

Corrective Action Verification/School District 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: **Bethlehem Center School District**

Superintendent: **Dr. Karen Downing**

Special Education Director/Coordinator: **Dr. Chris Warniarski**

BSE Special Education Adviser: **John Machella**

Date of Report: **April 07, 2009** **Reminder: The timelines for corrective action of all non-compliance items may not**

First Visit Date: **August 04, 2008** **exceed ONE YEAR from the Report of Findings Date.**

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				Topical Area: Policies and Procedures				
Y				1a. FSA-ASSISTIVE TECHNOLOGY Standard: The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP.				
Y				1b. FSA-ASSISTIVE TECHNOLOGY- 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-BEHAVIORAL SUPPORT Standard: LEA complies with the behavior support policy requirements.				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
Y				<p>8. FSA-SUSPENSIONS/EXPULSIONS</p> <p>Standard: The LEA adheres to procedural requirements in suspending students with disabilities.</p>				
Y				<p>3. FSA-CHILD FIND</p> <p>Standard: LEA demonstrates compliance with annual public notice requirements.</p>				
Y				<p>4. FSA-CONFIDENTIALITY</p> <p>Standard: The LEA is in compliance with confidentiality requirements.</p>				
Y				<p>9. FSA-FACILITIES</p> <p>Standard: The LEA is in compliance with facilities requirements.</p>				
Y				<p>10. FSA-INDEPENDENT EDUCATIONAL EVALUATION</p> <p>Standard: The LEA documents a procedure for responding to requests made by parents for an independent educational evaluation at public expense.</p>				
Y				<p>18. FSA-SURROGATE PARENTS</p> <p>Standard: The LEA identifies eligible students in need of surrogate parents and recruits, selects, trains, and assigns in a timely manner.</p>				
Y				<p>20. FSA-INTENSIVE INTERAGENCY</p> <p>Standard: The LEA identifies, reports, and provides for the provision of FAPE (free appropriate public education) for all students with disabilities including those students needing intensive interagency approaches.</p>				
				Topical Area: Training				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
Y				<p>14. FSA-TRAINING</p> <p>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.</p>				
	N			<p>19. FSA-TRAINING</p> <p>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.</p>	<p>The school district will provide ongoing training to both staff and parents jointly based on topics of students with disabilities.</p> <p>BSE Advisor will conduct an onsite visit to review documentation such as Agendas and sign in sheets.</p> <p>The evidence of change:</p> <p>Collaboration between parents and teachers with regards to the discipline of students with disabilities</p>	<p>05/30/2009</p> <p>Pattan, IU and school district staff.</p>		04/06/2009
				Topical Area: Evaluation and Reevaluation of Students				
				<p>File Review</p> <p>Report of Results by Frequency Count of Responses</p>	<p>LEA will include the mandated information as required on student documents. PDE will conduct an on-site visit and record review to verify implementation of corrective action.</p>			

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
1	0	9		65. Permission to Evaluate				
1	1	8	50%	65a. Permission to Reevaluate/Agreement to Waive Reevaluation				
1	1	8	50%	66. Initial Evaluation Report				
10	0	0		66a. Reevaluation Report (<i>valid for three years; students identified with a disability of mental retardation valid for two years</i>)				
				PERMISSION TO EVALUATE The following information exists:				
0	0	10		70. Demographic data				
0	0	10		71. Reason(s) for referral for evaluation				
0	0	10		72. Proposed assessment tools, tests, and procedures to be used				
0	0	10		73. Date(s) of proposed evaluation				
0	0	10		74. Contact person				
0	0	10		75. Phone number of contact person				
0	0	10		76. Parent signature				
				PERMISSION TO REEVALUATE/AGREEMENT TO WAIVE REEVALUATION				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
1	0	9		70aa. Demographic data				
0	0	10		71aa. LEA recommended reevaluation is unnecessary at this time				
1	0	9		71bb. Reason for Reevaluation is indicated				
1	0	9		72aa. Proposed assessment tools, tests and procedures to be used				
1	0	9		73aa. Date(s) of proposed reevaluation				
1	0	9		74aa. Contact person				
1	0	9		75aa. Phone number of contact person				
1	0	9		76aa. Parent signature or documentation of reasonable efforts to obtain consent				
				INITIAL EVALUATION REPORT (ER) The following information exists:				
0	0	10		77. Demographic data				
0	0	10		78. Reason(s) for referral				
0	0	10		79. Present levels of academic achievement				
0	0	10		79a. Related developmental needs of the child.				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
0	0	10		80. Evaluation data results of direct intervention. Physical, social, or cultural background information relevant to the child's disability and need for special education.				
0	0	10		81. Current classroom-based assessments and observations, local and/or state assessments and observations by teachers and related service providers.				
0	0	10		82. Evaluations and information provided by the parents of the child (<i>or documentation that the district attempted to obtain parent input</i>).				
0	0	10		83. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions.				
0	0	10		84. Summary of findings/interpretation of aptitude and achievement assessment results.				
0	0	10		85. Involvement and progress in the general education curriculum.				
0	0	10		86. Relevant functional and development evaluation (ecological evaluation if appropriate)				
0	0	10		87. Vocational Technical Education Assessment Results (when appropriate)				
0	0	10		88. Interests, Preferences, Aptitudes (when appropriate)				
0	0	10		89. Functional Behavioral Assessment Results (if appropriate)				
0	0	10		90. Statement regarding students suspected of having a specific learning disability.				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
0	0	10		91. Conclusions - disability determination and need for specially designed instruction (<i>including recommendations regarding special education and related services needed to enable the student to meet the goals and participate as appropriate in the general curriculum.</i>)				
0	0	10		91a. Evaluation Team Participants documented				
0	0	10		91b. For students evaluated for LD documentation of Agree/Disagree				
0	0	10		91c. Documentation that report was provided to parent.				
				REEVALUATION REPORT (RR)				
8	2	0	20%	77aa. Demographic Data	<p>The School district will provide training and guided practice to all special education staff with regards to the demographics</p> <p>BSE Advisor will conduct an onsite visit to review files.</p> <p>Evidence of change:</p> <p>All evaluation reports will include demographics</p>	<p>05/30/2009</p> <p>School district staff</p>		04/06/2009

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
8	2	0	20%	92. Date IEP team reviewed existing evaluation data	<p>The school district will provide training and guided practice with regards to reviewing existing data.</p> <p>BSE Advisor will conduct an onsite visit to review files.</p> <p>Evidence of change:</p> <p>All files will provide information that the IEP team reviewed existing data</p>	<p>05/30/2009</p> <p>Pattan, IU School district staff</p>		04/06/2009
6	2	2	25%	92aa. Summary of Findings/Interpretation of Additional Data	<p>The school district will provide training and guided practice with regards to summary of findings.</p> <p>BSE Advisor will conduct an onsite visit to review files.</p> <p>Evidence of change:</p> <p>All files will provide information with regards to the summary of findings.</p>	<p>05/30/2009</p> <p>Pattan, IU and School District staff</p>		04/06/2009
10	0	0		93. Determination of Need for Additional Data				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
10	0	0		93aa. Conclusion regarding disability determination and continued eligibility for specially designed instruction.				
10	0	0		94aa. Evaluation Team Participants documented				
5	1	4	17%	95aa. For students evaluated for LD documentation of Agree/Disagree				
9	1	0	10%	96aa. Documentation that report was provided to the parent				
				Topical Area: IEP				
				File Review Report of Results by Frequency Count of Responses	LEA will include the mandated information as required on student documents. PDE will conduct an on-site visit and record review to verify implementation of corrective action.			
10	0	0		67. Invitation to Participate in IEP Team Meeting or Meeting				
10	0	0		68. Individualized Education Program <i>(valid for one year) (No more than 30 calendar days from final ER date to complete IEP or no more than 1 year from the date of the last IEP)</i>				
				INDIVIDUALIZED EDUCATION PROGRAM (IEP) The following information exists:				
10	0	0		97. Demographic data Signature				
10	0	0		98. Parent(s) <i>(or documented efforts to have them attend)</i>				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
8	0	2		99. Regular Education Teacher <i>(or documented parent and LEA agreement to participate in another manner or excused)</i>				
10	0	0		100. Special Education Teacher <i>(or documented parent and LEA agreement to participate in another manner or excused)</i>				
10	0	0		101. Local Education Agency Representative <i>(or documented parent and LEA agreement to participate in another manner or excused)</i>				
3	0	7		102. Community Agency Representative <i>(if appropriate for transition planning) (or documented parent and LEA agreement to participate in another manner or excused)</i>				
0	0	10		103. Career/Technical Education Representative <i>(if appropriate) (or documented parent and LEA agreement to participate in another manner or excused)</i>				
5	0	5		104. Student <i>(The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.)</i>				
9	0	1		105. Procedural Safeguards Notice was given during the school year.				
				Part I Special Considerations				
10	0	0		106. Special considerations the IEP team must consider before developing the IEP. Any factors checked must be addressed in the IEP.				
				Part II Present Levels of Academic Achievement and Functional Performance				
10	0	0		107. Student's present levels of academic achievement and functional performance.				
10	0	0		108. How the student's disability affects involvement and progress in the general education curriculum.				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				Part III Annual Goals and Objectives				
10	0	0		109. Annual Goals are Measurable				
3	0	7		110a. Short Term Objectives <i>(Required for children with disabilities who take the alternate assessment aligned to alternate achievement standards - PASA.)</i>				
9	0	1		111. Method of Evaluation of Progress on Annual Goals				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
8	2	0	20%	111a. Indicate when periodic reports on progress will be provided to parents	<p>The school district has currently adopted IEP writer.</p> <p>IEP writer will not let the school district staff close out the document without all of the information being completed.</p> <p>The school district will provide training to all special education staff with regards to periodic reports on progress.</p> <p>BSE Advisor will conduct an onsite visit to review a random sample of files.</p> <p>Evidence of change:</p> <p>All files reviewed to demonstrate that periodic reports will be provided to the parents.</p>	05/30/2009 Pattan, IU and school district staff		04/06/2009
9	1	0	10%	112. Documentation of Progress Reporting on Annual Goals				
				Part IV Special Education/Related Services/Supplementary Aids and Services/Program Modifications				
10	0	0		113. Program Modifications and Specially-Designed Instruction				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
9	0	1		113a. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP?				
10	0	0		113b. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and duration of services are included.				
10	0	0		114. Related Services (<i>if on IEP, includes location, frequency, projected beginning date, and duration of services</i>) (<i>N/A only if related services not required by IEP.</i>)				
9	0	1		114a. 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?				
4	0	6		115. Supports for school personnel provided for the child				
3	0	7		115a. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the child, did the IEP team address those recommendations in development of this IEP?				
3	0	7		115b. If Supports for the child provided for school personnel are included on the IEP, the location, frequency, projected beginning date and duration of services are included.				
10	0	0		116. The IEP contains a statement of the specific ESY services or programs to be provided to the student or documentation that the IEP team considered and discussed ESY.				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
2	0	8		116a. Where ESY services were deemed appropriate, the type, amount, location, frequency, projected beginning date and duration of services are included on the IEP.				
				Part V Participation in State and Local Assessment				
7	0	3		117. Did the IEP team document the team's decision regarding participation in district or state-wide assessment with or without accommodations? <i>(Applicable to statewide assessment of students in grades 3 through 8 and 11 only)</i>				
9	0	1		117a. Did the IEP team document the team's decision regarding participation in local assessment with or without accommodations? <i>(Applicable to those grades in which a local assessment was administered) (If a district administers a local assessment in any grade, the district is required to offer a local alternate assessment)</i>				
1	0	9		118. If the IEP team indicated the student participated in an alternate assessment (PASA for statewide assessments) did they provide an explanation of why?				
				Part VI Least Restrictive Environment				
10	0	0		119. Educational placement				
10	0	0		120. Explanation of the extent, if any, the student will not participate with children without disabilities in the regular class, or in the general education curriculum.				
				Part VII Transition Planning				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				File Review Report of Results by Frequency Count of Responses	LEA will include the mandated information as required on student documents. PDE will conduct an on-site visit and record review to verify implementation of corrective action.			
4	0	6		121. Evidence of age-appropriate transition assessment(s)				
4	0	6		122. Measurable post secondary goals (outcomes) for education or training and employment, and, as needed, independent living.				
4	0	6		122a. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Agency Responsible for Activity/Service identified				
4	0	6		123. Transition activity/services (including courses of study) that focus on improving academic and functional achievement of the child to facilitate their movement from school to post school				
3	0	7		124. Measurable annual goals that will reasonably enable the child to meet the desired post-school goals.				
3	0	7		125. For transition services that are likely to be provided or paid for by other agencies, evidence that representatives of the agency(ies) were invited to attend the IEP meeting				
0	0	10		125a. Summary of student performance was completed. <i>(Required for students who are graduating or aging out)</i>				
				Topical Area: Educational Placement				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
Y				<p>11. FSA-LOCATION OF INTERVENTION - CONTINUUM OF SERVICES</p> <p>Standard-Continuum</p> <p>The LEA’s continuum of special education services support the availability of LRE under 34 CFR Part 300.</p> <p>Standard-Distribution of School-Aged Students</p> <p>Students with disabilities are provided for in the least restrictive environment.</p>				
Y				<p>11a. Provision of Extended School Year (ESY) Services</p>				
Y				<p>11b. Provision of Related Service Including Psychological Counseling</p>				
Y				<p>12. FSA-CASELOAD</p> <p>Standard-School Staffing</p> <p>The LEA complies with the caseload requirements.</p>				
Y				<p>13. FSA-AGE RANGE</p> <p>Standard-School Staffing</p> <p>The LEA complies with the age range requirements.</p>				

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				File Review Report of Results by Frequency Count of Responses	LEA will include the mandated information as required on student documents. PDE will conduct an on-site visit and record review to verify implementation of corrective action.			
10	0	0		69. Notice of Recommended Educational Placement (Presented to parents at IEP meeting, mailed to parents, or documentation of date mailed must be available.)				
10	0	0		69a. All required components of the NOREP are completed and reflective of the student's current educational placement.				
				Parent Interview Report of Results by Frequency Count of Responses				
5	1		17%	39. My child is receiving the supports and services agreed upon at the IEP meeting? Most of the time. Not getting everything that was agreed upon.	PDE provided LEA with the names of individual students for whom individual corrective action must be implemented. The LEA must submit documentation of required corrective action within 30 days.	06/29/2008		06/29/2008

Y	N	NA	% #	Citation	Required Corrective Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				Teacher Interview Report of Results by Frequency Count of Responses				
8	1	0	11%	64. Is the student receiving the supports and services agreed upon in the IEP?	PDE provided LEA with the names of individual students for whom individual corrective action must be implemented. The LEA must submit documentation of required corrective action within 30 days.	06/29/2008		06/29/2008
				Other Non-Compliance Issues				
IMPROVEMENT PLANS - IF NO IS INDICATED AN IMPROVEMENT PLAN IS REQUIRED					Required Action/Evidence of Change			
				Topical Area: Performance Outcomes				
Y				6. FSA-GRADUATION RATES Standard: The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate.				
Y				7. FSA-DROP-OUT RATES Standard: The number of students with disabilities in this LEA who drop out is comparable to the state drop out rates.				
Y				11.1 FSA-LEAST RESTRICTIVE ENVIRONMENT Standard: The LEA demonstrates progress toward the State Performance Plan in the provision of FAPE in the least restrictive environment. 34 CFR 300.600				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
Y				<p>15. FSA-PSSA & PASA (Pennsylvania System of School Assessment; Pennsylvania Alternate System of Assessment) AND DISTRICT WIDE ASSESSMENT</p> <p>Standard: The LEA's population of students who participate in state assessment is comparable with the state data.</p>				
Y				<p>16. FSA-PUBLIC SCHOOL ENROLLMENT</p> <p>Standard: The LEA's percentage of children with disabilities served in special education is comparable to state data.</p>				
				Topical Area: Training				
				<p>Parent Interview Report of Results by Frequency Count of Responses</p>	LEA will review and consider the data responses in their development of the LEA improvement plan.			
				<p>38. My district makes available training related to the needs of students with disabilities that I could attend.</p> <p style="text-align: center;"> Always Most Rarely Never Don't Does Not Time Apply 4 1 0 1 0 0 </p>				
				Topical Area: Evaluation and Reevaluation of Students				
				<p>Parent Interview Report of Results by Frequency Count of Responses</p>	LEA will review and consider the data responses in their development of the LEA improvement plan.			
5	1	0		22. I have been asked to provide information for my child's evaluation/reevaluation.				
				40. If you did not participate in your child's IEP meeting, what kept you from participating?				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
			1	g. other Work				
				41. One thing I really like about my child's special education program is				
			1	a. modifications				
			2	g. staff open to suggestions, good communication				
			1	k. staff's understanding and attitude				
			2	n. other Nothing He is learning.				
				42. One thing I would like to change is				
			6	n. other Nothing Everything More teachers like the one she has. Meetings would be with social worker, teacher & school psychologist. Teachers & principal deal better with exceptional students. Nothing				
				42a. The school explains what options parents have if they disagree with a decision of the school				
			0	a. Very strongly agree				
			2	b. Strongly agree				
			2	c. Agree				
			1	d. Disagree				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
			0	e. Strongly disagree				
			1	f. Very strongly disagree				
				<p>43. Additional comments about child's program:</p> <p>No. Doing a great job.</p> <p>Staff is not trained to work with child. Staff doesn't understand child. Special ed teacher never read IEP until weeks after school started.</p> <p>Teacher needs more training on psychological disabilities. Teacher is very bias & doesn't understand him. Teachers & staff pick on him.</p> <p>No. Not really.</p> <p>Nothing</p>				
				<p>Teacher Interview Report of Results by Frequency Count of Responses</p>	<p>LEA will review and consider the data responses in their development of the LEA improvement plan.</p>			
7	0	0		45. Do you adapt and modify the general education curriculum based on the student's IEP?				
7	0	0		49. Are necessary supplemental aids and services as required in the student's IEP provided to support this student in regular education?				
8	1	0		55. Is the specially-designed instruction in the IEP appropriate to meet this students educational needs?				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
8	1	0		55a. 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 child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?				
7	1	1		55b. 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 child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?				
7	1	1		55c. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the child, did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?				
8	1	0		56. Is this student receiving the type and amount of special education instruction and related services specified on their IEP?				
6	1	2		57. If supports the school personnel were included in the student's IEP, Has the district provided those necessary supports (aids, personnel, resource materials, training, equipment)?				
8	1	0		62. Is the student making progress in meeting the annual goals of their IEP?				
2	1	6		63. If the student is not making progress, has the student been reevaluated or has the IEP been reviewed?				
				Topical Area: Educational Placement				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date											
				FSA-Least Restrictive Environment															
				Parent Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.														
				32. My child does classroom work with students without disabilities. <table border="0"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>5</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	5	0	0	1	0	0			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
5	0	0	1	0	0														
				33. My child participates or has the opportunity to participate in school activities other than classroom work with children without disabilities. <table border="0"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>5</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	5	1	0	0	0	0			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
5	1	0	0	0	0														
				Teacher Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.														
7	0	0		50. Is the student making progress within the general education curriculum?															
8	1	0		59. Was the placement decision made by the IEP team after the annual goals and specially designed instruction and related services were developed?															
				Topical Area: Discipline															
Y				8a. FSA-SUSPENSIONS/EXPULSIONS Standard: The LEA's rate of suspensions and expulsions of students with disabilities is comparable to the rate of other LEAs in the state.															
				Topical Area: Procedural Safeguards															

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date											
4	0	2		25c. My child's IEP includes psychological counseling as a related service, and he/she receives these services, including transportation if needed at no cost to me.															
4	1	1		26. My child's needs for extended school year (ESY) were discussed at an IEP meeting.															
5	0	1		27. I am not charged any cost for the special education and related services included in my child's IEP.															
				31. I am a partner when we plan my child's educational program. <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	6	0	0	0	0	0			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
6	0	0	0	0	0														
				Teacher Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.														
7	0	0		44. Are you familiar with the content of the student's IEP including accommodations and annual goals? <i>NA only if the student's IEP shows no involvement in regular education.</i>															
7	0	0		46. Are you and the special education personnel working together toward meeting measurable annual goals? <i>NA only if the student's IEP shows no involvement in regular education.</i>															
7	0	0		47. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team regarding this student?															
5	0	2		48. If supports for school personnel were included in the student's IEP, has the district provided those necessary supports (aids, resource materials, training, equipment)?															
7	0	2		51. Is this student participating in the regular class and the general education curriculum with children without disabilities to the maximum extent possible?															

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date											
8	1	0		52. Unless otherwise specified in the student's IEP, is the length of this student's instructional day the same as nondisabled students?															
7	1	1		53. Are you and the related service personnel and regular education staff working together toward meeting measurable annual goals?															
8	1	0		54. Do you hold the required certification to implement this students program?															
8	1	0		58. Was it an IEP team decision as to whether the student would participate in the PSSA, PASA, and other district-wide assessments?															
				Topical Area: IEP Implementation															
				Parent Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.														
				34. When all students in the school receive a report card, I also received a progress report on my child's IEP goals. <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	6	0	0	0	0	0			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
6	0	0	0	0	0														
				Topical Area: Secondary Transition															
				Parent Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.														
2	1	3		30. My child is age 16 or older and he/she was invited to participate in transition planning.															

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date											
				<p>35. I am satisfied with the transition services developed for my child.</p> <table border="0"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	3	0	0	0	0	3			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
3	0	0	0	0	3														
				<p>36. My child is learning skills that will lead to a high school diploma or further education or a job.</p> <table border="0"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>5</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	5	0	0	1	0	0			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
5	0	0	1	0	0														
				Teacher Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.														
3	1	5		60. Were the student's desired post school outcomes considered when the IEP team developed the instructional annual goals? (age 16 or older)															
2	1	6		61. Where appropriate, with the consent of the parents, does the school district invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services?															
				Special Education Student Interview	LEA will review and consider the data responses in their development of the LEA improvement plan.														

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
			2 0 0 1 0 0 0 0	126. What kind of support are you currently receiving? a. Learning Support b. Speech/Language Support c. Visual Support d. Life Skills Support e. Autistic Support f. Hearing Impaired Support g. Multi-handicapped Support h. Emotional Support i. Other:				
3	0			127. Is this support enough to help you be successful in your school				
				128. How satisfied are you with your high school educational program? Very Somewhat A little Not at all 1 2 0 0				
				129. What do you like best about the program? Work release. Small classes with individualization. Working on computer.				
				130. What do you like least about the program? Coming to school. More history classes. Nothing				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				<p>131. How satisfied are you with your special education support/service?</p> <p>Very Somewhat A little Not at all</p> <p>3 0 0 0</p>				
				<p>132. What do you like best about the special education support/services?</p> <p>Ability to have time out.</p> <p>Getting extra help.</p> <p>Everything</p>				
				<p>133. What do you like least about the special education support/services?</p> <p>People knowing his business.</p> <p>Not sure.</p> <p>Nothing</p>				
				<p>134. How much time do you spend with students who do not have disabilities?</p> <p>Too Much Enough A little Not at all</p> <p>2 1 0 0</p>				
2	1			<p>135. Do you participate in extra-curricular activities?</p>				
				<p>136. If yes, which ones:</p> <p>Football & wrestling.</p> <p>Basketball</p>				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				137. If no, why not: Not interested.				
2	1			138. Were you invited to participate in the last IEP meeting? Other:				
2	1			139. Did you participate in the last IEP meeting? Other:				
0	3			140. Do you have a post secondary transition program? Other:				
1	2			141. Do you have an employment transition program? Other:				
0	3			142. Do you have a community living transition program? Other:				
0	3			143. Did you assist in the development of the transition program? Other:				
0	3			144. Is that transition program being followed? Other:				
3	0			145. Did you discuss what you would do after graduation or finishing high school? Other:				

Y	N	NA	% #	Citation	Required Action/Evidence of Change	Timelines and Resources	Extension Date	Closed Date
				146. Which of the following agencies participate in your IEP development? 0 a. Office of Vocational Rehabilitation 0 b. County Mental Health/Retardation Service 0 c. Office of Children Youth Agency 0 d. Probation & Parole 3 e. None 0 f. Other Agencies (List)				
0	0		0	147. If any agency participated in your IEP did they assist you or provide services? Other:				
				148. Comments				
1	2			149. Do you participate in any activities in the community?				
				150. If yes, which ones? Church, youth group.				
				151. If no, why not? Don't know. None available.				
				152. Are there any other agencies that could help you within the community? No None No				
				Other Improvement Plan Issues				