

School District 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.

School District: Learning Network 1

Superintendent: Ms. Debora Carrera

Special Education Director/Coordinator: _____

BSE Special Education Adviser: Darnelle Knowlton

Date of Report: July 28, 2014

Date Final Report Sent to LEA: July 28, 2014

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: _____

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Topical Area 1: Policies, Practices, and Procedures			
Y						1. FSA-ASSISTIVE TECHNOLOGY AND SERVICES Standard: The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP			
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			
Y						2. FSA-POSITIVE BEHAVIOR SUPPORT Standard: LEA complies with the positive behavior support policy requirements.			
Y						3. FSA-CHILD FIND Standard: LEA demonstrates compliance with annual public notice requirements.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						4. FSA-CONFIDENTIALITY Standard The LEA is in compliance with confidentiality requirements.			
Y						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 Standard: The LEA adheres to procedural requirements in suspending students with disabilities.			
Y						10. FSA-INDEPENDENT EDUCATIONAL EVALUATION Standard: 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 Standard: 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 Standard: 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	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					15 5 0 2 8 0	Always Sometimes Rarely Never Don't Know Does not Apply			
					15 1 0 5 9 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. Always Sometimes Rarely Never Don't Know 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 Teacher)			
45	4	0				GE 88. Do you receive training regarding how to differentiate instruction and modify the curriculum in your classroom?			
46	3	0				GE 89. Do you receive training regarding how to provide positive behavior supports for students with negative behaviors?			
39	8	2				GE 90. If you have a student with a behavioral need, have you been trained how to deescalate negative and aggressive student behavior?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
35	13	1				GE 91. Do you participate in determining the kinds of training and technical assistance needed to support students with IEPs in regular education classrooms?			
8	12	29				GE 94. If a student has AT included in his/her current IEP, have you received training in AT, and accessing AT resources?			
49	1	1				SE 124. Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
Y						20. FSA-INTENSIVE INTERAGENCY APPROACH Standard: The LEA identifies, reports, and provides for the provision of Free Appropriate Public Education (FAPE) for all students with disabilities including those students needing intensive interagency approaches.			
Y						21. FSA-SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE/PROCEDURAL SAFEGUARD REQUIREMENTS FOR GRADUATION Standard: The LEA provides Summary of Academic Achievement and Functional Performance for children whose eligibility terminates due to graduation or aging out. The LEA provides required prior written notice for graduation			
						Topical Area 2: Delivery of Service			
Y						9. FSA-FACILITIES USED FOR SPECIAL EDUCATION Standard: The LEA will be in compliance with the facilities requirements			
						CLASSROOM OBSERVATIONS			
51	0	0		0		CO 8. Is the classroom located within the ebb and flow of school activity?			
51	0	0		0		CO 9. Is the classroom designed for instructional purposes?			
Y						14. FSA-CASELOAD AND AGE RANGE REQUIREMENTS Standard: The LEA complies with the caseload and age range requirements			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						17. FSA-PUBLIC SCHOOL ENROLLMENT Standard: The LEA's percentage of children with disabilities served in special education is comparable to state data.			
Y						17B. FSA-PUBLIC SCHOOL ENROLLMENT Standard: Timely provision of FAPE for students who transfer from public agencies within state, and from another state.			
Y						22. FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION Standard: LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
	N					23. FSA-EDUCATIONAL BENEFIT REVIEW Standard: The IEP meets procedural compliance and is reasonably calculated to enable the child to advance appropriately toward attaining their annual goals.	The LEA has been provided with the names of individual students for whom corrective action is required within 30 days of the date of this report.		
						CLASSROOM OBSERVATIONS			
41	1	1		2		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
41	0	1		3		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
8	0	36		1		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
32	0	13		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?			
29	0	14		2		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			
30	0	13		2		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			
41	0	4		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?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
					21 5 2 0 2 0	P 55. My child does classroom work in a regular classroom with students without disabilities. Always Sometimes Rarely Never Don't Know Does not Apply			
					24 0 1 1 2 2	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. Always Sometimes Rarely Never Don't Know Does not Apply			
					26 0 2 1 1 0	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. Always Sometimes Rarely Never Don't Know Does not Apply			
					21 6 2 0 1 0	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. Always Sometimes Rarely Never Don't Know Does not Apply			
48	0	1				GE 70. Are you familiar with the content of this student's current IEP, including accommodations, supplementary aids and services, and annual goals?			
48	0	1				GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
47	1	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?			
45	2	2				GE 73. Are you and the special education personnel working collaboratively to implement this student's program?			
45	1	3				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?			
47	0	2				GE 80. Is the student making progress within the general education curriculum?			
47	0	2				GE 80a. In your opinion, is this student benefiting from participation in your general education classroom?			
0	0	2				GE 80b. If yes, in what ways?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Student is very academically successful. Public speaking. Socialization & team work. Engaged in activities in inclusive class. ROTC program. Social skills improved. Improving math skills. Student is willing to participate. Art therapy, positive environment, positive role modeling. Work collaboratively, can interpret text & rewrite cues, can respond correctly to prompts. Intelligent, does little work due to disruptive nature. The student does the work but needs frequent individual attention by teacher. Academically, student is able to interact with peers. Student is being challenged & completing work. Peer to peer learning. Student is more expressive & interacting with peers. Social interaction. Socialization with peers, collaboration. The academics challenge student. Exposure to grade level material, learning from other students, emotional support from peers. Peer interaction, self-confidence. Academic skills are improving. Socially, emotionally. Learning friendships. Making friends who help student. Social interaction, interested in math & science. Social interaction, receiving instruction in core curriculum. Social, communication skills. Improving peer interactions, adult interactions & social skills. Social interaction, peer support, collaboration work/project. Benefiting from socialization & general ed. Helps student meet academic potential. Better able to meet academic potential. Socialization skills. Structure/socialization. Progress seen. Student made academic gains in reading & math. Increased confidence socially. Less dependent on adult help. Student uses peer group & other supports as</p>			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>needed.</p> <p>Student reacts positively to hearing & interacting with music. Student smiles, laughs & shows engagement.</p> <p>Student kinesthetically engaged while music plays & when playing by hand with percussion instruments.</p> <p>Socially, academically, behaviorally.</p> <p>Buddy system.</p> <p>Reads stories with the rest of the class, exhibits good comprehension skills.</p> <p>Peer interaction.</p> <p>Making academic, social gains.</p> <p>Academics, social skills.</p> <p>Progress on IEP goals, peer interaction.</p> <p>Participation, creative ways to use body.</p> <p>Peer interaction.</p> <p>Social interaction.</p> <p>Peer interaction, completing assignments.</p>			
0	0	49				GE 80c. If no, what does this student need that he/she is not receiving in your class?			
42	7	0				GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
41	5	3				GE 85a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	44				<p>GE 85b. If no, what training or support would assist you?</p> <p>Support with ADHD & other concerns.</p> <p>I need to learn how to teach social skills.</p> <p>Training on autism.</p> <p>How to help students manage frustration levels in school.</p> <p>Modifying curriculum, speech cues.</p>			
46	1	2				GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			
51	0	0				SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
42	1	8				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?			
24	17	10				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?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	27				SE 95c. If yes, what reasons were discussed for recommending removal? Only for speech. When working with LS teacher only. Training on social skills & personal maintenance. Reading comprehension. Student required SDI to make academic progress. Academic growth. Math,OT. ESOL support. Specially designed instruction/small group. Remediation of skills. Corrective reading. Small group specially designed instruction. Participation in specialized programs to meet individual needs. Extended support/addition of math support. The student is unable to function in a general ed class. Learning support needed. For reading support. Reading needs. To address identified needs. Reading needs. Needs functional academics & adaptive skills. Peers Therapy only. Needs instruction in alternate curriculum.			
0	0	27				SE 95d. If yes, how was the amount of time that this student would be removed from the general education classroom decided?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>600 minutes per IEP term for speech therapy. Team decision & discussion. Overall level of need. Increased push in. Student requires SDI in reading & math. 30 minutes. Not sure. 30 minutes. Based on needs & special instruction program. LRE - for academic success. Corrective reading. Based on need & special instruction program. Based on academic needs. Based on student's needs/collaboration with IEP team. Based on data & student inability to function in general ed class. Team decision. Reading needs. IEP team decision. IEP team decision. IEP team decision. Team decision. Team decided. Speech therapist & team. Continued need for life skills placement. Team decision.</p>			
42	1	8				SE 95e. 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?			
49	0	2				SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			
45	0	6				SE 97. Have necessary supports been offered and/or provided to enable that participation?			
47	0	4				SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			
50	1	0				SE 100. Are you and general education personnel working together toward meeting the measurable annual goals for this student?			
44	3	4				SE 115. Did the IEP team have available information regarding use of the Supplementary Aids and Services ToolKit?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
49	2	0				SE 125. Do you collaborate with general education teachers to identify training needs related to the provision of supplementary aids and services to students with IEPs in the general education classroom?			
						Topical Area 3: Performance Indicators			
Y						5A. FSA-EFFECTIVE USE OF DISPUTE RESOLUTION Standard: The LEA uses dispute resolution processes for program improvement.			
	N					6. FSA-GRADUATION RATES (SPP) Standard: The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate.	An improvement plan that is district wide is currently in place.		
	N					7. FSA-DROPOUT RATES (SPP) Standard: The dropout rate of the LEA's students with disabilities is comparable to the state dropout rate.	An improvement plan that is district wide is currently in place.		
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.			
	N					11. FSA-LEAST RESTRICTIVE ENVIRONMENT (SPP) Standard: Students with disabilities are provided for in the least restrictive environment	An improvement plan that is district wide is currently in place.		
Y						16. FSA-PARTICIPATION IN PSSA AND PASA (SPP) Standard: The LEA's population of students who participate in state assessment is comparable with the state data.			
Y						16A. FSA-DISTRICT-WIDE ASSESSMENT			
						Topical Area 4: Evaluation and Reevaluation Process and Content			
						CONSENT AND WAIVER REQUIREMENTS FOR EVALUATION/REEVALUATION			
						PERMISSION TO EVALUATE (File Reviews)			
6	0	45				FR 153. PTE-Consent Form is present in the student file			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	0	45				FR 154. Demographic data			
6	0	45				FR 155. Reason(s) for referral for evaluation			
6	0	45				FR 156. Proposed types of tests and assessments			
5	1	45			17%	FR 157. Contact person's name and contact information			
6	0	45				FR 158. Parent signature or documentation of reasonable efforts to obtain consent			
6	0	45				FR 159. Parent has selected a consent option			
3	1	47			25%	FR 159a. NOREP/Prior Written Notice was issued			
						PERMISSION TO REEVALUATE (File Reviews)			
38	3	10			7%	FR 194. PTRE-Consent Form is present in the student file			
37	1	13			3%	FR 195. Demographic data			
38	0	13				FR 196. Reason for reevaluation			
35	3	13			8%	FR 197. Types of assessment tools, tests and procedures to be used			
34	4	13			11%	FR 198. Contact person's name and contact information			
33	5	13			13%	FR 199. Parent has selected a consent option			
33	4	14			11%	FR 200. Parent signature or documentation of reasonable efforts to obtain consent			
21	11	19			34%	FR 200a. NOREP/Prior Written Notice was issued			
						AGREEMENT TO WAIVE REEVALUATION (File Reviews)			
0	0	51				FR 201. Agreement to Waive Reevaluation is present in the student file			
0	0	51				FR 202. Waiver was completed within required timelines (3 years (2 years for any MR student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR)			
0	0	51				FR 203. Reason reevaluation is not necessary at this time is included			
0	0	51				FR 204. Contact person's name and contact information			
0	0	51				FR 205. Parent has selected a consent option			
0	0	51				FR 206. Parent signature			
						EVALUATION REPORT (INITIAL) (File Reviews)			
6	0	45				FR 160. ER is present in the student file			
4	2	45			33%	FR 161. Evaluation was completed within timelines			
6	0	45				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)			
6	0	45				FR 163. Demographic data			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	0	45				FR 164. Date report was provided to parent			
6	0	45				FR 165. Reason(s) for referral			
6	0	45				FR 166. Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
6	0	45				FR 167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
5	1	45			17%	FR 168. Teacher observations and observations by related service providers, when appropriate			
6	0	45				FR 169. Recommendations by teachers			
6	0	45				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			
6	0	45				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.			
2	0	49				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)			
6	0	45				FR 173. Lack of appropriate instruction in reading			
6	0	45				FR 174. Lack of appropriate instruction in math			
6	0	45				FR 175. Limited English proficiency			
6	0	45				FR 176. Present levels of academic achievement			
6	0	45				FR 177. Present levels of functional performance			
6	0	45				FR 178. Behavioral information			
6	0	45				FR 179. Conclusions			
6	0	45				FR 180. Disability Category			
6	0	45				FR 181. Recommendations for consideration by the IEP team			
6	0	45				FR 182. Evaluation Team Participants documented			
1	2	48			67%	FR 183. For students evaluated for SLD documentation of Agree/Disagree			
3	0	48				FR 184. Documentation that the student does not achieve adequately for age, etc.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
3	0	48				FR 185. Indication of process(es) used to determine eligibility			
3	0	48				FR 186. Instructional strategies used and student-centered data collected			
2	0	49				FR 187. Educationally relevant medical findings, if any			
3	0	48				FR 188. Effects of the student's environment, culture, or economic background			
3	0	48				FR 189. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
3	0	48				FR 190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
3	0	48				FR 191. Observation in the student's learning environment			
2	0	49				FR 192. Other data if needed			
3	0	48				FR 193. Statement for all 6 items indicated to support conclusions of the evaluation team			
						REEVALUATION REPORT (File Reviews)			
45	0	6				FR 207. RR is present in the student file			
37	8	6			18%	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 MR student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)			
31	13	7			30%	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)			
44	1	6			2%	FR 210. Demographic data			
44	0	7				FR 211. Date IEP team reviewed existing evaluation data			
44	1	6			2%	FR 212. Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
41	1	9			2%	FR 213. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
42	3	6			7%	FR 214. Aptitude and achievement tests			
42	2	7			5%	FR 215. Current classroom based assessments and local and/or state assessments			

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45	0	6				FR 216. Observations by teacher(s) and related service provider(s) when appropriate			
44	1	6			2%	FR 217. Teacher recommendations			
45	0	6				FR 218. Lack of appropriate instruction in reading			
45	0	6				FR 219. Lack of appropriate instruction in math			
45	0	6				FR 220. Limited English proficiency			
37	2	12			5%	FR 221. Conclusion regarding need for additional data is indicated			
27	0	24				FR 222. Reasons additional data are not needed are included			
45	0	6				FR 223. Determination whether the child has a disability and requires special education			
44	1	6			2%	FR 224. Disability category(ies)			
43	2	6			4%	FR 225. Summary of findings includes student's educational strengths and needs			
40	4	7			9%	FR 226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
43	2	6			4%	FR 227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
17	1	33			6%	FR 228. Interpretation of additional data			
6	0	45				FR 229. Documentation that the student does not achieve adequately for age, etc.			
6	0	45				FR 230. Indication of process(es) used to determine eligibility			
6	0	45				FR 231. Instructional strategies used and student-centered data collected			
4	0	47				FR 232. Educationally relevant medical findings, if any			
4	0	47				FR 233. Effects of the student's environment, culture, or economic background			
5	0	46				FR 234. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
6	0	45				FR 235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
6	0	45				FR 236. Observation in the student's learning environment			
3	0	48				FR 237. Other data if needed			
6	0	45				FR 238. Statement for all 6 items			
39	6	6			13%	FR 239. Documentation of Evaluation Team Participants			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
12	5	34			29%	FR 240. Documentation that team members Agree/Disagree			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
29	1	0	0			P 24. Have you been asked to provide information for your child's evaluation/reevaluation?			
29	0	1	0			P 25. Were you given the opportunity to provide this information in writing or in another way that worked for you?			
27	0	1	2			P 26. Was the information you provided to the school for your child's evaluation considered in your child's Evaluation Report?			
9	1	20	0			P 27. If your child was not reevaluated when required (every 2 years for children with mental 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	14	11	5			P 51. Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?			
2	2	23	3			P 52. If you have obtained an IEE for your child, were the results of that evaluation considered by the team?			
2	2	23	3			P 53. Were the results of the IEE included in the school's Evaluation Report for your child?			
18	0	33				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)			
47	4	0			8%	FR 241. Invitation is present in the student file			
42	4	5			9%	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)			
45	2	4			4%	FR 243. Demographic data			
45	2	4			4%	FR 244. Purpose(s) of the meeting			
11	4	36			27%	FR 245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)			
2	4	45			67%	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			

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12	4	35			25%	FR 247. Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)			
46	0	5				FR 248. Invited IEP team members			
46	0	5				FR 249. Date/time/location of meeting			
43	2	6			4%	FR 250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation			
						PARENT CONSENT TO EXCUSE MEMBERS FROM ATTENDING IEP TEAM MEETING (File Reviews)			
0	1	50			100%	FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file			
0	0	51				FR 252. Demographic data			
0	0	51				FR 253. Form designates IEP team member(s) for whom attendance is not necessary			
0	0	51				FR 254. Form designates which members will submit written input prior to the meeting			
0	0	51				FR 255. Parent written consent is documented			
					0 0 0	FR 256. The team members excused: a. General Education Teacher b. Special Education Teacher c. Local Education Agency Representative			
						IEP CONTENT (File Reviews)			
50	1	0			2%	FR 257. IEP is present in the student file			
43	7	1			14%	FR 258. IEP was completed within timelines			
50	0	1				FR 259. Demographic data			
50	0	1				FR 260. IEP implementation date			
49	0	2				FR 261. Anticipated duration of services and programs			
3	0	48				FR 262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting			
						DOCUMENTATION OF IEP TEAM PARTICIPATION (File Reviews)			
49	1	1			2%	FR 263. Parents			
12	5	34			29%	FR 264. Student			
47	3	1			6%	FR 265. General Education Teacher			
49	0	2				FR 266. Special Education Teacher			
48	1	2			2%	FR 267. Local Education Agency Representative			
0	3	48			100%	FR 270. Community Agency Representative			
0	2	49			100%	FR 271. Teacher of the Gifted			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	51				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			
46	3	2			6%	FR 273. Copy of Procedural Safeguards Notice was given to parent during the school year			
						SPECIAL CONSIDERATIONS (File Reviews)			
0	0	51				FR 274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate			
1	0	50				FR 275. If the student is deaf or hard of hearing, a communication plan			
17	1	33			6%	FR 276. If the student has communication needs, needs must be addressed in the IEP			
3	0	48				FR 277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP			
1	0	50				FR 278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE			
20	1	30			5%	FR 279. If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques			
9	0	42				FR 280. If the student has other special considerations, these are addressed in the IEP			
						PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (File Reviews)			
50	0	1				FR 281. Student's present levels of academic achievement			
49	1	1			2%	FR 282. Student's present levels of functional performance			
15	6	30			29%	FR 283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)			
45	0	6				FR 284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
49	1	1			2%	FR 285. How the student's disability affects involvement and progress in the general education curriculum			
50	0	1				FR 286. Strengths			
48	2	1			4%	FR 287. Academic, developmental, and functional needs related to student's disability			
						TRANSITION SERVICES (File Reviews)			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	8	35			50%	FR 289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment			
12	4	35			25%	FR 290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living			
10	4	37			29%	FR 291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually			
14	1	36			7%	FR 292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service			
11	5	35			31%	FR 292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)			
11	5	35			31%	FR 292b. Transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)			
12	4	35			25%	FR 292c. Annual goals are related to the student's transition services			
						PARTICIPATION IN STATE AND LOCAL ASSESSMENTS (File Review)			
45	1	5			2%	FR 293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams or PASA)			
33	1	17			3%	FR 294. If the student will participate in the PSSA/Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations			
6	0	45				FR 295. If the student will participate in the PASA, an explanation of why the student cannot participate in the PSSA/Keystone Exams			
5	0	46				FR 296. If the student will participate in the PASA, explanation of why PASA is appropriate			
5	0	46				FR 297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)			
39	6	6			13%	FR 298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)			
29	3	19			9%	FR 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	46				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			
5	0	46				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)			
48	2	1			4%	FR 302. Measurable Annual Goals			
50	0	1				FR 303. Description of how student progress toward meeting goals will be measured			
50	0	1				FR 304. Description of when periodic reports on progress will be provided to parents			
46	2	3			4%	FR 305. Documentation of progress reporting on Annual Goals			
33	0	18				FR 306. Short Term Objectives			
						SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)			
49	0	2				FR 307. Program Modifications and Specially-Designed Instruction			
46	1	4			2%	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			
45	2	4			4%	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			
0	0	51				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			
23	1	27			4%	FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
24	0	27				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			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
47	0	4				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			
34	0	17				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			
1	1	49			50%	FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
50	0	1				FR 316. A conclusion regarding student eligibility for ESY			
42	5	4			11%	FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
12	0	39				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			
12	0	39				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)			
48	2	1			4%	FR 320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class			
50	0	1				FR 321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum			
50	0	1				FR 322. Type of support, by amount (itinerant, supplemental, full-time)			
50	0	1				FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
50	0	1				FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
50	0	1				FR 325. Location of student's program (name of School Building where the IEP will be implemented)			
18	1	32			5%	FR 326. If child will not be attending his/her neighborhood school, reason why not			
						PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)			
50	0	1				FR 327. Completed Section A or Section B			
						IEP DEVELOPMENT			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						INTERVIEW RESULTS (Parent & General Education Teacher)			
29	0	0	1			P 28. Were you invited to participate in your child's most recent IEP team meeting?			
27	2	1	0			P 29. Did you participate in developing the current IEP for your child?			
28	1	1	0			P 30. Was the meeting held at a time and location that was convenient for you?			
8	0	22	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?			
28	0	2	0			P 32. Was the input you provided considered in the development of your child's current IEP?			
22	4	2	2			P 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	26	0			P 32b. If no, what training or support would assist you? Nothing really, have attended many IEP meetings. Don't know. Don't need any. Gets questions answered by school staff. Reading comprehension, ways to help at home.			
25	1	2	2			P 33. Were the services you requested for your child considered by the IEP team in the development of your child's current IEP?			
25	2	1	2			P 35. Was the current IEP developed at the IEP meeting?			
23	1	5	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?			
27	2	0	1			P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
2	1	26	1			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?			
2	1	26	1			P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			
		27	1			P 65. If you did not participate in your child's IEP meeting, what kept you from participating?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					1 1	e. afraid to go (would be uncomfortable) g. other Phone conference.			
30	2	17				GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
23	11	15				GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
23	0	26				GE 76. Were those recommendations considered by the IEP team?			
46	1	2				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?			
44	3	2				GE 87. Do you provide progress monitoring data as part of the IEP development process?			
						IEP CONTENT			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
27	0	1	2			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?			
25	1	2	2			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?			
47	1	1				GE 81. Are this student's goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
47	2	0				GE 82. Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			
47	2	0				GE 83. Is the current IEP appropriate to meet this student's educational needs?			
51	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?			
51	0	0				SE 102. Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
49	1	1				SE 103. Are the student's annual goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
36	1	14				SE 104. If appropriate, are the student's annual goals based on functional performance?			
50	0	1				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?			
38	2	11				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?			
48	0	3				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?			
44	0	7				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?			
50	0	1				SE 117. Is this student making progress in meeting the annual goals of his/her current IEP?			
47	0	4				SE 117a. In your opinion, is this student benefiting from participation in the general education classroom?			
0	0	4				SE 117b. If yes, in what ways?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Student actively participates in class. Does not let speech prevent participation.</p> <p>Social connections to classwork almost on grade level.</p> <p>Rostered to cip code 52.0401 administration assistant (secretarial) working toward certification.</p> <p>Participation with general ed students helps student's communication needs.</p> <p>Involved in school activities.</p> <p>Gaining knowledge needed to transition from high school.</p> <p>Social & emotional.</p> <p>Student works well with other students & communicates well.</p> <p>Academically, socially, emotionally.</p> <p>The student's grades are good & passes grade level exams.</p> <p>Socially, emotionally, academically.</p> <p>Peer modeling, academic enrichment, social skills.</p> <p>Working with all students.</p> <p>Student has made gains in reading & math.</p> <p>Peer interactions, behavior role models, self-confidence strengthened.</p> <p>Comprehension & social skills have improved.</p> <p>Participating in the general ed curriculum with peers.</p> <p>Socialization</p> <p>Socialization</p> <p>Improving academic skills.</p> <p>Social skills.</p> <p>Motivation, specially designed instruction.</p> <p>Grade level academics, children age appropriate.</p> <p>Maintaining strong reading, improving words per minute.</p> <p>Can participate in general ed & benefits from social interaction.</p> <p>Making academic progress, improving social skills, peer relations.</p> <p>Socialization & communication increase.</p> <p>Improving social skills.</p> <p>Social interaction, group/partner work, presentations (exposure to common core on grade level).</p> <p>Better socialization with peers.</p> <p>Gaining instruction with age & grade appropriate peers.</p> <p>Making excellent academic & behavioral progress.</p> <p>Progress noted.</p> <p>Increase in reading, reading comprehension. Math</p>			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>increase one grade level. Progress using calculator & basic operations.</p> <p>Student exposed to variety of the arts through the prep program.</p> <p>Academically student is able to do most grade level math work. Socially student is opening up & interacting in appropriate peer relations.</p> <p>Full progress in general ed.</p> <p>Access core curriculum.</p> <p>Access to core curriculum.</p> <p>Engaged with age-appropriate peers.</p> <p>Making progress on goals.</p> <p>Academics, social skills.</p> <p>Peer interaction.</p> <p>Socialization with peers.</p> <p>Peer interaction.</p> <p>Socialization, using strategies.</p> <p>Peer interaction, self-confidence.</p>			
0	0	51				SE 117c. If no, what does this student need that he/she is not receiving?			
51	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)			
27	0	2	1			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?			
29	0	0	1			P 49. Are the special education and related services included in your child's current IEP provided at no cost to you?			
					24 2 1 2 1 0	<p>P 57. When all students in the school receive a report card, I also receive a progress report on my child's IEP goals.</p> <p>Always</p> <p>Sometimes</p> <p>Rarely</p> <p>Never</p> <p>Don't Know</p> <p>Does not Apply</p>			
						P 58. My child's progress is reported to me by the school in a manner that I understand.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					25 2 0 1 1 1	Always Sometimes Rarely Never Don't Know Does not Apply			
29	0	0	1			P 64. My child is receiving the supports and services agreed upon at the IEP meeting.			
45	1	3				GE 77. If supports for school personnel are included in the student's current IEP, has the LEA provided those supports?			
43	1	5				GE 79. Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
22	1	26				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?			
13	7	29				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	36				GE 79c. If yes, what reasons were discussed for recommending removal? 1 period per week. When student needs small group/individual support. Socialization ESOL services. Small group specially designed instruction. To reinforce basic skills needed for success. Student needed resource room support. Goes to math class for special instruction. Language arts, math, corrective reading. Receive small group instruction. To address identified needs. Small group instruction. Student needs.			
0	0	36				GE 79d. If yes, how was the amount of time that this student would be removed from the general education classroom decided?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Student needs speech services. When student needs extra help. 30 minutes. 30 minutes. Length of special program. Needs of student. Based on student's needs. Testing & team decision. IEP team. IEP team decision. IEP team decision. IEP team decision. Team decision.</p>			
24	3	22				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?			
32	0	17				GE 84. If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
48	0	1				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?			
51	0	0				SE 105. Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
51	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?			
51	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?			
51	0	0				SE 111. If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			
37	0	14				SE 113. If required, were the testing accommodations included in this student's current IEP implemented?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
49	1	1				SE 114. Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
50	0	1				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)			
14	0	15	1			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?			
26	0	2	2			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?			
26	0	2	2			P 44. Did you receive an explanation of what would make your child eligible for ESY services?			
25	1	2	2			P 45. Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
3	0	25	2			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?			
7	0	20	3			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?			
48	1	2				SE 121. Was the consideration of ESY eligibility discussed during this student's current IEP meeting?			
22	0	29				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?			
1	0	50				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?			
0	1	50				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?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	50				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	1	50				SE 122d. Does this student need supplementary aids and services to participate in non-academic and/or extra-curricular activities?			
0	0	51				SE 122e. If yes, are needed supplementary aids and services being provided to this student?			
1	0	50				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)			
5	0	24	1			P 50. If your child is age 14 or older was he/she invited to participate in the IEP meeting for transition planning?			
26	2	0	2			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?			
21	4	2	3			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	9	0			P 50c. If yes, what reasons were discussed for recommending removal?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Based on needs of the student - speech not gifted. Extra support. Student still needs extra help in reading & math. When student gets overwhelmed. Extra help with academics. Increase academic skills. Opportunity for more support. Socialization Closer attention, individual help. One on one help. Academic needs. Based on need. Current reading levels are 2 years below same age peers. Provide extra help in reading & math. Small group & one on one assistance. Reading needs. Meet needs. To meet needs. Student's needs. Therapy Student's needs.</p>			
0	0	9	0			<p>P 50d. If yes, how was the amount of time that your child would be removed from the general education classroom decided? Team decision 1/2 hour per week speech. Needs extra support for behavior. When student needs more support. We talked about doing it less this year. Only in math. Not sure. As much time as needed. 30 minutes. Based on grades. By student's needs. To meet student's needs. Based on schedule. Available scheduling of special ed staff. Based on evaluation & school data. Based on data & evaluation. IEP team decision. IEP team decision. IEP team decision. Team decision. IEP team. Team decision.</p>			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
24	0	2	4			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?			
29	0	0	1			P 50f. In your opinion, is your child benefiting from participation in the general education classroom?			
0	0	1	0			<p>P 50g. If yes, in what ways?</p> <p>Peer models who provide opportunities for practice. Student is keeping up with peers with assistance. Learning Participation in all classes, kids come to student with questions, good in math & science. Student has come a long way academically. Great communication with teacher about how my child is doing. Student has been doing great in reading. Socialization Socialization Social interaction. Friends, clubs. Socially, friends. Gets to work with other students. Socialization with regular ed peers. Not missing out on anything. Socialization Student gets to experience FAPE with regular ed peers & become successful. Challenged academically & is now participating in group activities more. Better education. Teach lessons in regular ed class. Student is in class with peers for increased socialization. Student likes teacher. Student socializes with friends & gets assistance from friends when needed. Made new friends. Improving skills. Skills improving. Improving skills. Skills improving. Socialization Peer interaction. Socialization with peers.</p>			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	30	0			P 50h. If no, what does your child need that he/she is not receiving in the class?			
					7 1 0 0 2 20	P 59. I am satisfied with the transition services developed for my child. Always Sometimes Rarely Never Don't Know Does not Apply			
					22 1 0 0 2 5	P 60. My child is learning skills that will lead to a high school diploma and further education and/or employment. Always Sometimes Rarely Never Don't Know Does not Apply			
18	0	33				SE 116. Were this student's desired post school outcomes considered when the IEP team developed the annual goals?			
21	3	27				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)			
51	0	0				FR 328. NOREP/PWN is present in the student file			
51	0	0				FR 329. Demographic data			
51	0	0				FR 330. Type of action taken			
51	0	0				FR 331. A description of the action proposed or refused by the LEA			
51	0	0				FR 332. An explanation of why the LEA proposed or refused to take the action			
49	1	1			2%	FR 333. A description of the other options the IEP team considered and the reason why those options were rejected			
48	3	0			6%	FR 334. Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
35	3	13			8%	FR 335. Description of other factor(s) relevant to LEA's proposal or refusal			
50	1	0			2%	FR 336. Educational placement recommended (including amount and type)			
49	2	0			4%	FR 337. Signature of school district superintendent or charter school CEO or designee			
48	3	0			6%	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.)			
45	4	2			8%	FR 339. Parent has selected a consent option			
49	2	0			4%	FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			
						INTERVIEW RESULTS (Parent)			
3	1	24	2			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?			
					24 4 0 0 1 1	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. Always Sometimes Rarely Never Don't Know Does not Apply			
						Topical Area 7: Additional Interview Responses			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
					26 2 0 0 1 1	P 54. I am a partner with school personnel when we plan my child's education program. Always Sometimes Rarely Never Don't Know Does not Apply			
		1	1			P 66. Tell me anything you really like about your child's special education program.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					6 4 4 10 3 12 8 10 5 14 6 6	a. modifications b. progress reports c. staff-aide ratios d. staff's knowledge, training e. instructional materials g. staff open to suggestions, good communication h. follow the IEP i. support services j. student ratios k. staff's understanding and attitude l. more inclusion n. other Student attends a magnet school that offers enrichment activities. Uses speech in classwork. One on one support. Wants child in another school. Peer exposure. Receives frequent e-mails about progress and/or concerns. Staff personalities.			
		18	2		1 2 3 1 2 1 1 4 1 1 6	P 67. Tell me anything you would like to change about the program. a. modifications b. progress reports c. staff-aide ratios d. staff's knowledge, training e. instructional materials h. follow the IEP i. support services j. student ratios k. staff's understanding and attitude l. more inclusion n. other More opportunities for socialization with peers. Program should be implemented in another school. Teachers need more assistance in ES classes. More resources, time & money for staff to help children. More money for things they need in school. Want more details about what is being worked on in each class so we can help at home.			
		1	0		10 5 12 2	P 68. The school explains what options parents have if the parent disagrees with a decision of the school. a. Very strongly agree b. Strongly agree c. Agree d. Disagree			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>P 69. Additional comments about your child's program.</p> <p>Very satisfied. Student is making progress.</p> <p>This school exceeds student's needs.</p> <p>Everyone is very respectful.</p> <p>I love that the school always makes sure the school psychologist, nurse and all my child's teachers come to meetings.</p> <p>I want more information about how to help child apply to magnet schools despite IEP.</p> <p>I think they are doing a good job with my child.</p> <p>Want child transferred to a school that is more controlled & sensitive.</p> <p>Loves the program, best student has ever had.</p> <p>Loves one on one interaction. The way they work with student when having difficulty. No complaints. Very happy with program.</p> <p>Needs homework help. Needs regular attendance.</p> <p>School/teachers need more help with ES classes. Need good teachers with lower teacher-pupil ratio. Special ed classes need recess.</p> <p>Teachers not trained on oppositional defiance disorder.</p> <p>School calls me when cannot control behaviors. School also suspends or puts student in detention.</p> <p>Student doing well in special ed class for extra help.</p> <p>Without extra help, student would suffer. I like time student is in regular ed classroom. Set time to attend special ed class. Keeps student on track & does not make student feel less smart.</p> <p>Small group pullouts & one on one assistance help student exceed in math, reading & spelling.</p> <p>Think they are doing a great job. Determine what kids need. Very much appreciated.</p> <p>Took a bit too long to get assistive technology in place. Pleased now.</p> <p>Has seen student make progress since evaluated. Want information about work in each class from each teacher.</p> <p>School does a good job.</p>			
51	0	0				SE 101. Do you hold the required certification to implement this student's program?			
51	0	0				SE 101a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	51				SE 101b. If no, what training or support would assist you?			
						Topical Area 8: Student Interview Results			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
			0		6 1 1 1 1	S 126. What kind of support are you currently receiving? a. Learning Support b. Speech/Language Support d. Life Skills Support e. Autistic Support j. Other IEP			
9	1	0	0			S 127. Is this support enough to help you be successful in your school program?			
					6 2 2 0 0	S 128. How satisfied are you with your high school educational program? Very Somewhat A Little Not at All Don't Know			
						S 129. What do you like best about the program? Offer elective classes I picked. Like how not pressured, take my time, very comforting. Individual attention. More help available. Individual attention. Everything Regular ed all day. Reading Teachers There when student needs help. Don't like.			
						S 130. What do you like least about the program? In some cases the music focus trumps education. Nothing. Very satisfied with the program. Student environment. Nothing Nothing Math is hard. Math Not that much to give. Complete work too fast.			
					5 3 0 1 1	S 131. How satisfied are you with your special education supports/services? Very Somewhat A Little Not at All Don't Know			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						S 132. What do you like best about the special education supports/services? Indifferent Helps me understand things I wouldn't otherwise understand. Offer me tutors. Not that many distractions. Support services. Keeps me motivated. Helping me. The class. Has to be given at certain days/time.			
						S 133. What do you like least about the special education supports/services? It takes me out of class so it's a little difficult. Availability of support. Sometimes person not available. Other students taking up time. Student environment. Lack of attention by classmates. Nothing Don't know. Don't know.			
					1 5 3 0 1	S 134. How much time do you spend with students who do not have disabilities? Too Much Enough A Little Not Enough Don't Know			
5	5	0	0			S 135. Do you participate in any extra-curricular activities?			
						S 136. If yes, which ones Choir, plays, talent shows. Sports, computer games. Jr ROTC, Sports. Sports Sports			
						S 137. If no, why not Only offer music related activities that aren't of interest to me. No interest. Going to work. No interest. Likes reading. Nothing			
7	2		1			S 138. Were you invited to participate in the last IEP meeting? Other			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	2		1			S 139. Did you participate in the last IEP meeting? Other			
6	3		1			S 140. Do you have a post secondary transition program? Other			
7	2		1			S 141. Do you have an employment transition program? Other			
6	3		1			S 142. Do you have a community living transition program? Other			
4	4		2			S 143. Did you assist in the development of the transition program? Other			
6	2		2			S 144. Is that transition plan being followed? Other			
8	2		0			S 145. Did you discuss what you would do after graduation or finishing high school? Other			
			0			S 146. Which of the following agencies participate in your IEP development? a. Office of Vocational Rehabilitation e. None g. Don't Know * * *			
1	1		3			S 147. If any agency participated in your IEP did they assist you or provide services? Other			
						S 148. Comments No agency involved. Job site training.			
8	2	0	0			S 149. Do you participate in any activities in the community?			
						S 150. If yes, which ones? A sport activity. Volunteer City U. Library Participant in Rise One program to help/tutor young children. Community employment. After school program. Sports			
						S 151. If no, why not? Looking for work. Don't know.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						S 152. Are there any other agencies that could help you within the community? No Not that I know of. Don't know. Don't know. No Don't know. Volunteers Don't know.			
						Topical Area 9: Other Non-compliance Issues			
						Topical Area 10: Other Improvement Plan Issues			