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: **Everett Area SD**

Superintendent: **Dr. Danny Webb**

Special Education Director/Coordinator:

BSE Special Education Adviser: **Roxanne Oswald**

Date of Report: **April 20, 2015**

Date Final Report Sent to LEA: **April 20, 2015**

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

First Visit Date:

Y	N	NA	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** **Standard:** The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP			
Y						1A. **FSA-HEARING AIDS** **Standard:** Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. Each public agency must ensure that the external components of surgically implanted medical devices are functioning properly			
Y						2. **FSA-POSITIVE BEHAVIOR SUPPORT** **Standard:** LEA complies with the positive behavior support policy requirements.			
Y						3. **FSA-CHILD FIND** **Standard:** LEA demonstrates compliance with annual public notice requirements.			

Y	N	NA	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 confidentiality requirements.			
		X				5. **FSA-DISPUTE RESOLUTION (DUE PROCESS HEARING DECISION IMPLEMENTATION)** **Standard:** The LEA uses dispute resolution processes for program improvement.			
		X				8. **FSA-PROCEDURAL REQUIREMENTS FOR SUSPENSION** **Standard:** The LEA adheres to procedural requirements in suspending students with disabilities.			
Y						10. **FSA-INDEPENDENT EDUCATIONAL EVALUATION** **Standard:** The LEA documents a procedure for responding to requests made by parents for an independent educational evaluation at public expense.			
Y						11A. **FSA-LEAST RESTRICTIVE ENVIRONMENT** **Standard:** The LEA's continuum of special education services supports the availability of LRE under 34 CFR Part 300.			
Y						12. **FSA-EXTENDED SCHOOL YEAR SERVICES**			
Y						13. **FSA-RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING**			
Y						15. **FSA-PARENT TRAINING** **Standard:** Parent opportunities for training and information sharing address the special knowledge, skills and abilities needed to serve the unique needs of children with disabilities.			
						INTERVIEW RESULTS (Parent)			
						P 62. My school district/charter school makes available training related to the needs of students with disabilities that I could attend.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					2 0 0 0 2 1	Always Sometimes Rarely Never Don't Know 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.			
					1 1 1 0 1 1	Always Sometimes Rarely Never Don't Know Does not Apply			
Y						18. **FSA-SURROGATE PARENTS (STUDENTS REQUIRING)** **Standard:** The LEA identifies eligible students in need of surrogate parents and recruits, selects, trains, and assigns in a timely manner.			
Y						19. **FSA-PERSONNEL TRAINING** **Standard:** In-service training appropriately and adequately prepares and trains personnel to address the special knowledge, skills, and abilities to serve the unique needs of children with disabilities, including those with low incidence disabilities, when applicable.			
						INTERVIEW RESULTS (General & Special Education Teacher)			
9	0	0				GE 88. Do you receive training regarding how to differentiate instruction and modify the curriculum in your classroom?			
9	0	0				GE 89. Do you receive training regarding how to provide positive behavior supports for students with negative behaviors?			
9	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	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	0				GE 91.	Do you participate in determining the kinds of training and technical assistance needed to support students with IEPs in regular education classrooms?			
6	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?			
10	0	0				SE 124.	Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
Y						20.	**FSA-INTENSIVE INTERAGENCY APPROACH** **Standard:** The LEA identifies, reports, and provides for the provision of Free Appropriate Public Education (FAPE) for all students with disabilities including those students needing intensive interagency approaches.			
Y						21.	**FSA-SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE/PROCEDURAL SAFEGUARD REQUIREMENTS FOR GRADUATION** **Standard:** The LEA provides Summary of Academic Achievement and Functional Performance for children whose eligibility terminates due to graduation or aging out. The LEA provides required prior written notice for graduation			
						Topical Area 2: Delivery of Service				
Y						9.	**FSA-FACILITIES USED FOR SPECIAL EDUCATION** **Standard:** The LEA will be in compliance with the facilities requirements			
						CLASSROOM OBSERVATIONS				
16	0	1		0		CO 8.	Is the classroom located within the ebb and flow of school activity?			
16	0	1		0		CO 9.	Is the classroom designed for instructional purposes?			
Y						14.	**FSA-CASELOAD AND AGE RANGE REQUIREMENTS** **Standard:** The LEA complies with the caseload and age range requirements			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						17. **FSA-PUBLIC SCHOOL ENROLLMENT** **Standard:** The LEA's percentage of children with disabilities served in special education is comparable to state data.			
Y						17B. **FSA-PUBLIC SCHOOL ENROLLMENT** **Standard:** Timely provision of FAPE for students who transfer from public agencies within state, and from another state.			
Y						22. **FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION** **Standard:** LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
Y						23. **FSA-EDUCATIONAL BENEFIT REVIEW** **Standard:** The IEP meets procedural compliance and is reasonably calculated to enable the child to advance appropriately toward attaining their annual goals.			
						CLASSROOM OBSERVATIONS			
15	0	0		0		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
14	0	1		0		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
1	0	14		0		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
9	0	6		0		CO 4. If the student is in a regular education setting, is he/she participating in the lesson taught by the general education teacher or a co-teacher?			
9	0	6		0		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			
15	0	0		0		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			
14	0	1		0		CO 7. Does this setting coincide with the student's IEP with regard to the extent to which the student is educated with non-disabled peers?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
						P 55. My child does classroom work in a regular classroom with students without disabilities.			
					3	Always			
					1	Sometimes			
					0	Rarely			
					0	Never			
					0	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			
					1	Never			
					0	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.			
					5	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
						P 56b. There are routine opportunities for my child to interact with peers who are non-disabled that are planned and/or facilitated by school personnel.			
					4	Always			
					0	Sometimes			
					0	Rarely			
					1	Never			
					0	Don't Know			
					0	Does not Apply			
9	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?			
9	0	0				GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	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?			
9	0	0				GE 73. Are you and the special education personnel working collaboratively to implement this student's program?			
9	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?			
9	0	0				GE 80. Is the student making progress within the general education curriculum?			
9	0	0				GE 80a. In your opinion, is this student benefiting from participation in your general education classroom?			
0	0	0				GE 80b. If yes, in what ways? Social interactions, teacher interactions, trust with teacher. Blossomed, becoming independent. Contributes to class, model student, goes above & beyond. Peer interaction group work. Curriculum level - same age peers. Socially, confidence level. Academically the student is growing. Socially, continues to need to be around the other students. Socially - peer interactions. Self-confidence. Academically, socialization.			
0	0	9				GE 80c. If no, what does this student need that he/she is not receiving in your class?			
8	0	1				GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
9	0	0				GE 85a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	9				GE 85b. If no, what training or support would assist you?			
9	0	0				GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			
9	0	1				SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
8	0	2				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?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	2	2				SE 95b. In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	4				SE 95c. If yes, what reasons were discussed for recommending removal? Regular education math stressful. Moved into individual math class - LS kids. Receive more support. Based on need. Meet needs. Academic progress, remedial. Small group & hands on for academics.			
0	0	4				SE 95d. If yes, how was the amount of time that this student would be removed from the general education classroom decided? Stress level, parent driven, teacher input. Academic progress, needs more time. Based on progress data. IEP team. Tests, data, progress monitor. Class periods needed for functional academics.			
8	0	2				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?			
9	0	1				SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			
7	0	3				SE 97. Have necessary supports been offered and/or provided to enable that participation?			
9	0	1				SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			
9	0	1				SE 100. Are you and general education personnel working together toward meeting the measurable annual goals for this student?			
8	0	2				SE 115. Did the IEP team have available information regarding use of the Supplementary Aids and Services ToolKit?			
9	0	1				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?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Topical Area 3: Performance Indicators			
		X				5A. **FSA-EFFECTIVE USE OF DISPUTE RESOLUTION** **Standard:** The LEA uses dispute resolution processes for program improvement.			
Y						6. **FSA-GRADUATION RATES (SPP)** **Standard:** The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate.			
Y						7. **FSA-DROPOUT RATES (SPP)** **Standard:** The dropout rate of the LEA's students with disabilities is comparable to the state dropout rate.			
		X				8A. **FSA-SUSPENSION RATES** **Standard:** The LEA's rate of suspensions and expulsions of students with disabilities is comparable to the rate of other LEAs in the state.			
	N					11. **FSA-LEAST RESTRICTIVE ENVIRONMENT (SPP)** **Standard:** Students with disabilities are provided for in the least restrictive environment	Current data shows the LEA has met the SPP target. An improvement plan is not needed.		
Y						16. **FSA-PARTICIPATION IN PSSA AND PASA (SPP)** **Standard:** The LEA's population of students who participate in state assessment is comparable with the state data.			
Y						16A. **FSA-LOCAL ASSESSMENT**			
						Topical Area 4: Evaluation and Reevaluation Process and Content			
						CONSENT AND WAIVER REQUIREMENTS FOR EVALUATION/REEVALUATION			
						PERMISSION TO EVALUATE (File Reviews)			
0	0	10				FR 153. PTE-Consent Form is present in the student file			
0	0	10				FR 154. Demographic data			
0	0	10				FR 155. Reason(s) for referral for evaluation			
0	0	10				FR 156. Proposed types of tests and assessments			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 157. Contact person's name and contact information			
0	0	10				FR 158. Parent signature or documentation of reasonable efforts to obtain consent			
0	0	10				FR 159. Parent has selected a consent option			
0	0	10				FR 159a. NOREP/Prior Written Notice was issued			
						PERMISSION TO REEVALUATE (File Reviews)			
2	0	8				FR 194. PTRE-Consent Form is present in the student file			
2	0	8				FR 195. Demographic data			
2	0	8				FR 196. Reason for reevaluation			
2	0	8				FR 197. Types of assessment tools, tests and procedures to be used			
2	0	8				FR 198. Contact person's name and contact information			
2	0	8				FR 199. Parent has selected a consent option			
2	0	8				FR 200. Parent signature or documentation of reasonable efforts to obtain consent			
1	1	8			50%	FR 200a. NOREP/Prior Written Notice was issued			
						AGREEMENT TO WAIVE REEVALUATION (File Reviews)			
4	0	6				FR 201. Agreement to Waive Reevaluation is present in the student file			
4	0	6				FR 202. Waiver was completed within required timelines (3 years (2 years for any MR student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR)			
4	0	6				FR 203. Reason reevaluation is not necessary at this time is included			
4	0	6				FR 204. Contact person's name and contact information			
4	0	6				FR 205. Parent has selected a consent option			
4	0	6				FR 206. Parent signature			
						EVALUATION REPORT (INITIAL) (File Reviews)			
0	0	10				FR 160. ER is present in the student file			
0	0	10				FR 161. Evaluation was completed within timelines			
0	0	10				FR 162. A copy of the ER was disseminated to parents at least 10 school days prior to meeting of the IEP team (unless this requirement is waived by parent in writing)			
0	0	10				FR 163. Demographic data			
0	0	10				FR 164. Date report was provided to parent			
0	0	10				FR 165. Reason(s) for referral			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 166. Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
0	0	10				FR 167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
0	0	10				FR 168. Teacher observations and observations by related service providers, when appropriate			
0	0	10				FR 169. Recommendations by teachers			
0	0	10				FR 170. The student's physical condition (including health, vision, hearing); social or cultural background; and adaptive behavior relevant to the student's suspected disability and potential need for special education			
0	0	10				FR 171. Assessments, including when appropriate, current classroom based assessments, aptitude and achievement tests; local and/or state assessments; behavioral assessments; vocational technical education assessment results; interests, preferences, aptitudes (for secondary transition); etc.			
0	0	10				FR 172. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions (including if the assessment was given in the student's native language or other mode of communication)			
0	0	10				FR 173. Lack of appropriate instruction in reading			
0	0	10				FR 174. Lack of appropriate instruction in math			
0	0	10				FR 175. Limited English proficiency			
0	0	10				FR 176. Present levels of academic achievement			
0	0	10				FR 177. Present levels of functional performance			
0	0	10				FR 178. Behavioral information			
0	0	10				FR 179. Conclusions			
0	0	10				FR 180. Disability Category			
0	0	10				FR 181. Recommendations for consideration by the IEP team			
0	0	10				FR 182. Evaluation Team Participants documented			
0	0	10				FR 183. For students evaluated for SLD documentation of Agree/Disagree			
0	0	10				FR 184. Documentation that the student does not achieve adequately for age, etc.			
0	0	10				FR 185. Indication of process(es) used to determine eligibility			
0	0	10				FR 186. Instructional strategies used and student-centered data collected			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 187. Educationally relevant medical findings, if any			
0	0	10				FR 188. Effects of the student's environment, culture, or economic background			
0	0	10				FR 189. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
0	0	10				FR 190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
0	0	10				FR 191. Observation in the student's learning environment			
0	0	10				FR 192. Other data if needed			
0	0	10				FR 193. Statement for all 6 items indicated to support conclusions of the evaluation team			
						REEVALUATION REPORT (File Reviews)			
6	0	4				FR 207. RR is present in the student file			
6	0	4				FR 208. Reevaluation was completed within timelines (either 60 calendar days from the date of LEA receipt of signed PTRE-Consent Form, excluding summer break, or within 3 years (2 years for any MR student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)			
6	0	4				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)			
6	0	4				FR 210. Demographic data			
6	0	4				FR 211. Date IEP team reviewed existing evaluation data			
6	0	4				FR 212. Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
6	0	4				FR 213. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
6	0	4				FR 214. Aptitude and achievement tests			
6	0	4				FR 215. Current classroom based assessments and local and/or state assessments			
6	0	4				FR 216. Observations by teacher(s) and related service provider(s) when appropriate			
6	0	4				FR 217. Teacher recommendations			
6	0	4				FR 218. Lack of appropriate instruction in reading			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	0	4				FR 219. Lack of appropriate instruction in math			
6	0	4				FR 220. Limited English proficiency			
5	0	5				FR 221. Conclusion regarding need for additional data is indicated			
5	0	5				FR 222. Reasons additional data are not needed are included			
6	0	4				FR 223. Determination whether the child has a disability and requires special education			
6	0	4				FR 224. Disability category(ies)			
6	0	4				FR 225. Summary of findings includes student's educational strengths and needs			
6	0	4				FR 226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
6	0	4				FR 227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
1	0	9				FR 228. Interpretation of additional data			
1	0	9				FR 229. Documentation that the student does not achieve adequately for age, etc.			
1	0	9				FR 230. Indication of process(es) used to determine eligibility			
1	0	9				FR 231. Instructional strategies used and student-centered data collected			
1	0	9				FR 232. Educationally relevant medical findings, if any			
1	0	9				FR 233. Effects of the student's environment, culture, or economic background			
1	0	9				FR 234. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
1	0	9				FR 235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
1	0	9				FR 236. Observation in the student's learning environment			
0	0	10				FR 237. Other data if needed			
1	0	9				FR 238. Statement for all 6 items			
6	0	4				FR 239. Documentation of Evaluation Team Participants			
1	0	9				FR 240. Documentation that team members Agree/Disagree			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	0	0			P 24.	Have you been asked to provide information for your child's evaluation/reevaluation?			
5	0	0	0			P 25.	Were you given the opportunity to provide this information in writing or in another way that worked for you?			
5	0	0	0			P 26.	Was the information you provided to the school for your child's evaluation considered in your child's Evaluation Report?			
2	0	1	2			P 27.	If your child was not reevaluated when required (every 2 years for children with mental retardation, or any child placed in an Approved Private School, and every 3 years for children with other disabilities) did you agree in writing to waive the reevaluation?			
0	4	1	0			P 51.	Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?			
0	0	5	0			P 52.	If you have obtained an IEE for your child, were the results of that evaluation considered by the team?			
0	0	5	0			P 53.	Were the results of the IEE included in the school's Evaluation Report for your child?			
2	0	8				SE 119.	If this student is not making progress, has he/she been reevaluated and/or has the IEP been reviewed?			
						Topical Area 5: IEP Process and Content				
						INVITATION TO PARTICIPATE IN IEP TEAM OR OTHER MEETING (File Reviews)				
10	0	0				FR 241.	Invitation is present in the student file			
10	0	0				FR 242.	Invitation to Participate in the IEP Meeting was issued prior to the meeting (or documentation that parent signed waiver to move directly to IEP meeting)			
10	0	0				FR 243.	Demographic data			
10	0	0				FR 244.	Purpose(s) of the meeting			
5	1	4			17%	FR 245.	Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)			
4	0	6				FR 246.	Transition planning and services - if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student			
5	1	4			17%	FR 247.	Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 248. Invited IEP team members			
10	0	0				FR 249. Date/time/location of meeting			
10	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	10				FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file			
0	0	10				FR 252. Demographic data			
0	0	10				FR 253. Form designates IEP team member(s) for whom attendance is not necessary			
0	0	10				FR 254. Form designates which members will submit written input prior to the meeting			
0	0	10				FR 255. Parent written consent is documented			
					0 0 0	FR 256. The team members excused: a. General Education Teacher b. Special Education Teacher c. Local Education Agency Representative			
						IEP CONTENT (File Reviews)			
10	0	0				FR 257. IEP is present in the student file			
9	1	0			10%	FR 258. IEP was completed within timelines			
10	0	0				FR 259. Demographic data			
10	0	0				FR 260. IEP implementation date			
10	0	0				FR 261. Anticipated duration of services and programs			
1	0	9				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)			
10	0	0				FR 263. Parents			
6	0	4				FR 264. Student			
9	0	1				FR 265. General Education Teacher			
10	0	0				FR 266. Special Education Teacher			
10	0	0				FR 267. Local Education Agency Representative			
2	1	7			33%	FR 270. Community Agency Representative			
1	0	9				FR 271. Teacher of the Gifted			
0	0	10				FR 272. Written input provided by IEP team member(s) excused from participating in the IEP meeting if the invitation stated they were to provide written input			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 273. Copy of Procedural Safeguards Notice was given to parent during the school year			
						SPECIAL CONSIDERATIONS (File Reviews)			
0	0	10				FR 274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate			
2	0	8				FR 275. If the student is deaf or hard of hearing, a communication plan			
6	0	4				FR 276. If the student has communication needs, needs must be addressed in the IEP			
2	0	8				FR 277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP			
0	0	10				FR 278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE			
2	0	8				FR 279. If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques			
1	0	9				FR 280. If the student has other special considerations, these are addressed in the IEP			
						PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (File Reviews)			
10	0	0				FR 281. Student's present levels of academic achievement			
10	0	0				FR 282. Student's present levels of functional performance			
7	0	3				FR 283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)			
9	0	1				FR 284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
10	0	0				FR 285. How the student's disability affects involvement and progress in the general education curriculum			
10	0	0				FR 286. Strengths			
10	0	0				FR 287. Academic, developmental, and functional needs related to student's disability			
						TRANSITION SERVICES (File Reviews)			
6	0	4				FR 289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment			

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

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
2	0	8				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			
2	0	8				FR 301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate			
						ANNUAL GOALS AND OBJECTIVES (INCLUDING ACADEMIC AND FUNCTIONAL GOALS) (File Reviews)			
9	1	0			10%	FR 302. Measurable Annual Goals			
10	0	0				FR 303. Description of how student progress toward meeting goals will be measured			
10	0	0				FR 304. Description of when periodic reports on progress will be provided to parents			
10	0	0				FR 305. Documentation of progress reporting on Annual Goals			
3	0	7				FR 306. Short Term Objectives			
						SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)			
10	0	0				FR 307. Program Modifications and Specially-Designed Instruction			
8	0	2				FR 308. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP			
10	0	0				FR 309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
1	0	9				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			
7	1	2			13%	FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
6	0	4				FR 312. If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in development of this IEP			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	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			
5	0	5				FR 314. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommendations in development of this IEP			
1	0	9				FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
10	0	0				FR 316. A conclusion regarding student eligibility for ESY			
9	0	1				FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
1	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			
0	1	9			100%	FR 319. Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services			
						EDUCATIONAL PLACEMENT (File Reviews)			
10	0	0				FR 320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class			
10	0	0				FR 321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum			
10	0	0				FR 322. Type of support, by amount (itinerant, supplemental, full-time)			
10	0	0				FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
10	0	0				FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
10	0	0				FR 325. Location of student's program (name of School Building where the IEP will be implemented)			
3	0	7				FR 326. If child will not be attending his/her neighborhood school, reason why not			
						PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)			
10	0	0				FR 327. Completed Section A or Section B			
						IEP DEVELOPMENT			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						INTERVIEW RESULTS (Parent & General Education Teacher)				
5	0	0	0			P 28.	Were you invited to participate in your child's most recent IEP team meeting?			
5	0	0	0			P 29.	Did you participate in developing the current IEP for your child?			
4	1	0	0			P 30.	Was the meeting held at a time and location that was convenient for you?			
2	0	3	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?			
4	0	1	0			P 32.	Was the input you provided considered in the development of your child's current IEP?			
2	0	2	1			P 32a.	Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	5	0			P 32b.	If no, what training or support would assist you?			
5	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?			
5	0	0	0			P 35.	Was the current IEP developed at the IEP meeting?			
5	0	0	0			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?			
5	0	0	0			P 37.	Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
2	0	3	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?			
1	0	3	1			P 39.	Was written input from the excused IEP team member(s) available to you before the meeting?			
		5	0			P 65.	If you did not participate in your child's IEP meeting, what kept you from participating?			
9	0	0				GE 74.	Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
2	3	4				GE 75.	Did you recommend any needed supports to implement the current IEP for this student?			
2	0	7				GE 76.	Were those recommendations considered by the IEP team?			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	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?			
9	0	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)				
5	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?			
4	0	1	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?			
9	0	0				GE 81.	Are this student's goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
9	0	0				GE 82.	Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			
9	0	0				GE 83.	Is the current IEP appropriate to meet this student's educational needs?			
10	0	0				SE 98.	Unless otherwise specified in the student's IEP, is the length of this student's instructional day the same as nondisabled students?			
10	0	0				SE 102.	Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
10	0	0				SE 103.	Are the student's annual goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
6	0	4				SE 104.	If appropriate, are the student's annual goals based on functional performance?			
9	0	1				SE 106.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	0	3				SE 107. If the student's most recent Evaluation Report contained recommendations for provision of related services, including psychological counseling, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
9	0	1				SE 108. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the student, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
8	0	2				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?			
10	0	0				SE 117. Is this student making progress in meeting the annual goals of his/her current IEP?			
9	0	1				SE 117a. In your opinion, is this student benefiting from participation in the general education classroom?			
0	0	1				SE 117b. If yes, in what ways? Enjoys classes, schedule. Socializing, advanced education. Participates with peers. Peer inclusion. Social/same age peers. Peer social interactions. Socially & academically handles curriculum with learning skills & help from the aide. Social interaction, feels included, exposed to teaching styles & all students. Socialization with peers. Challenged at appropriate academic level.			
0	0	10				SE 117c. If no, what does this student need that he/she is not receiving?			
10	0	0				SE 118. Is the progress on annual goals recorded and reported to the parent based on objective and measurable data?			
						IEP IMPLEMENTATION			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	0	1	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?			
5	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.			
					5	Always			
					0	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 a manner that I understand.			
					4	Always			
					0	Sometimes			
					0	Rarely			
					1	Never			
					0	Don't Know			
					0	Does not Apply			
5	0	0	0			P 64. My child is receiving the supports and services agreed upon at the IEP meeting.			
9	0	0				GE 77. If supports for school personnel are included in the student's current IEP, has the LEA provided those supports?			
9	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?			
6	0	3				GE 79a. In the most recent IEP meeting for this student, did you discuss whether the student could be educated in a general education classroom for the entire school day?			
6	0	3				GE 79b. In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	3				GE 79c. If yes, what reasons were discussed for recommending removal?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Reading level. Requires one on one support. Pulled out for other services. Data monitor articulation. Academics, tests, data. For extra support in reading & math.			
0	0	3				GE 79d. If yes, how was the amount of time that this student would be removed from the general education classroom decided? IEP team decision. IEP team decision. Schedule, not sure. Test scores/data. Progress, standard tests. Team decision.			
7	0	2				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?			
4	0	5				GE 84. If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
9	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?			
10	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?			
10	0	0				SE 109. Is this student receiving the type and amount of special education instruction and related services specified in his/her current IEP?			
10	0	0				SE 110. Was this student's current IEP implemented no later than 10 school days after its completion or no later than the IEP implementation date?			
10	0	0				SE 111. If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	0	2				SE 113.	If required, were the testing accommodations included in this student's current IEP implemented?			
9	0	1				SE 114.	Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
10	0	0				SE 120.	Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			
						PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent & Special Education Teacher)				
2	0	2	1			P 42.	If your child's current IEP includes psychological counseling as a related service, and he/she receives these services, including transportation, are they provided at no cost to you?			
4	0	1	0			P 43.	Was your child's need for extended school year (ESY) – which means services over the summer or during breaks from the regular school calendar - discussed at an IEP meeting?			
2	0	2	1			P 44.	Did you receive an explanation of what would make your child eligible for ESY services?			
3	0	2	0			P 45.	Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
0	0	5	0			P 46.	If you did not agree with the decision on ESY eligibility, were you given a written notice (NOREP/PWN) explaining that you could ask for a due process hearing?			
1	0	4	0			P 47.	If your child was determined to be eligible for ESY services, did the IEP team decide upon the goals and services needed for the ESY program?			
10	0	0				SE 121.	Was the consideration of ESY eligibility discussed during this student's current IEP meeting?			
2	0	8				SE 122.	If this student was determined to be ESY eligible, did the IEP team determine what goals and services were needed and include them in the IEP?			
0	0	10				SE 122a.	At the most recent IEP meeting, did the IEP team discuss the development of a plan to transition this student back into the school district (or charter school if student is enrolled in a charter school) with supplementary aids and services?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	9				SE 122b. Are staff from the home district (or charter school if student is enrolled in a charter school) involved with the planning and implementation of this student program?			
0	0	10				SE 122c. Does this student go on field trips, attend school functions or participate in extracurricular activities with his/her same age/grade peers who are non-disabled?			
1	0	9				SE 122d. Does this student need supplementary aids and services to participate in non-academic and/or extra-curricular activities?			
1	0	9				SE 122e. If yes, are needed supplementary aids and services being provided to this student?			
1	0	9				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)			
2	0	3	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	0			P 50a. In the most recent IEP meeting for your child, did you discuss whether your child could be educated in a general education classroom for the entire school day?			
2	2	1	0			P 50b. In the most recent IEP meeting, did the IEP team recommend removal of your child from the general education classroom for any part of the school day?			
0	0	3	0			P 50c. If yes, what reasons were discussed for recommending removal? For related services one on one. Needed more academic support.			
0	0	3	0			P 50d. If yes, how was the amount of time that your child would be removed from the general education classroom decided? Data team discussion. Based on current needs in academics.			
4	0	1	0			P 50e. In the most recent IEP meeting, did the IEP team discuss whether your child could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
4	0	1	0			P 50f. In your opinion, is your child benefiting from participation in the general education classroom?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	1	0			P 50g. If yes, in what ways? Socially No reason not to, smart, adapts to situation. Grades, socially, honor roll. Benefits from help.			
0	0	5	0			P 50h. If no, what does your child need that he/she is not receiving in the class?			
						P 59. I am satisfied with the transition services developed for my child.			
					2	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					3	Does not Apply			
						P 60. My child is learning skills that will lead to a high school diploma and further education and/or employment.			
					5	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
6	0	4				SE 116. Were this student's desired post school outcomes considered when the IEP team developed the annual goals?			
9	0	1				SE 123. Where appropriate, does the LEA invite a representative of a participating agency that is likely to be responsible for providing or paying for transition services to the IEP meeting?			
						Topical Area 6: NOREP/PWN			
						(File Reviews)			
10	0	0				FR 328. NOREP/PWN is present in the student file			
10	0	0				FR 329. Demographic data			
10	0	0				FR 330. Type of action taken			
10	0	0				FR 331. A description of the action proposed or refused by the LEA			
10	0	0				FR 332. An explanation of why the LEA proposed or refused to take the action			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	4	0			40%	FR 333. A description of the other options the IEP team considered and the reason why those options were rejected			
10	0	0				FR 334. Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused			
9	1	0			10%	FR 335. Description of other factor(s) relevant to LEA's proposal or refusal			
10	0	0				FR 336. Educational placement recommended (including amount and type)			
10	0	0				FR 337. Signature of school district superintendent or charter school CEO or designee			
10	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.)			
10	0	0				FR 339. Parent has selected a consent option			
10	0	0				FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			
						INTERVIEW RESULTS (Parent)			
1	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?			
						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.			
					4	Always			
					1	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
						Topical Area 7: Additional Interview Responses			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
						P 54. I am a partner with school personnel when we plan my child's education program.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					5	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
		1	0			P 66. Tell me anything you really like about your child's special education program.			
					1	c. staff-aide ratios			
					1	d. staff's knowledge, training			
					1	e. instructional materials			
					1	h. follow the IEP			
					2	k. staff's understanding and attitude			
					1	m. services provided outside neighborhood school			
					2	n. other			
						Teacher has been great.			
						Teacher is good role model.			
		3	0			P 67. Tell me anything you would like to change about the program.			
					2	n. other			
						More phone communication from teachers.			
						More related service time.			
		0	0			P 68. The school explains what options parents have if the parent disagrees with a decision of the school.			
					3	a. Very strongly agree			
					2	c. Agree			
						P 69. Additional comments about your child's program. Struggles with regular ed class homework. Concerned that perception is that student only has one friend. Concerned about organization.			
10	0	0				SE 101. Do you hold the required certification to implement this student's program?			
10	0	0				SE 101a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	10				SE 101b. If no, what training or support would assist you?			
						Topical Area 8: Student Interview Results			
			0			S 126. What kind of support are you currently receiving?			
					1	a. Learning Support			
					2	e. Autistic Support			
					1	f. Hearing Impaired Support			
3	0	0	0			S 127. Is this support enough to help you be successful in your school program?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						S 128. How satisfied are you with your high school educational program?			
					1	Very			
					2	Somewhat			
					0	A Little			
					0	Not at All			
					0	Don't Know			
						S 129. What do you like best about the program?			
						S 130. What do you like least about the program?			
						S 131. How satisfied are you with your special education supports/services?			
					2	Very			
					1	Somewhat			
					0	A Little			
					0	Not at All			
					0	Don't Know			
						S 132. What do you like best about the special education supports/services?			
						S 133. What do you like least about the special education supports/services?			
						S 134. How much time do you spend with students who do not have disabilities?			
					0	Too Much			
					3	Enough			
					0	A Little			
					0	Not Enough			
					0	Don't Know			
2	1	0	0			S 135. Do you participate in any extra-curricular activities?			
						S 136. If yes, which ones			
						S 137. If no, why not			
3	0		0			S 138. Were you invited to participate in the last IEP meeting?			
						Other			
3	0		0			S 139. Did you participate in the last IEP meeting?			
						Other			
3	0		0			S 140. Do you have a post secondary transition program?			
						Other			
3	0		0			S 141. Do you have an employment transition program?			
						Other			
2	1		0			S 142. Do you have a community living transition program?			
						Other			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
3	0		0			S 143. Did you assist in the development of the transition program? Other			
3	0		0			S 144. Is that transition plan being followed? Other			
3	0		0			S 145. Did you discuss what you would do after graduation or finishing high school? Other			
			0			S 146. Which of the following agencies participate in your IEP development?			
					*	a. Office of Vocational Rehabilitation			
					*	b. County of Mental Health/Retardation Service			
					*	e. None			
1	0		1			S 147. If any agency participated in your IEP did they assist you or provide services? Other			
						S 148. Comments			
3	0	0	0			S 149. Do you participate in any activities in the community?			
						S 150. If yes, which ones?			
						S 151. If no, why not?			
						S 152. Are there any other agencies that could help you within the community?			
						Topical Area 9: Other Non-compliance Issues			
						Topical Area 10: Other Improvement Plan Issues			