## 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:
 Pottstown SD

 Superintendent:
 Mr. Stephen J. Rodriguez

Special Education Director/Coordinator:

BSE Special Education Adviser: Carey Zeigler

Date of Report: February 20, 2019

Date Final Report Sent to LEA: February 20, 2019

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	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						1. FSA-ASSISTIVE TECHNOLOGY AND SERVICES			
						<b>Standard:</b> The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP			
Y						<ul> <li>1A. FSA-HEARING AIDS</li> <li>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.</li> </ul>			
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	D K	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			
<u> </u>		V				confidentiality requirements.			
		X				5. FSA-DISPUTE RESOLUTION (DUE PROCESS HEARING DECISION IMPLEMENTATION)			
						<b>Standard:</b> 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         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			
						<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
					4	Always			
					0	Sometimes			
					0	Rarely			
					1	Never			
					1	Don't Know			
					0	Does not Apply			
						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.			
					4	Always			
					0	Sometimes			
					0	Rarely			
					1	Never			
					1	Don't Know			
					0	Does not Apply			
Y						18. FSA-SURROGATE PARENTS (STUDENTS			l l
						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)			
11	0	0				GE 88. Do you receive training regarding how to differentiate			
						instruction and modify the curriculum in your			
						classroom?			
11	0	0				GE 89. Do you receive training regarding how to provide			
						positive behavior supports for students with negative			
						behaviors?			
11	0	0				GE 90. If you have a student with a behavioral need, have you			
						been trained how to deescalate negative and aggressive			
						student behavior?			

Y	Ν	NA	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	1	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	0	3			GE 94. If a student has AT included in his/her current IEP, have you received training in AT, and accessing AT resources?			
12	0	0			SE 124. Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
Y					20. <b>FSA-INTENSIVE INTERAGENCY APPROACH</b> <b>Standard:</b> 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					<ul> <li>21. FSA-SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE/PROCEDURAL SAFEGUARD REQUIREMENTS FOR GRADUATION</li> <li>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</li> </ul>			
	N				21A. TRANSITION REQUIREMENTS Standard: The LEA complies with requirements for transition planning for students.	The LEA has been provided with the names of individual students for whom corrective action is required.		
					Topical Area 2: Delivery of Service			
Y					<ul> <li>9. FSA-FACILITIES USED FOR SPECIAL EDUCATION</li> <li>Standard: The LEA will be in compliance with the facilities requirements</li> </ul>			
					CLASSROOM OBSERVATIONS			
10	0	2	0		CO 8. Is the classroom located within the ebb and flow of school activity?			
11	0	1	0		CO 9. Is the classroom designed for instructional purposes?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						14.       FSA-CASELOAD AND AGE RANGE REQUIREMENTS         Standard: The LEA complies with the caseload and			
						age range requirements			
Y						<ul> <li>FSA-PUBLIC SCHOOL ENROLLMENT</li> <li>Standard: The LEA's percentage of children with disabilities served in special education is comparable to state data.</li> </ul>			
Y						17B.     FSA-PUBLIC SCHOOL ENROLLMENT			
						<b>Standard:</b> 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.			
Y						23. <b>FSA-EDUCATIONAL BENEFIT REVIEW</b> <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			
12	0	0		0		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
12	0	0		0		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
1	0	11		0		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
6	0	5		1		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?			
6	0	5		1		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	3		0		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			
12	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			
						Education Teacher)			
					1	<ul> <li>P 55. My child does classroom work in a regular classroom with students without disabilities.</li> <li>Always</li> </ul>			
					1	Sometimes			
					1	Rarely			
					1	Never Don't Know			
					1	Does not Apply			
						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.			
					4	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					2	Don't Know			
					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.			
					3	Always			
						Sometimes			
					0	Rarely Never			
					1	Don't Know			
					1	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.			
					4	Always			
					0	Sometimes Rarely			
					0	Never			
					1	Don't Know			
					0	Does not Apply			

Y	Ν	NA D	K Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
11	0	0			GE 70. Are you familiar with the content of this student's current IEP, including accommodations, supplementary aids and services, and annual goals?			
11	0	0			GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			
11	0	0			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?			
11	0	0			GE 73. Are you and the special education personnel working collaboratively to implement this student's program?			
11	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	1			GE 80. Is the student making progress within the general education curriculum?			
10	0	1			GE 80a. In your opinion, is this student benefiting from participation in your general education classroom?			
0	0	1			<ul> <li>GE 80b. If yes, in what ways?</li> <li>Provided opportunities in STEM that would not be provided in a small science classroom setting.</li> <li>Receiving instruction in a small science class that allows for STEM activities.</li> <li>Student receives more opportunities to work with students on different academic levels and with same age peers.</li> <li>Socialization</li> <li>Peer interactions.</li> <li>Social skills.</li> <li>Positive modeling.</li> <li>Coping skills.</li> <li>Social skills, positive models.</li> <li>Social interaction, support, small setting.</li> </ul>			
0	0	11			GE 80c. If no, what does this student need that he/she is not receiving in your class?			
8	3	0			GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
11	0	0			GE 85a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	11			GE 85b. If no, what training or support would assist you?			
11	0	0			GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			

Y	Ν	NA	D K	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
11	0	1			SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
6	0	6			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?			
4	2	6			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	8			<ul> <li>SE 95c. If yes, what reasons were discussed for recommending removal?</li> <li>Behavioral supports. Receives specific services. Academic needs. Need for small group in reading and math.</li> </ul>			
0	0	8			<ul> <li>SE 95d. If yes, how was the amount of time that this student would be removed from the general education classroom decided?</li> <li>Based on data and the availability of other supports in place.</li> <li>Recommendations based on data.</li> <li>Recent RR and classroom performance.</li> <li>Each class is 45 minutes, so 90 minutes total.</li> </ul>			
6	0	6			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?			
10	0	2			SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			
10	0	2			SE 97. Have necessary supports been offered and/or provided to enable that participation?			
9	0	3			SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			
10	0	2			SE 100. Are you and general education personnel working together toward meeting the measurable annual goals for this student?			
11	0	1			SE 115. Did the IEP team have available information regarding use of the Supplementary Aids and Services ToolKit?			

		NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
12	0	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			
		Х				5A. FSA-EFFECTIVE USE OF DISPUTE RESOLUTION Standard: The LEA uses dispute resolution processes			
ז	N					<ul><li>for program improvement.</li><li>6. FSA-GRADUATION RATES (SPP)</li></ul>	The LEA will submit an improvement plan		
						Standard: The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate.	to address meeting the SPP target for graduation rates.		
1	N					7. FSA-DROPOUT RATES (SPP)	The LEA will submit an improvement plan to address meeting the SPP target for		
						<b>Standard:</b> The dropout rate of the LEA's students with disabilities is comparable to the state dropout rate.	dropout rates.		
Y						<ul> <li>8A. FSA-SUSPENSION RATES</li> <li>Standard: The LEA's rate of suspensions and expulsions of students with disabilities is comparable to the rate of other LEAs in the state.</li> </ul>			
1	N					<ul> <li>11. FSA-LEAST RESTRICTIVE ENVIRONMENT (SPP)</li> <li>Standard: Students with disabilities are provided for in the least restrictive environment</li> </ul>	The LEA will submit an improvement plan to address meeting the SPP target for students with disabilities served inside the regular classroom 80% or more of the day and those served in other locations.		
Y						16. FSA-PARTICIPATION IN PSSA AND PASA (SPP)			
						<b>Standard:</b> The LEA's population of students who participate in state assessment is comparable with the state data.			
Y						16A. FSA-LOCAL ASSESSMENT			
						Topical Area 4: Evaluation and Reevaluation Process and Content			
						CONSENT AND WAIVER REQUIREMENTS FOR EVALUATION/REEVALUATION			
	0	11				PERMISSION TO EVALUATE (File Reviews)           FR 153.         PTE-Consent Form is present in the student file			

Y	Ν	NA	DK 1	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	11			FR 154. Demographic data			
1	0	11			FR 155. Reason(s) for referral for evaluation			
1	0	11			FR 156. Proposed types of tests and assessments			
1	0	11			FR 157. Contact person's name and contact information			
1	0	11			FR 158. Parent signature or documentation of reasonable efforts to obtain consent			
1	0	11			FR 159. Parent has selected a consent option			
					PERMISSION TO REEVALUATE (File Reviews)			
5	0	7			FR 194. PTRE-Consent Form is present in the student file			
5	0	7			FR 195. Demographic data			
5	0	7			FR 196. Reason for reevaluation			
5	0	7			FR 197. Types of assessment tools, tests and procedures to be used			
5	0	7			FR 198. Contact person's name and contact information			
5	0	7			FR 199. Parent has selected a consent option			
5	0	7			FR 200. Parent signature or documentation of reasonable efforts to obtain consent			
					AGREEMENT TO WAIVE REEVALUATION (File Reviews)			
1	0	11			FR 201. Agreement to Waive Reevaluation is present in the student file			
1	0	11			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)			
1	0	11			FR 203. Reason reevaluation is not necessary at this time is included			
1	0	11			FR 204. Contact person's name and contact information			
1	0	11			FR 205. Parent has selected a consent option			
1	0	11			FR 206. Parent signature			
					EVALUATION REPORT (INITIAL) (File Reviews)			
1	0	11			FR 160. ER is present in the student file			
1	0	11			FR 161. Evaluation was completed within timelines			
1	0	11			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)			
1	0	11			FR 163. Demographic data			
1	0	11			FR 164. Date report was provided to parent			
1	0	11			FR 165. Reason(s) for referral			

Y	Ν	NA DI	6 #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	11	FR 166.	Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
1	0	11	FR 167.	Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
1	0	11	FR 168.	Teacher observations and observations by related service providers, when appropriate			
1	0	11	FR 169.	Recommendations by teachers			
1	0	11	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			
1	0	11	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	12	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)			
1	0	11	FR 173.	Lack of appropriate instruction in reading			
1	0	11	FR 174.	Lack of appropriate instruction in math			
1	0	11	FR 175.	Limited English proficiency			
1	0	11	FR 176.	Present levels of academic achievement			
1	0	11	FR 177.	Present levels of functional performance			
1	0	11	FR 178.	Behavioral information			
1	0	11	FR 179.	Conclusions			
1	0	11	FR 180.	Disability Category			
1	0	11	FR 181.	Recommendations for consideration by the IEP team			
1	0	11	FR 182.	Evaluation Team Participants documented			
0	0	12	FR 183.	For students evaluated for SLD documentation of Agree/Disagree			
0	0	12	FR 184.	Documentation that the student does not achieve adequately for age, etc.			
0	0	12	FR 185.	Indication of process(es) used to determine eligibility			
0	0	12	FR 186.	Instructional strategies used and student-centered data collected			

Y	Ν	NA	DK N O	ot % bs #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	12			FR 187.	Educationally relevant medical findings, if any			
0	0	12			FR 188.	Effects of the student's environment, culture, or economic background			
0	0	12			FR 189.	Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
0	0	12			FR 190.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
0	0	12			FR 191.	Observation in the student's learning environment			
0	0	12			FR 192.	Other data if needed			
0	0	12			FR 193.	Statement for all 6 items indicated to support conclusions of the evaluation team			
					REEVAL	UATION REPORT (File Reviews)			
10	0	2			FR 207.	RR is present in the student file			
10	0	2			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)			
10	0	2			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)			
10	0	2			FR 210.	Demographic data			
10	0	2			FR 211.	Date IEP team reviewed existing evaluation data			
10	0	2			FR 212.	Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
10	0	2			FR 213.	Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
10	0	2			FR 214.	Aptitude and achievement tests			
10	0	2			FR 215.	Current classroom based assessments and local and/or state assessments			
10	0	2			FR 216.	Observations by teacher(s) and related service provider(s) when appropriate			
10	0	2			FR 217.	Teacher recommendations			
10	0	2			FR 218.	Lack of appropriate instruction in reading			

Y	Ν	NA	DK No	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	2		FR 219. Lack of appropriate instruction in math			
10	0	2		FR 220. Limited English proficiency			
10	0	2		FR 221. Conclusion regarding need for additional data is indicated			
5	0	7		FR 222. Reasons additional data are not needed are included			
10	0	2		FR 223. Determination whether the child has a disability and requires special education			
10	0	2		FR 224. Disability category(ies)			
10	0	2		FR 225. Summary of findings includes student's educational strengths and needs			
10	0	2		FR 226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
10	0	2		FR 227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
5	0	7		FR 228. Interpretation of additional data			
1	0	11		FR 229. Documentation that the student does not achieve adequately for age, etc.			
1	0	11		FR 230. Indication of process(es) used to determine eligibility			
1	0	11		FR 231. Instructional strategies used and student-centered data collected			
1	0	11		FR 232. Educationally relevant medical findings, if any			
1	0	11		FR 233. Effects of the student's environment, culture, or economic background			
1	0	11		FR 234. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
1	0	11		FR 235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
1	0	11		FR 236. Observation in the student's learning environment			
1	0	11		FR 237. Other data if needed			
1	0	11		FR 238. Statement for all 6 items			
10	0	2		FR 239. Documentation of Evaluation Team Participants			
2	0	10		FR 240. Documentation that team members Agree/Disagree			
				INTERVIEW RESULTS (Parent & Special Education Teacher)			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	0	0	2			P 24. Have you been asked to provide information for child's evaluation/reevaluation?	r your		
4	0	2	0			P 25. Were you given the opportunity to provide this information in writing or in another way that w for you?			
4	0	2	0			P 26. Was the information you provided to the school your child's evaluation considered in your child Evaluation Report?			
2	1	2	1			P 27. If your child was not reevaluated when require 2 years for children with intellectual disability retardation), or any child placed in an Approve Private School, and every 3 years for children other disabilities) did you agree in writing to w reevaluation?	(consent d vith		
0	5	1	0			P 51. Have you requested an Independent Education: Evaluation (IEE) for your child to be paid for b school?			
0	0	6	0			P 52. If you have obtained an IEE for your child, we results of that evaluation considered by the team			
0	0	6	0			P 53. Were the results of the IEE included in the schere Evaluation Report for your child?	pol's		
4	0	8				SE 119. If this student is not making progress, has he/sl reevaluated and/or has the IEP been reviewed?	ie been		
						Topical Area 5: IEP Process and Content			
						INVITATION TO PARTICIPATE IN IEP TEAM OR OTHER MEETING (File Reviews)			
12	0	0				FR 241. Invitation is present in the student file			
11	0	1				FR 242. Invitation to Participate in the IEP Meeting wa prior to the meeting (or documentation that par signed waiver to move directly to IEP meeting)	ent		
12	0	0				FR 243. Demographic data			
12	0	0				FR 244. Purpose(s) of the meeting			
6	1	5			14%	FR 245. Transition planning and services – Invitation to is checked (age 14, younger if determined appr	opriate)		
3	0	9				FR 246. Transition planning and services - if appropriat evidence that a representative of any participat agency was invited to the IEP team meeting wi prior consent of the parent or student	ng		
6	1	5			14%	FR 247. Transition planning and services – Invitation to is checked (age 14, or younger if determined appropriate)	student		

Y	Ν	NA	DK No Ob		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	2	0		17%	FR 248. Invited IEP team members			
12	0	0			FR 249. Date/time/location of meeting			
12	0	0			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	0	12			FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file			
0	0	12			FR 252. Demographic data			
0	0	12			FR 253. Form designates required IEP team member(s) for whom attendance is not necessary			
0	0	12			FR 254. Form designates which members will submit written input prior to the meeting			
0	0	12			FR 255. Parent written consent is documented			
				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)			
12	0	0			FR 257. IEP is present in the student file			
12	0	0			FR 258.     IEP was completed within timelines			
12	0	0			FR 259. Demographic data			
12	0	0			FR 260. IEP implementation date			
12	0	0			FR 261. Anticipated duration of services and programs			
1	0	11			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)			
12	0	0			FR 263. Parents			
6	1	5		14%	FR 264. Student			
10	1	1		9%	FR 265. General Education Teacher			
12	0	0			FR 266. Special Education Teacher			
12	0	0			FR 267. Local Education Agency Representative			
0	0	12			FR 270. Community Agency Representative			
0	0	12			FR 271. Teacher of the Gifted			
0	0	12			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		elines and Closed sources Date
11	1	0			8%	FR 273. Copy of Procedural Safeguards Notic parent during the school year	e was given to	
						SPECIAL CONSIDERATIONS (File Reviews)		
0	0	12				FR 274. If the student is blind or visually impa description of the instruction in Brail Braille, unless the IEP team determin instruction is not appropriate	le and the use of	
2	0	10				FR 275. If the student is deaf or hard of hearin communication plan	ig, a	
2	0	10				FR 276. If the student has communication nee addressed in the IEP	ds, needs must be	
3	0	9				FR 277. If the student requires assistive technological and/or services, needs must be address		
0	0	12				FR 278. If the student has limited English pro team must consider English as Secon provision of FAPE	-	
4	0	8				FR 279. If the student has behaviors that impe learning or that of others, the IEP inc Behavior Support Plan based on a fur assessment of behavior utilizing posit techniques	ludes a Positive netional	
1	0	11				FR 280. If the student has other special consid addressed in the IEP	lerations, these are	
						PRESENT LEVELS OF ACADEMIC ACHIEV FUNCTIONAL PERFORMANCE (File Review		
12	0	0				FR 281. Student's present levels of academic	achievement	
11	1	0			8%	FR 282. Student's present levels of functional	performance	
10	0	2				FR 283. Present levels related to current posts transition goals (if student is 14, or you determined by IEP team)		
9	3	0			25%	FR 284. Parental concerns for enhancing the e student (if provided by parent to the I		
12	0	0				FR 285. How the student's disability affects in progress in the general education curr		
12	0	0				FR 286. Strengths		i
12	0	0				FR 287. Academic, developmental, and functi to student's disability	onal needs related	
						TRANSITION SERVICES (File Reviews)		
7	0	5				FR 289. Evidence that the measurable postsec were based on age appropriate transit		

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	0	5				that cover	priate measurable postsecondary goal or goals rs education or training, employment, and, as ndependent living			
7	0	5				covers ed	that the postsecondary goal or goals that ucation or training, employment, and, as ndependent living are updated annually			
7	0	5				Anticipat	Frequency, Projected Beginning Date, ed Duration, and Person(s)/Agency ble for Activity/Service			
7	0	5				reasonabl	n services include courses of study that will y enable the student to meet his/her udary goal(s)			
7	0	5					n services in the IEP that will reasonably e student to meet his or her postsecondary			
7	0	5				FR 292c. Annual go services	oals are related to the student's transition			
						PARTICIPATION IN (File Review)	N STATE AND LOCAL ASSESSMENTS			
11	0	1				participat	tation of IEP team decision regarding ion in statewide assessments (PSSA/Keystone CCESS for ELLS, Alternate ACCESS for PASA)			
8	0	4				Exams, de	lent will participate in the PSSA/Keystone ocumentation of IEP team decision regarding ion with or without accommodations			
2	0	10				explanatio	lent will participate in the PASA, an on of why the student cannot participate in the ystone Exams			
2	0	10					lent will participate in the PASA, explanation ASA is appropriate			
2	0	10				FR 297. If the student's	dent will participate in the PASA, how performance will be documented (videotape narrative)			
11	1	0			8%		n of IEP team decision regarding participation ssessments (local or alternate local)			
10	0	2				indication	dent will participate in local assessments, n of IEP team decision regarding participation ithout accommodations			

Y	Ν	NA	lot % Dbs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	12		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	12		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			
12	0	0		ACADEMIC AND FUNCTIONAL GOALS) (File Reviews)			
12		-		FR 302. Measurable Annual Goals			
12	0	0		FR 303. Description of how student progress toward meeting goals will be measured			
12	0	0		FR 304. Description of when periodic reports on progress will be provided to parents			
12	0	0		FR 305. Documentation of progress reporting on Annual Goals			
4	0	8		FR 306. Short Term Objectives			
				SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)			
12	0	0		FR 307. Program Modifications and Specially-Designed Instruction			
12	0	0		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			
12	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			
0	0	12		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			
5	0	7		FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
6	0	6		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	Ν	NA	D K	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
12	0	0			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			
12	0	0			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	12			FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
12	0	0			FR 316. A conclusion regarding student eligibility for ESY			
12	0	0			FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
3	0	9			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			
3	0	9			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)			
12	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			
12	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			
12	0	0			FR 322. Type of support, by amount (itinerant, supplemental, full-time)			
12	0	0			FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
12	0	0			FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
12	0	0			FR 325. Location of student's program (name of School Building where the IEP will be implemented)			
4	0	8			FR 326. If child will not be attending his/her neighborhood school, reason why not			
					PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)			
12	0	0			FR 327. Completed Section A or Section B			
					IEP DEVELOPMENT			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						INTERVIEW RESULTS (Parent & General Education Teacher)			
6	0	0	0			P 28. Were you invited to participate in your child's most recent IEP team meeting?			
6	0	0	0			P 29. Did you participate in developing the current IEP for your child?			
6	0	0	0			P 30. Was the meeting held at a time and location that was convenient for you?			
4	0	2	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?			
6	0	0	0			P 32. Was the input you provided considered in the development of your child's current IEP?			
4	0	0	2			P 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	6	0			P 32b. If no, what training or support would assist you?			
6	0	0	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?			
6	0	0	0			P 35. Was the current IEP developed at the IEP meeting?			
4	0	0	2			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?			
6	0	0	0			P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
0	0	6	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	6	0			P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			
		6	0			P 65. If you did not participate in your child's IEP meeting, what kept you from participating?			
4	2	5				GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
2	2	7				GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
2	0	9				GE 76. Were those recommendations considered by the IEP team?			

Y	Ν	NA	DK	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
11	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	3	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	0		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	0		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?			
11	0	0			GE 81. Are this student's goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
11	0	0			GE 82. Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			
11	0	0			GE 83. Is the current IEP appropriate to meet this student's educational needs?			
12	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?			
12	0	0			SE 102. Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
12	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	2			SE 104. If appropriate, are the student's annual goals based on functional performance?			
12	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?			

Y	Ν	NA	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
12	0	0			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?			
12	0	0			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?			
12	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?			
12	0	0			SE 117. Is this student making progress in meeting the annual goals of his/her current IEP?			
10	0	2			SE 117a. In your opinion, is this student benefiting from participation in the general education classroom?			
0	0	2			<ul> <li>SE 117b. If yes, in what ways?</li> <li>Age appropriate behaviors modeled through peer interaction. Able to receive core curriculum in courses such as science and social studies.</li> <li>Genuine friendships with age appropriate peers.</li> <li>Receiving instruction in the classroom with peers. Has good peer models and is not missing instruction.</li> <li>Social skills.</li> <li>Socialization, curriculum.</li> <li>Socialization, curriculum.</li> <li>Social, handling stress.</li> <li>Academic, social.</li> <li>Access to curriculum, social.</li> <li>Socialization, academically.</li> </ul>			
0	0	12			SE 117c. If no, what does this student need that he/she is not receiving?			
12	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)			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	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?			
6	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 also receive a progress report on my child's IEP goals.			
					6 0	Always Sometimes			
					0	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			
					6	a manner that I understand. Always			
					6 0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
6	0	0	0			P 64. My child is receiving the supports and services agreed upon at the IEP meeting.			
11	0	0				GE 77. If supports for school personnel are included in the student's current IEP, has the LEA provided those supports?			
11	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?			
3	0	8				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?			
3	0	8				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	8				<ul> <li>GE 79c. If yes, what reasons were discussed for recommending removal?</li> <li>Small group instruction for math and reading.</li> <li>Speech services.</li> <li>Needs-smaller setting.</li> </ul>			

Y	Ν	NA D	K Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	8		GE 79d	<ul> <li>If yes, how was the amount of time that this student would be removed from the general education classroom decided?</li> <li>Based on needs and collected data.</li> <li>30 minutes, once every 6 school days.</li> <li>IEP meeting.</li> </ul>			
3	0	8		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?			
6	0	5		GE 84.	If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
11	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?			
12	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?			
12	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?			
12	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?			
12	0	0		SE 111.	If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			
10	0	2		SE 113.	If required, were the testing accommodations included in this student's current IEP implemented?			
12	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?			
12	0	0		SE 120.	Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			

Y	Ν	NA	D K	Not % Obs #		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent & Special Educatio Teacher)	n		
4	0	1	1		P 42. If your child's current IEP includes psychol counseling as a related service, and he/she in these services, including transportation, are provided at no cost to you?	receives		
6	0	0	0		P 43. Was your child's need for extended school y – which means services over the summer of breaks from the regular school calendar - di an IEP meeting?	r during		
6	0	0	0		P 44. Did you receive an explanation of what wor your child eligible for ESY services?	uld make		
6	0	0	0		P 45. Did you agree with the IEP team's conclusi your child's eligibility for ESY services?	on about		
0	0	6	0		P 46. If you did not agree with the decision on ES eligibility, were you given a written notice (NOREP/PWN) explaining that you could a due process hearing?			
5	0	1	0		P 47. If your child was determined to be eligible services, did the IEP team decide upon the services needed for the ESY program?			
10	1	1			SE 121. Was the consideration of ESY eligibility di- during this student's current IEP meeting?	scussed		
6	0	6			SE 122. If this student was determined to be ESY el the IEP team determine what goals and serv needed and include them in the IEP?	-		
1	1	10			SE 122a. At the most recent IEP meeting, did the IEF discuss the development of a plan to transit student back into the school district (or char if student is enrolled in a charter school) wi supplementary aids and services?	ion this rter school		
2	0	10			SE 122b. Are staff from the home district (or charter student is enrolled in a charter school) invo the planning and implementation of this stu program?	lved with		
2	0	10			SE 122c. Does this student go on field trips, attend so functions or participate in extracurricular ac with his/her same age/grade peers who are non-disabled?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	2	10				SE 122d. Does this student need supplementary aids and services to participate in non-academic and/or extra-curricular activities?			
0	0	12				SE 122e. If yes, are needed supplementary aids and services being provided to this student?			
1	1	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)			
5	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	0	0	1			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?			
3	2	0	1			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	3	0			P 50c. If yes, what reasons were discussed for recommending removal? Lack of attention, socialization. Needs Because of challenges.			
0	0	3	0			<ul> <li>P 50d. If yes, how was the amount of time that your child would be removed from the general education classroom decided?</li> <li>Just for the class.</li> <li>IEP team decision.</li> <li>We and the team decided upon the time.</li> </ul>			
4	1	0	1			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?			
4	0	0	2			P 50f. In your opinion, is your child benefiting from participation in the general education classroom?			
0	0	2	0			P 50g. If yes, in what ways? Participation Participation, communication. Socialization Academic			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	6	0			P 50h. If no, what does your child need that he/she is not			
						receiving in the class?	1		
						P 59. I am satisfied with the transition services developed for my child.			
					4	Always			
					1	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					1	Does not Apply			
						P 60. My child is learning skills that will lead to a high			
						school diploma and further education and/or			
					1	employment.			
					4	Always Sometimes			
					0	Rarely			
					0	Never			
					2	Don't Know			
					0	Does not Apply			
9	0	3				SE 116. Were this student's desired post school outcomes			
						considered when the IEP team developed the annual goals?			
9	0	3				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)			
12	0	0				FR 328. NOREP/PWN is present in the student file			
12	0	0				FR 329. Demographic data			
12	0	0				FR 330. Type of action taken			
12	0	0				FR 331. A description of the action proposed or refused by the LEA			
12	0	0				FR 332. An explanation of why the LEA proposed or refused to			
	6					take the action			
12	0	0				FR 333. A description of the other options the IEP team			
						considered and the reason why those options were rejected			
12	0	0	<u> </u>			FR 334. Description of each evaluation procedure, assessment,			
						record or report used as the basis for proposed action			
						or action refused			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
12	0	0				FR 335. Description of other factor(s) relevant to LEA's proposal or refusal			
12	0	0				FR 336. Educational placement recommended (including amount and type)			
12	0	0				FR 337. Signature of school district superintendent or charter school CEO or designee			
12	0	0				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.)			
12	0	0				FR 339. Parent has selected a consent option			
12	0	0				FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			
						INTERVIEW RESULTS (Parent)			
2	0	4	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?			
					5 1 0 0 0	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			
					0	Does not Apply			
						Topical Area 7: Additional Interview Responses			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
					6 0 0 0 0 0	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			
		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
					3	a. modifications			
					3	b. progress reports			
					2	c. staff-aide ratios			
					2	d. staff's knowledge, training			
					2	e. instructional materials			
					1	f. less inclusion			
					3	g. staff open to suggestions, good communication			
					2	h. follow the IEP			
					3	i. support services			
					2	j. student ratios			
					4	k. staff's understanding and attitude			
					1	m. services provided outside neighborhood school			
					1	n. other			
						Middle school had great communication.			
		3	1			P 67. Tell me anything you would like to change about the			
						program.			
					1	g. staff open to suggestions, good communication			
					1	n. other			
						Distance			
		0	0			P 68. The school explains what options parents have if the			
			-			parent disagrees with a decision of the school.			
					2	c. Agree			
					1	e. Strongly disagree			
					2	a. Very strongly agree			
					_	P 69. Additional comments about your child's program.			
						I'm satisfied with the special education program.			
10									<u> </u>
12	0	0				SE 101. Do you hold the required certification to implement			
						this student's program?			
11	1	0				SE 101a. Have you received sufficient training, technical			
						assistance and other support to teach this student?			
0	0	11				SE 101b. If no, what training or support would assist you?			
						Use more training in Mental Health supports for students			
						such as COPE, which is a counseling program for			
						students.			
						Topical Area 8: Other Non-compliance Issues			
						Topical Area 9: Other Improvement Plan Issues			