10				FR 163.	Demographic data			
0	0	10				FR 164.	Date report was provided to parent			
0	0	10				FR 165.	Reason(s) for referral			
0	0	10				FR 166.	Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
0	0	10				FR 167.	Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
0	0	10				FR 168.	Teacher observations and observations by related service providers, when appropriate			
0	0	10				FR 169.	Recommendations by teachers			
0	0	10				FR 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			
0	0	10				FR 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.			
0	0	10				FR 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)			
0	0	10				FR 173.	Lack of appropriate instruction in reading			
0	0	10				FR 174.	Lack of appropriate instruction in math			
0	0	10				FR 175.	Limited English proficiency			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 176.	Present levels of academic achievement			
0	0	10				FR 177.	Present levels of functional performance			
0	0	10				FR 178.	Behavioral information			
0	0	10				FR 179.	Conclusions			
0	0	10				FR 180.	Disability Category			
0	0	10				FR 181.	Recommendations for consideration by the IEP team			
0	0	10				FR 182.	Evaluation Team Participants documented			
0	0	10				FR 183.	For students evaluated for SLD documentation of Agree/Disagree			
0	0	10				FR 184.	Documentation that the student does not achieve adequately for age, etc.			
0	0	10				FR 185.	Indication of process(es) used to determine eligibility			
0	0	10				FR 186.	Instructional strategies used and student-centered data collected			
0	0	10				FR 187.	Educationally relevant medical findings, if any			
0	0	10				FR 188.	Effects of the student's environment, culture, or economic background			
0	0	10				FR 189.	Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
0	0	10				FR 190.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
0	0	10				FR 191.	Observation in the student's learning environment			
0	0	10				FR 192.	Other data if needed			
0	0	10				FR 193.	Statement for all 6 items indicated to support conclusions of the evaluation team			
						REEVAL	UATION REPORT (File Reviews)	1		
10	0	0				FR 207.	RR is present in the student file			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	1	0			10%	FR 208.	Reevaluation was completed within timelines (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 ID student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
9	1	0			10%	FR 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)	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
10	0	0				FR 210.	Demographic data			
10	0	0				FR 211.	Date IEP team reviewed existing evaluation data			
10	0	0				FR 212.	Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
10	0	0				FR 213.	Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
10	0	0				FR 214.	Aptitude and achievement tests			
10	0	0				FR 215.	Current classroom based assessments and local and/or state assessments			
10	0	0				FR 216.	Observations by teacher(s) and related service provider(s) when appropriate			
10	0	0				FR 217.	Teacher recommendations			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 218.	Lack of appropriate instruction in reading			
10	0	0				FR 219.	Lack of appropriate instruction in math			
10	0	0				FR 220.	Limited English proficiency			
10	0	0				FR 221.	Conclusion regarding need for additional data is indicated			
8	0	2				FR 222.	Reasons additional data are not needed are included			
10	0	0				FR 223.	Determination whether the child has a disability and requires special education			
10	0	0				FR 224.	Disability category(ies)			
10	0	0				FR 225.	Summary of findings includes student's educational strengths and needs			
10	0	0				FR 226.	Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
10	0	0				FR 227.	Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
2	0	8				FR 228.	Interpretation of additional data			
2	0	8				FR 229.	Documentation that the student does not achieve adequately for age, etc.			
2	0	8				FR 230.	Indication of process(es) used to determine eligibility			
2	0	8				FR 231.	Instructional strategies used and student-centered data collected			
2	0	8				FR 232.	Educationally relevant medical findings, if any			
2	0	8				FR 233.	Effects of the student's environment, culture, or economic background			
2	0	8				FR 234.	Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
2	0	8				FR 235.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
2	0	8				FR 236.	Observation in the student's learning environment			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	9				FR 237.	Other data if needed			
2	0	8				FR 238.	Statement for all 6 items			
9	1	0			10%	FR 239.	Documentation of Evaluation Team Participants	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDe, CS, Pattan	12/18/2018
2	1	7			33%	FR 240.	Documentation that team members Agree/Disagree	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
						INTERV Teacher)	IEW RESULTS (Parent & Special Education			
6	1	0	0			P 24.	Have you been asked to provide information for your child's evaluation/reevaluation?			
6	0	1	0			P 25.	Were you given the opportunity to provide this information in writing or in another way that worked for you?			
6	0	1	0			P 26.	Was the information you provided to the school for your child's evaluation considered in your child's Evaluation Report?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	6	1			P 27. If your child was not reevaluated when required (every 2 years for children with intellectual disability (consent retardation), or any child placed in an Approved Private School, and every 3 years for children with other disabilities) did you agree in writing to waive the reevaluation?			
0	7	0	0			P 51. Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?			
0	0	7	0			P 52. If you have obtained an IEE for your child, were the results of that evaluation considered by the team?			
0	0	7	0			P 53. Were the results of the IEE included in the school's Evaluation Report for your child?			
0	0	10				SE 119. If this student is not making progress, has he/she been reevaluated and/or has the IEP been reviewed?			
						Topical Area 5: IEP Process and Content			
						INVITATION TO PARTICIPATE IN IEP TEAM OR OTHER MEETING (File Reviews)			
10	0	0				FR 241. Invitation is present in the student file			
10	0	0				FR 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)			
10	0	0				FR 243. Demographic data			
10	0	0				FR 244. Purpose(s) of the meeting			
8	0	2				FR 245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)			
2	0	8				FR 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			
8	0	2				FR 247. Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)			
10	0	0				FR 248. Invited IEP team members			
10	0	0				FR 249. Date/time/location of meeting			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	1	0			10%	FR 250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
						PARENT CONSENT TO EXCUSE MEMBERS FROM ATTENDING IEP TEAM MEETING (File Reviews)			
0	1	9			100%	FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, CS, PDE, Pattan	12/18/2018
0	0	10				FR 252. Demographic data			
0	0	10				FR 253. Form designates required IEP team member(s) for whom attendance is not necessary			
0	0	10				FR 254. Form designates which members will submit written input prior to the meeting			
0	0	10				FR 255. Parent written consent is documented			
10	0	0			0 0 0	<ul> <li>FR 256. The team members excused:</li> <li>a. General Education Teacher</li> <li>b. Special Education Teacher</li> <li>c. Local Education Agency Representative</li> </ul> IEP CONTENT (File Reviews) FR 257. IEP is present in the student file			
10	0	0				FR 258. IEP was completed within timelines			

Y	Ν	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 259. Demographic data			
10	0	0				FR 260. IEP implementation date			
10	0	0				FR 261. Anticipated duration of services and programs			
2	0	8				FR 262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting <b>DOCUMENTATION OF IEP TEAM PARTICIPATION (File</b>			
9	1	0			10%	Reviews) FR 263. Parents	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, CS, PDE, Pattan	12/18/2018
8	0	2				FR 264. Student			
10	0	0				FR 265. General Education Teacher			
10	0	0				FR 266. Special Education Teacher			
9	0	1				FR 267. Local Education Agency Representative			
1	0	9				FR 270. Community Agency Representative			
0	0	10				FR 271. Teacher of the Gifted			
0	0	10				FR 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			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	2	0			20%		ocedural Safeguards Notice was given to ng the school year	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, CS, PDE, Pattan	12/18/2018
						SPECIAL CONSIDE	RATIONS (File Reviews)			
0	0	10				description Braille, unl	nt is blind or visually impaired, a of the instruction in Braille and the use of ess the IEP team determines that such is not appropriate			
0	0	10				FR 275. If the stude communication	nt is deaf or hard of hearing, a ation plan			
1	0	9				FR 276. If the stude addressed i	nt has communication needs, needs must be n the IEP			
0	0	10					nt requires assistive technology devices ices, needs must be addressed in the IEP			
0	0	10					nt has limited English proficiency, the IEP consider English as Second Language for f FAPE			
2	0	8				learning or Behavior S	nt has behaviors that impede his/her that of others, the IEP includes a Positive upport Plan based on a functional of behavior utilizing positive behavior			
0	0	10				_	nt has other special considerations, these are n the IEP			
							OF ACADEMIC ACHIEVEMENT AND			
			ļ				ORMANCE (File Reviews)			
10	0	0					resent levels of academic achievement			
10	0	0				FR 282. Student's p	resent levels of functional performance			
8	0	2				transition g	els related to current postsecondary oals (if student is 14, or younger if by IEP team)			

Y	Ν	NA	D K Not % Obs #		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0		FR 284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
10	0	0		FR 285. How the student's disability affects involvement and progress in the general education curriculum			
10	0	0		FR 286. Strengths			
10	0	0		FR 287. Academic, developmental, and functional needs related to student's disability			
				TRANSITION SERVICES (File Reviews)			
8	0	2		FR 289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment			
8	0	2		FR 290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living			
7	0	3		FR 291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually			
8	0	2		FR 292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service			
8	0	2		FR 292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)			
8	0	2		FR 292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)			
8	0	2		FR 292c. Annual goals are related to the student's transition services			
				PARTICIPATION IN STATE AND LOCAL ASSESSMENTS (File Review)			
9	0	1		FR 293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLS, Alternate ACCESS for ELLS or PASA)			
9	0	1		FR 294. If the student will participate in the PSSA, documentation of IEP team decision regarding participation with or without accommodations			
0	0	10		FR 295. If the student will participate in the PASA, an explanation of why the student cannot participate in the PSSA/Keystone Exams			
0	0	10		FR 296. If the student will participate in the PASA, explanation of why PASA is appropriate			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)			
10	0	0				FR 298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)			
10	0	0				FR 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations			
0	0	10				FR 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			
0	0	10				FR 301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate			
						ANNUAL GOALS AND OBJECTIVES (INCLUDING ACADEMIC AND FUNCTIONAL GOALS) (File Reviews)			
10	0	0				FR 302. Measurable Annual Goals			
10	0	0				FR 303. Description of how student progress toward meeting goals will be measured			
10	0	0				FR 304. Description of when periodic reports on progress will be provided to parents			
10	0	0				FR 305. Documentation of progress reporting on Annual Goals			
0	0	10				FR 306. Short Term Objectives			
						SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)			
10	0	0				FR 307. Program Modifications and Specially-Designed Instruction			
9	0	1				FR 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			
10	0	0				FR 309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			

Y	Ν	NA	DK No Ot	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10		FR 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			
4	0	6		FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
5	0	5		FR 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			
9	0	1		FR 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			
8	0	2		FR 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			
0	0	10		FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
10	0	0		FR 316. A conclusion regarding student eligibility for ESY			
10	0	0		FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
0	0	10		FR 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			
0	0	10		FR 319.       Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services         EDUCATIONAL PLACEMENT (File Reviews)			
10	0	0		FR 320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class			
10	0	0		FR 321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum			
10	0	0		FR 322. Type of support, by amount (itinerant, supplemental, full-time)			

Y	Ν	NA	D K	Not Obs	% Citation #	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0			FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
10	0	0			FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
10	0	0			FR 325. Location of student's program (name of School Building where the IEP will be implemented)			
10	0	0			FR 326. If child will not be attending his/her neighborhood school, reason why not			
					PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)			
10	0	0			FR 327. Completed Section A or Section B			
					IEP DEVELOPMENT			
					INTERVIEW RESULTS (Parent & General Education Teacher)			
7	0	0	0		P 28. Were you invited to participate in your child's most recent IEP team meeting?			
6	1	0	0		P 29. Did you participate in developing the current IEP for your child?			
6	1	0	0		P 30. Was the meeting held at a time and location that was convenient for you?			
3	0	4	0		P 31. If you were unable to participate in person, did the school offer other arrangements for you to participate by phone or through other methods?			
7	0	0	0		P 32. Was the input you provided considered in the development of your child's current IEP?			
5	2	0	0		P 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	5	0		P 32b. If no, what training or support would assist you? Not sure. Not as involved as I was in elementary. Charter school is very good for my child.			
5	0	2	0		P 33. Were the services you requested for your child considered by the IEP team in the development of your child's current IEP?			
7	0	0	0		P 35. Was the current IEP developed at the IEP meeting?			
6	0	0	1		P 36. If there was a draft IEP developed prior to the IEP meeting were you provided a copy of the draft either before or at the meeting?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	0	1	0			P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
0	0	7	0			P 38. If required IEP team members (special education teacher, general education teacher, or LEA) did not attend the meeting, did you agree in writing to them not being there?			
0	0	7	0			P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			
		6	0		1	<ul><li>P 65. If you did not participate in your child's IEP meeting, what kept you from participating?</li><li>g. other</li><li>Family issues.</li></ul>			
8	2	0				GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
5	3	2				GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
5	0	5				GE 76. Were those recommendations considered by the IEP team?			
10	0	0				GE 86. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team?			
8	2	0				GE 87. Do you provide progress monitoring data as part of the IEP development process?			
						IEP CONTENT			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
6	0	0	1			P 40. Did the IEP team consider the recommendations that were made in your child's most recent evaluation, including all recommendations that were made by the evaluation team for special education, related services, and supports for school personnel?			
6	0	0	1			P 41. Did the IEP team accept or reject the evaluation team's recommendations for special education, related services, and supports for school personnel for appropriate educational reasons.			
10	0	0				GE 81. Are this student's goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
10	0	0				GE 82. Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			

Y	N	NA	DK No		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0		GE 83.	Is the current IEP appropriate to meet this student's educational needs?			
10	0	0		SE 98.	Unless otherwise specified in the student's IEP, is the length of this student's instructional day the same as nondisabled students?			
10	0	0		SE 102.	Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
10	0	0		SE 103.	Are the student's annual goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
10	0	0		SE 104.	If appropriate, are the student's annual goals based on functional performance?			
10	0	0		SE 106.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
0	0	10		SE 107.	If the student's most recent Evaluation Report contained recommendations for provision of related services, including psychological counseling, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
9	0	1		SE 108.	If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the student, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
10	0	0		SE 112.	Was it an IEP team decision as to whether this student would participate in the PSSA/Keystone Exams, PASA, and other district-wide/charter school-wide assessments?			
9	0	1		SE 117.	Is this student making progress in meeting the annual goals of his/her current IEP?			
10	0	0		SE 117a.	In your opinion, is this student benefiting from participation in the general education classroom?			
0	0	0		SE 117b.	If yes, in what ways?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Socialization			
						Academically appropriate.			
						Academically and socially appropriate. Increased growth in math concepts.			
						Reassurance and relationship with adults.			
						Academic growth.			
						Academic goals are being met.			
						Socially			
						Socially			
						Circle of friends; very verbal; very current in answers.			
0	0	10				SE 117c. If no, what does this student need that he/she is not			
						receiving?			
10	0	0				SE 118. Is the progress on annual goals recorded and reported			
						to the parent based on objective and measurable data?			
						IEP IMPLEMENTATION			
						INTERVIEW RESULTS (Parent, General & Special			
						Education Teacher)			
7	0	0	0			P 48. Were the special education and related services in your			
						child's current IEP provided within 10 school days of			
						the completion of the IEP?			
7	0	0	0			P 49. Are the special education and related services included			
						in your child's current IEP provided at no cost to you?			
						P 57. When all students in the school receive a report card, I			
					6	also receive a progress report on my child's IEP goals. Always			
					0	Sometimes			
					1	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
						P 58. My child's progress is reported to me by the school in			
						a manner that I understand.			
					7	Always			
					0	Sometimes			
					0	Rarely Never			
					0	Never Don't Know			
					0	Does not Apply			
7	0	0	0		Ÿ	P 64. My child is receiving the supports and services agreed			
,						upon at the IEP meeting.			
10	0	0				GE 77. If supports for school personnel are included in the			
						student's current IEP, has the LEA provided those			
						supports?			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				GE 79.	Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
7	0	3				GE 79a.	In the most recent IEP meeting for this student, did you discuss whether the student could be educated in a general education classroom for the entire school day?			
0	7	3				GE 79b.	In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	10				GE 79c.	If yes, what reasons were discussed for recommending removal?			
0	0	10				GE 79d.	If yes, how was the amount of time that this student would be removed from the general education classroom decided?			
7	0	3				GE 79e.	In the most recent IEP meeting, did the IEP team discuss whether this student could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
3	0	7				GE 84.	If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
10	0	0				GE 92.	If a student with an IEP is having behavioral difficulties in your classroom, do you address the behavior in your classroom rather than sending him/her back to the special education classroom to address the behavior issue unless indicated otherwise in the student's IEP?			
9	0	1				SE 105.	Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
10	0	0				SE 109.	Is this student receiving the type and amount of special education instruction and related services specified in his/her current IEP?			
10	0	0				SE 110.	Was this student's current IEP implemented no later than 10 school days after its completion or no later than the IEP implementation date?			
10	0	0				SE 111.	If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			

Y	Ν	NA	DK	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0			SE 113. If required, were the testing accommodations included in this student's current IEP implemented?			
10	0	0			SE 114. Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
10	0	0			SE 120. Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			
					PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent & Special Education Teacher)			
1	0	6	0		P 42. If your child's current IEP includes psychological counseling as a related service, and he/she receives these services, including transportation, are they provided at no cost to you?			
6	0	0	1		P 43. Was your child's need for extended school year (ESY) – which means services over the summer or during breaks from the regular school calendar - discussed at an IEP meeting?			
6	0	1	0		P 44. Did you receive an explanation of what would make your child eligible for ESY services?			
6	0	1	0		P 45. Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
0	0	7	0		P 46. If you did not agree with the decision on ESY eligibility, were you given a written notice (NOREP/PWN) explaining that you could ask for a due process hearing?			
0	0	7	0		P 47. If your child was determined to be eligible for ESY services, did the IEP team decide upon the goals and services needed for the ESY program?			
10	0	0			SE 121. Was the consideration of ESY eligibility discussed during this student's current IEP meeting?			
0	0	10			SE 122. If this student was determined to be ESY eligible, did the IEP team determine what goals and services were needed and include them in the IEP?			
0	0	10			SE 122a. At the most recent IEP meeting, did the IEP team discuss the development of a plan to transition this student back into the school district (or charter school if student is enrolled in a charter school) with supplementary aids and services?			

Y	Ν	NA	DK	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10			SE 122b. Are staff from the home district (or charter school if student is enrolled in a charter school) involved with the planning and implementation of this student program?			
0	0	10			SE 122c. Does this student go on field trips, attend school functions or participate in extracurricular activities with his/her same age/grade peers who are non-disabled?			
0	0	10			SE 122d. Does this student need supplementary aids and services to participate in non-academic and/or extra-curricular activities?			
0	0	10			SE 122e. If yes, are needed supplementary aids and services being provided to this student?			
0	0	10			SE 122f. Are there routine opportunities for this student to interact with non-disabled peers that are planned and/or facilitated by school personnel?			
					SECONDARY TRANSITION (Parent & Special Education Teacher)			
6	0	1	0		P 50. If your child is age 14 or older was he/she invited to participate in the IEP meeting for transition planning?			
5	2	0	0		P 50a. In the most recent IEP meeting for your child, did you discuss whether your child could be educated in a general education classroom for the entire school day?			
0	7	0	0		P 50b. In the most recent IEP meeting, did the IEP team recommend removal of your child from the general education classroom for any part of the school day?			
0	0	7	0		P 50c. If yes, what reasons were discussed for recommending removal?			
0	0	7	0		P 50d. If yes, how was the amount of time that your child would be removed from the general education classroom decided?			
5	2	0	0		P 50e. In the most recent IEP meeting, did the IEP team discuss whether your child could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
7	0	0	0		P 50f. In your opinion, is your child benefiting from participation in the general education classroom?			
0	0	0	0		P 50g. If yes, in what ways?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Participating more in class.			
						Modeling regular peers.			
						Gets encouragement from other students.			
						Doing well.			
						The classes are small, all work together.			
						Socially; self confidence; self esteem.			
						Smaller classes, more attention.			
0	0	7	0			P 50h. If no, what does your child need that he/she is not			
						receiving in the class?			
						P 59. I am satisfied with the transition services developed for			
						my child.			
					6	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					I	Does not Apply			
						P 60. My child is learning skills that will lead to a high			
						school diploma and further education and/or			
					-	employment.			
					7	Always			
					0	Sometimes			
					0 0	Rarely Never			
					0	Don't Know			
					0	Does not Apply			
8	0	2			0				
0		2				SE 116. Were this student's desired post school outcomes considered when the IEP team developed the annual			
						goals?			
0	0								
8	0	2				SE 123. Where appropriate, does the LEA invite a			
						representative of a participating agency that is likely to			
						be responsible for providing or paying for transition services to the IEP meeting?			
						Topical Area 6: NOREP/PWN			
						(File Reviews)			
10	0	0				FR 328. NOREP/PWN is present in the student file			
10	0	0				r 526. NOKEP/r win is present in the student life			
10	0	0				FR 329. Demographic data			
10	0	0				FR 330. Type of action taken			
10	0	0				FR 331. A description of the action proposed or refused by the			
						LEA			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 332.	An explanation of why the LEA proposed or refused to take the action			
10	0	0				FR 333.	A description of the other options the IEP team considered and the reason why those options were rejected			
10	0	0				FR 334.	Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused			
9	0	1				FR 335.	Description of other factor(s) relevant to LEA's proposal or refusal			
10	0	0				FR 336.	Educational placement recommended (including amount and type)			
9	1	0			10%	FR 337.	Signature of school district superintendent or charter school CEO or designee	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
8	2	0			20%	FR 338.	Parent signature or documentation of reasonable efforts to obtain consent (e.g. mailed to parents, certified mail, visit to the parent's home, etc.)	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet 4.Copy of memorandum 5.PDE Adviser will conduct on-site file review.	01/04/2019 IU, PDE, CS, Pattan	12/18/2018

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	2	0			20%	FR 339. Parent has selected a consent option	CS will provide memorandum to pertinent staff and include additional training &/or activities to address file review issues. Evidence of Change	01/04/2019 IU, PDE, CS, Pattan	12/18/2018
							CS will provide PDE Adviser with 1.training/activity schedule 2.Agenda for each training 3.Sign-in sheet		
							<ul><li>4.Copy of memorandum</li><li>5.PDE Adviser will conduct on-site file review.</li></ul>		
10	0	0				FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			
						INTERVIEW RESULTS (Parent)			
0	0	7	0			P 34. If services that you requested for your child were rejected by the school, did you receive a written notice (NOREP/PWN) explaining why the request was rejected?			
						P 61. If I don't understand my child's educational rights, and I inquire about them, someone from the school takes the time to explain them to me.			
					6	Always			
					0	Sometimes			
					0	Rarely			
					0 0	Never Don't Know			
					1	Does not Apply			
					-	Topical Area 7: Additional Interview Responses			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
						P 54. I am a partner with school personnel when we plan my			
					7	child's education program. Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
			<u> </u>		0	Does not Apply			
		0	0			P 66. Tell me anything you really like about your child's special education program.			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					2	a. modifications			
					2	b. progress reports			
					1	c. staff-aide ratios			
					4	d. staff's knowledge, training			
					2	e. instructional materials			
					5	g. staff open to suggestions, good communication			
					2	h. follow the IEP			
					3	i. support services			
					1	j. student ratios			
					6	k. staff's understanding and attitude			
					1	1. more inclusion			
					1	m. services provided outside neighborhood school			
					2	n. other			
						More time with teachers.			
						Responsiveness and accepting.			
		4	0			P 67. Tell me anything you would like to change about the			
						program.			
					3	n. other			
						Would like to have student move from class to class.			
						Has one specific teacher that is not supportive.			
						One on one time with staff.			
		0	0			P 68. The school explains what options parents have if the			
						parent disagrees with a decision of the school.			
					5	a. Very strongly agree			
					1	b. Strongly agree			
					1	c. Agree			
						P 69. Additional comments about your child's program.			
						Staff works together; they listen to me; extra help.			
10	0	0				SE 101. Do you hold the required certification to implement			
						this student's program?			
10	0	0				SE 101a. Have you received sufficient training, technical			
						assistance and other support to teach this student?			
0	0	10				SE 101b. If no, what training or support would assist you?			
						Topical Area 8: Other Non-compliance Issues			
						Topical Area 9: Other Improvement Plan Issues			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						FSA 7 Drop Out Rate	<ul> <li>1.CS will contact student guardian within</li> <li>30 days to ensure accurate data reporting on current educational placement.</li> <li>2.CS Administrative team monthly meeting will review data &amp; effectiveness of interventions</li> <li>3. CS will expand Blended learning opportunities</li> <li>4. CS will offer altered/alternative scheduling for at risk students</li> <li>5. CS will provide Credit Recovery opportunities</li> <li>6. CS staff will attend; "Implementing Evidence-Base Strategies for Preventing Dropout in Secondary Schools"</li> <li>7.CS IU 22 TaC will provide staff development training on "Trauma Informed Care"</li> <li>8.CS will work with IU 22 initiative regarding "Executive Functioning"</li> <li>Evidence of Change: CS will provide BSE Adviser;</li> <li>1. Quarterly data reports</li> <li>2.list of student cases reviewed by Admin team &amp; dates</li> <li>3. Copy of Altered/Alternate schedules</li> <li>4. Dates for up-coming training for 2019-20</li> </ul>	01/04/2019 IU, PDE, CS, PAttan	12/18/2018
						FSA 7 Drop-Out Rate	<ol> <li>CS staff will continue to train staff</li> <li>"Implementing Evidence-Base Strategies for Preventing Dropout in Secondary Schools"</li> <li>CS IU 22 TaC will provide staff development training on "Trauma Informed Care"</li> <li>CS will continue with IU 22 initiative regarding "Executive Functioning" Evidence of Change:         <ol> <li>Continue with quarterly data updates</li> <li>Ist &amp; dates of staff attending training for;</li> <li>"Evidence Base Strategies, Trauma Informed Care &amp; Executive Functioning</li> <li>CS with BSE Adviser will determine if an additional year is necessary for CA</li> </ol> </li> </ol>	01/03/2020 IU, PDE, CS, Pattan	

Y	Ν	NA	D K		% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
				Obs	#	FSA 17 Public School Enrollment	Evidence of Change1. CS will increase evals/re-eval of students entering.2. CS will work with school Psychologist & related service personnel to determine educational needs & intervention of 504Plans vs IEP's3. CS Administrative team to meet monthly to review student cases & dataEvidence of Change: CS will provide BSE Adviser; 1. Quarterly data reports 2. List of student cases reviewed 3. Dates for Administrative case review meeting \$. CS with BSE Adviser will determine	Resources 01/04/2019 IU, PDE, CS, Pattan	Date
							need to continue CA for an additional year.		