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

This form is designed	ed to serve both as a planning tool and as verifi	eation of completion of corrective action.
School District:	Bethel Park SD	
Superintendent:	Dr. James Walsh	
Special Education I	Director/Coordinator:	
BSE Special Educat	tion Adviser: Cortney Verner	
Date of Report: A	august 02, 2021	
Date Final Report S	Sent to LEA: August 02, 2021	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. <b>FSA-HEARING AIDS</b> Standard: Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. Each public agency must ensure that the external components of surgically implanted medical devices are functioning properly			
	N					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	I	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						4. FSA-CONFIDENTIALITY				
							e a			
						<b>Standard</b> The LEA is in comp confidentiality requirements.	liance with			
<u> </u>		X				5. <b>FSA-DISPUTE RESOLUTIO</b>	N (DUE DDOCESS			
		^				HEARING DECISION IMPI	·			
							,,			
						Standard: The LEA uses disp	ite resolution processes			
						for program improvement.				
		X				8. FSA-PROCEDURAL REQU	REMENTS FOR			
						SUSPENSION				
						Standard: The LEA adheres to	nrocedural			
						requirements in suspending stu				
Y						10. FSA-INDEPENDENT EDUC	ATIONAL			
						<b>EVALUATION</b>				
						<b>Standard:</b> The LEA documen responding to requests made b				
						independent educational evalu				
Y						11A. FSA-LEAST RESTRICTIVE				
						TON ELIST RESTRICTIVE	ENVIRONMENT			
						Standard: The LEA's continu				
						services supports the availabili	ty of LRE under 34 CFR			
	2.7					Part 300.				
	N					12. FSA-EXTENDED SCHOOL				
Y						13. FSA-RELATED SERVICE I				
	N					PSYCHOLOGICAL COUNS	ELING			
	IN					15. <b>FSA-PARENT TRAINING</b>				
						Standard: Parent opportunitie	for training and			
						information sharing address th				
						skills and abilities needed to se				
						children with disabilities.				
						INTERVIEW RESULTS (Parent)				
						P 62. My school district/charter scho				
						training related to the needs of disabilities that I could attend.	students with			
L	I	l			<u> </u>	disabilities that I could attend.				

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					1	Always			
					0	Sometimes Rarely			
					2	Never			
					5	Don't Know			
					0	Does not Apply			
						P 63. My school district/charter school invites parents to			
						trainings that are available to school staff regarding			
						research based best practices, supplementary aids and			
						services, differentiating instruction and modifying the			
						general education curriculum.			
					1	Always			
					0	Sometimes			
					4	Rarely Never			
					3	Don't Know			
					0	Does not Apply			
Y					Ŭ	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)			
8	1	0				GE 88. Do you receive training regarding how to differentiate			
						instruction and modify the curriculum in your			
						classroom?			
7	2	0				GE 89. Do you receive training regarding how to provide			
						positive behavior supports for students with negative			
						behaviors?			
8	1	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
4	5	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?			
7	0	2				GE 94. If a student has AT included in his/her current IEP, have you received training in AT, and accessing AT resources?			
8	1	1				SE 124. Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
	N					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			
Y						21A. TRANSITION REQUIREMENTS  Standard: The LEA complies with requirements for transition planning for students.			
						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			
9	0	1		0		CO 8. Is the classroom located within the ebb and flow of school activity?			
9	0	1		0		CO 9. Is the classroom designed for instructional purposes?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						14. FSA-CASELOAD AND AGE RANGE REQUIREMENTS			
						Standard: The LEA complies with the caseload and age range requirements			
Y						17. FSA-PUBLIC SCHOOL ENROLLMENT			
						<b>Standard:</b> The LEA's percentage of children with disabilities served in special education is comparable to state data.			
Y						17B. FSA-PUBLIC SCHOOL ENROLLMENT			
						<b>Standard:</b> Timely provision of FAPE for students who transfer from public agencies within state, and from another state.			
Y						22. FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION			
						Standard: LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
	N					23. FSA-EDUCATIONAL BENEFIT REVIEW  Standard: The IEP meets procedural compliance and is reasonably calculated to enable the child to advance appropriately toward attaining their annual goals.	The LEA has been provided with the names of individual students for whom corrective action is required within 30 days of the date of this report.		
						CLASSROOM OBSERVATIONS			
0	0	0		0		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
0	0	0		0		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
0	0	0		0		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
0	0	0		0		CO 4. If the student is in a regular education setting, is he/she participating in the lesson taught by the general education teacher or a co-teacher?			
0	0	0		0		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	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?			
0	0	0		0		CO 7. Does this setting coincide with the student's IEP with			
						regard to the extent to which the student is educated			
						with non-disabled peers?			
						INTERVIEW RESULTS (Parent, General & Special			
	<u> </u>					Education Teacher)			
						P 55. My child does classroom work in a regular classroom with students without disabilities.			
	l	l			2	Always			
					6	Sometimes			
					0	Rarely			
					1	Never			
					0	Don't Know			
	1				0	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.			
	İ	İ			7	Always			
					0	Sometimes			
					1	Rarely			
					1	Never			
					$\begin{array}{c} 0 \\ 0 \end{array}$	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.			
	İ	1			6	Always			
					1	Sometimes			
					0	Rarely			
					2	Never			
					0	Don't Know Does not Apply			
	1				U	P 56b. There are routine opportunities for my child to interact			
						with peers who are non-disabled that are planned			
						and/or facilitated by school personnel.			
					6	Always			
					1	Sometimes			
					1	Rarely			
					1	Never			
					0	Don't Know			
			<u> </u>	<u> </u>	U	Does not Apply		<u> </u>	<u> </u>

Y	N	NA	DK No	ot %	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
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?			
8	0	1			GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			
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?  It provides positive influences of the peers and exposure to general education curriculum.  I feel the student is able to adapt to the regular education classroom. There is also a social aspect. The student is benefiting from the general education curriculum.  Benefits from peers by feeling like the student is a part of it.  The supports in the classroom has made it possible for the student to be quite independent.  I feel this has helped the student to build self-advocacy skills and participation.  Peer interaction strengthens social skills, and has broadened self help skills.  Participating regularly and able to perform well with peers in the general education classroom.  Social interactions, rising to the academic challenges are to the student's benefit.  Very social and benefits socially from being in the general education classroom.			
0	0	9			GE 80c. If no, what does this student need that he/she is not receiving in your class?			
8	1	0			GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			

Y	N	NA	Not % Obs #		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	1	0		GE 85a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	8		GE 85b. If no, what training or support would assist you?  Training regarding adaptation and modifying of the general education curriculum would be helpful.			
9	0	0		GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			
10	0	0		SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
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?			
7	1	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	3		SE 95c. If yes, what reasons were discussed for recommending removal?  Required support in specific academic areas.  Thrives benefiting from more specialized direct instruction outside of the general education classroom.  The decision was based on current student needs.  Requires more intense direct instruction.  There is a need for a class time to help support the student within general education core classes.  It was based upon time needed to provide supports in identified areas.  Based on need.			
0	0	3		SE 95d. If yes, how was the amount of time that this student would be removed from the general education classroom decided?  Data collection was used to determine the need for more removal from general education classes.  The data collected and the academic subject matter class times were a part of the decision.  This was an IEP team recommendation.  Requires academic support in identified areas that require removal.  The decision was made based upon data collection and the student's needs.  It was determined based upon related services.  It was decided based on length of the student schedule and class periods.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	1	3				SE 95e. In the most recent IEP meeting, did the IEP team discuss whether this student could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
10	0	0			,	SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			
10	0	0			1	SE 97. Have necessary supports been offered and/or provided to enable that participation?			
8	0	2				SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			
9	0	1			1	SE 100. Are you and general education personnel working together toward meeting the measurable annual goals for this student?			
6	4	0				SE 115. Did the IEP team have available information regarding use of the Supplementary Aids and Services ToolKit?			
8	1	1			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?			
					,	Topical Area 3: Performance Indicators			
Y					·	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. <b>FSA-DROPOUT RATES (SPP) Standard:</b> The dropout rate of the LEA's students with disabilities is comparable to the state dropout rate.			
		X			ļ	8A. FSA-SUSPENSION RATES  Standard: The LEA's rate of suspensions and expulsions of students with disabilities is comparable to the rate of other LEAs in the state.			

Y	N	NA	D K Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
	N			1	FSA-LEAST RESTRICTIVE ENVIRONMENT (SPP)  Standard: Students with disabilities are provided for in the least restrictive environment	The LEA will submit an improvement plan to address meeting the SPP target for students with disabilities served inside the regular classroom 80% or more of the day and students with disabilities served in other locations.		
Y					6. 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				10	6A. FSA-LOCAL ASSESSMENT			
				a	Opical Area 4: Evaluation and Reevaluation Process  nd Content  ONSENT AND WAIVER REQUIREMENTS FOR			
					VALUATION/REEVALUATION			
				P	ERMISSION TO EVALUATE (File Reviews)			
1	0	9		F	R 153. PTE-Consent Form is present in the student file			
1	0	9		F	R 154. Demographic data			
1	0	9		F	R 155. Reason(s) for referral for evaluation			
1	0	9		F	R 156. Proposed types of tests and assessments			
1	0	9		F	R 157. Contact person's name and contact information			
1	0	9		F	R 158. Parent signature or documentation of reasonable efforts to obtain consent			
1	0	9			R 159. Parent has selected a consent option			
				P	ERMISSION TO REEVALUATE (File Reviews)			
5	0	5			R 194. PTRE-Consent Form is present in the student file			
5	0	5		+ +	R 195. Demographic data			
5	0	5		<b>-</b>	R 196. Reason for reevaluation			
5	0	5		F	R 197. Types of assessment tools, tests and procedures to be used			
5	0	5			R 198. Contact person's name and contact information			
5	0	5		F	R 199. Parent has selected a consent option			
5	0	5			R 200. Parent signature or documentation of reasonable efforts to obtain consent			
				A	GREEMENT TO WAIVE REEVALUATION (File Reviews)			
4	0	6		F	R 201. Agreement to Waive Reevaluation is present in the student file			

Y	N	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	0	6				FR 202.	Waiver was completed within required timelines (3 years (2 years for any ID student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR)			
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			
1	3	6			75%	FR 205.	Parent has selected a consent option			
1	3	6			75%	FR 206.	Parent signature			
						EVALUA	TION REPORT (INITIAL) (File Reviews)			
1	0	9				FR 160.	ER is present in the student file			
1	0	9				FR 161.	Evaluation was completed within timelines			
1	0	9				FR 162.	A copy of the ER was disseminated to parents at least 10 school days prior to meeting of the IEP team (unless this requirement is waived by parent in writing)			
1	0	9				FR 163.	Demographic data			
1	0	9				FR 164.	Date report was provided to parent			
1	0	9				FR 165.	Reason(s) for referral			
1	0	9				FR 166.	Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
1	0	9				FR 167.	Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
1	0	9				FR 168.	Teacher observations and observations by related service providers, when appropriate			
1	0	9				FR 169.	Recommendations by teachers			
1	0	9				FR 170.	The student's physical condition (including health, vision, hearing); social or cultural background; and adaptive behavior relevant to the student's suspected disability and potential need for special education			
1	0	9				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.			

Y	N	NA	DK Not Obs	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	9		FR 172. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions (including if the assessment was given in the student's native language or other mode of communication)			
1	0	9		FR 173. Lack of appropriate instruction in reading			
1	0	9		FR 174. Lack of appropriate instruction in math			
1	0	9		FR 175. Limited English proficiency			
1	0	9		FR 176. Present levels of academic achievement			
1	0	9		FR 177. Present levels of functional performance			
1	0	9		FR 178. Behavioral information			
1	0	9		FR 179. Conclusions			
1	0	9		FR 180. Disability Category			
1	0	9		FR 181. Recommendations for consideration by the IEP team			
1	0	9		FR 182. Evaluation Team Participants documented			
0	0	10		FR 183. For students evaluated for SLD documentation of Agree/Disagree			
0	0	10		FR 184. Documentation that the student does not achieve adequately for age, etc.			
0	0	10		FR 185. Indication of process(es) used to determine eligibility			
0	0	10		FR 186. Instructional strategies used and student-centered data collected			
0	0	10		FR 187. Educationally relevant medical findings, if any			
0	0	10		FR 188. Effects of the student's environment, culture, or economic background			
0	0	10		FR 189. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
0	0	10		FR 190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
0	0	10		FR 191. Observation in the student's learning environment			
0	0	10		FR 192. Other data if needed			
0	0	10		FR 193. Statement for all 6 items indicated to support conclusions of the evaluation team			
				REEVALUATION REPORT (File Reviews)			
5	0	5		FR 207. RR is present in the student file			

Y	N	NA		% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	5		FR 208.	Reevaluation was completed within timelines (either 60 calendar days from the date of LEA receipt of signed PTRE-Consent Form, excluding summer break, or within 3 years (2 years for any ID student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)			
5	0	5		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)			
5	0	5		FR 210.	Demographic data			
5	0	5		FR 211.	Date IEP team reviewed existing evaluation data			
5	0	5		FR 212.	Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
5	0	5		FR 213.	Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
5	0	5		FR 214.	Aptitude and achievement tests			
5	0	5		FR 215.	Current classroom based assessments and local and/or state assessments			
5	0	5		FR 216.	Observations by teacher(s) and related service provider(s) when appropriate			
5	0	5		FR 217.	Teacher recommendations			
5	0	5		FR 218.	Lack of appropriate instruction in reading			
5	0	5		FR 219.	Lack of appropriate instruction in math			
5	0	5		FR 220.	Limited English proficiency			
5	0	5		FR 221.	Conclusion regarding need for additional data is indicated			
0	0	10		FR 222.	Reasons additional data are not needed are included			
5	0	5		FR 223.	Determination whether the child has a disability and requires special education			
5	0	5		FR 224.	Disability category(ies)			
5	0	5		FR 225.	Summary of findings includes student's educational strengths and needs			
5	0	5		FR 226.	Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Timelines and Evidence of Change Resources	Closed Date
5	0	5				FR 227. Summary of findings includes recommendation consideration by the IEP team regarding additional modifications to the student's programs		
5	0	5				FR 228. Interpretation of additional data		
0	0	10				FR 229. Documentation that the student does not achie adequately for age, etc.	eve	
0	0	10				FR 230. Indication of process(es) used to determine el	igibility	
0	0	10				FR 231. Instructional strategies used and student-cente collected	ered data	
0	0	10				FR 232. Educationally relevant medical findings, if an	у	
0	0	10				FR 233. Effects of the student's environment, culture, economic background	or	
0	0	10				FR 234. Data demonstrating that regular education ins was delivered by qualified personnel, includir ESL program, if applicable		
0	0	10				FR 235. Data based documentation of repeated assessr achievement at reasonable intervals, which was provided to parents		
0	0	10				FR 236. Observation in the student's learning environment	ment	
0	0	10				FR 237. Other data if needed		
0	0	10				FR 238. Statement for all 6 items		
4	1	5			20%	FR 239. Documentation of Evaluation Team Participan	nts	
0	0	10				FR 240. Documentation that team members Agree/Dis	sagree	
						INTERVIEW RESULTS (Parent & Special Education Teacher)		
8	0	0	1			P 24. Have you been asked to provide information f child's evaluation/reevaluation?	for your	
8	0	1	0			P 25. Were you given the opportunity to provide thi information in writing or in another way that for you?		
8	0	1	0			P 26. Was the information you provided to the scho your child's evaluation considered in your chi Evaluation Report?		
1	0	7	1			P 27. If your child was not reevaluated when require 2 years for children with intellectual disability retardation), or any child placed in an Approve Private School, and every 3 years for children other disabilities) did you agree in writing to vereevaluation?	v (consent red with	

Y	N	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	9	0	0			P 51.	Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?			
0	0	9	0			P 52.	If you have obtained an IEE for your child, were the results of that evaluation considered by the team?			
0	0	9	0			P 53.	Were the results of the IEE included in the school's Evaluation Report for your child?			
1	0	9				SE 119.	If this student is not making progress, has he/she been reevaluated and/or has the IEP been reviewed?			
						Topical A	Area 5: IEP Process and Content			
							ION TO PARTICIPATE IN IEP TEAM OR MEETING (File Reviews)			
10	0	0				FR 241.	Invitation is present in the student file			
9	1	0			10%	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			
9	1	0			10%	FR 244.	Purpose(s) of the meeting			
3	1	6			25%	FR 245.	Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)			
1	3	6			75%	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			
4	0	6				FR 247.	Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)			
10	0	0				FR 248.	Invited IEP team members			
10	0	0				FR 249.	Date/time/location of meeting			
4	6	0			60%	FR 250.	Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation			
						1	CONSENT TO EXCUSE MEMBERS FROM ING 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 required IEP team member(s) for whom attendance is not necessary			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
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			
						FR 256. The team members excused:			
					0	a. General Education Teacher			
					0	b. Special Education Teacher			
					0	c. Local Education Agency Representative  IEP CONTENT (File Reviews)			
10	0	0				FR 257. IEP is present in the student file			
10	0	0				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			
5	0	5				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)			
4	6	0			60%	FR 263. Parents			
3	1	6			25%	FR 264. Student			
5	5	0			50%	FR 265. General Education Teacher			
5	5	0			50%	FR 266. Special Education Teacher			
5	5	0			50%	FR 267. Local Education Agency Representative			
0	0	10				FR 270. Community Agency Representative			
0	0	10				FR 271. Teacher of the Gifted			
0	0	10				FR 272. Written input provided by IEP team member(s) excused from participating in the IEP meeting if the invitation stated they were to provide written input			
6	4	0			40%	FR 273. Copy of Procedural Safeguards Notice was given to parent during the school year			
						SPECIAL CONSIDERATIONS (File Reviews)			
1	0	9				FR 274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate			
1	0	9				FR 275. If the student is deaf or hard of hearing, a communication plan			
5	0	5				FR 276. If the student has communication needs, needs must be addressed in the IEP			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	9			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			
0	0	10			FR 280.	If the student has other special considerations, these are addressed in the IEP			
					l l	T LEVELS OF ACADEMIC ACHIEVEMENT AND ONAL 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			
8	0	2			FR 283.	Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)			
10	0	0			FR 284.	Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
10	0	0			FR 285.	How the student's disability affects involvement and progress in the general education curriculum			
10	0	0			FR 286.	Strengths			
10	0	0			FR 287.	Academic, developmental, and functional needs related to student's disability			
					TRANSIT	TION SERVICES (File Reviews)			
4	0	6			FR 289.	Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment			
4	0	6			FR 290.	An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living			
4	0	6			FR 291.	Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually			
4	0	6			FR 292.	Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service			
4	0	6			FR 292a.	Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	0	6				FR 292b. Transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)			
4	0	6				FR 292c. Annual goals are related to the student's transition services			
						PARTICIPATION IN STATE AND LOCAL ASSESSMENTS (File Review)			
10	0	0				FR 293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLS, Alternate ACCESS for ELLS or PASA)			
4	0	6				FR 294. If the student will participate in the PSSA/Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations			
2	0	8				FR 295. If the student will participate in the PASA, an explanation of why the student cannot participate in the PSSA/Keystone Exams			
2	0	8				FR 296. If the student will participate in the PASA, explanation of why PASA is appropriate			
2	0	8				FR 297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)			
9	1	0			10%	FR 298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)			
7	1	2			13%	FR 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations			
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)			
10	0	0				FR 302. Measurable Annual Goals			
10	0	0				FR 303. Description of how student progress toward meeting goals will be measured			
10	0	0				FR 304. Description of when periodic reports on progress will be provided to parents			
10	0	0				FR 305. Documentation of progress reporting on Annual Goals			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	5				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			
10	0	0				FR 308. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP			
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			
0	1	9			100%	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			
7	1	2			13%	FR 312. If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in development of this IEP			
9	1	0			10%	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			
10	0	0				FR 314. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommendations in development of this IEP			
0	0	10				FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
10	0	0				FR 316. A conclusion regarding student eligibility for ESY			
10	0	0				FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	0	6			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			
4	0	6			FR 319.	Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services			
					EDUCA	ΓΙΟΝΑL 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)			
6	0	4			FR 326.	If child will not be attending his/her neighborhood school, reason why not			
						ATA REPORTING FOR EDUCATIONAL  DNMENT (File Reviews)			
10	0	0			FR 327.	Completed Section A or Section B			
						VELOPMENT			
					INTERV Teacher				
9	0	0	0		P 28.	Were you invited to participate in your child's most recent IEP team meeting?			
9	0	0	0		P 29.	Did you participate in developing the current IEP for your child?			
9	0	0	0		P 30.	Was the meeting held at a time and location that was convenient for you?			
3	0	6	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?			
9	0	0	0		P 32.	Was the input you provided considered in the development of your child's current IEP?			

Y	N	NA	D K	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
6	1	1	1		P 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	8	0		P 32b. If no, what training or support would assist you?  I would like help to understand special education law.			
9	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?			
7	2	0	0		P 35. Was the current IEP developed at the IEP meeting?			
8	1	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?			
8	0	0	1		P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
0	0	9	0		P 38. If required IEP team members (special education teacher, general education teacher, or LEA) did not attend the meeting, did you agree in writing to them not being there?			
0	0	9	0		P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			
		9	0		P 65. If you did not participate in your child's IEP meeting, what kept you from participating?			
8	0	1			GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
5	2	2			GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
5	0	4			GE 76. Were those recommendations considered by the IEP team?			
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?			
8	1	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)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	0	0	2		]	P 40. Did the IEP team consider the recommendations that were made in your child's most recent evaluation, including all recommendations that were made by the evaluation team for special education, related services, and supports for school personnel?			
5	1	2	1		]	P 41. Did the IEP team accept or reject the evaluation team's recommendations for special education, related services, and supports for school personnel for appropriate educational reasons?			
6	2	1			[	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			ĺ	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?			
9	1	0			;	SE 103. Are the student's annual goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
9	0	1			1	SE 104. If appropriate, are the student's annual goals based on functional performance?			
10	0	0			:	SE 106. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
9	0	1			,	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?			

Y	N	NA	D K	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0		SE 108. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the student, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
9	0	1		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? Social interaction is critical and was academically positive. Social interaction with peers. Doing well academically and managing classes well. This assists in helping interaction with peers, confidence building, succeeding with general education curriculum with minimal supports. It has helped to develop great social skills with peer interactions. Very social and really enjoys being with other kids and is succeeding building peer relationships. Works best with peers while receiving supports within the general education classroom. Very social and student performs successfully in the general education classroom. Benefits from peer modeling and it is academically appropriate.			
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)			
9	0	0	0	P 48. Were the special education and related services in your child's current IEP provided within 10 school days of the completion of the IEP?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	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?			
					6 2 0 1 0	P 57. When all students in the school receive a report card, I also receive a progress report on my child's IEP goals.  Always Sometimes Rarely Never Don't Know Does not Apply			
					8 0 0 0 0	P 58. My child's progress is reported to me by the school in a manner that I understand.  Always Sometimes Rarely Never Don't Know Does not Apply			
8	1	0	0		11%	P 64. My child is receiving the supports and services agreed upon at the IEP meeting.  PT is currently suspended due to recent surgery.	PDE provided the 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.		
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?			
3	1	5				GE 79a. In the most recent IEP meeting for this student, did you discuss whether the student could be educated in a general education classroom for the entire school day?			
3	1	5				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	6				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
						There was a need for more direct academic support.  Demonstrates needs that require additional direct support.  There is a need to have more intense one on one instruction in core academic areas.			
0	0	6			GE 79d.	If yes, how was the amount of time that this student would be removed from the general education classroom decided?  The decision was based on academic ability and general education curriculum needs.  The pull out was determined based on needs and student schedule.  The decision was based on data collection regarding the student's needs.			
4	0	5			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?			
1	0	8			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?			
8	0	2			SE 113.	If required, were the testing accommodations included in this student's current IEP implemented?			

Y	N	NA	D K	Not % Obs #		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	1	0			SE 114. Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
10	0	0			SE 120. Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			
					PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent & Special Education Teacher)			
4	0	5	0		P 42. If your child's current IEP includes psychological counseling as a related service, and he/she receives these services, including transportation, are they provided at no cost to you?			
6	2	0	1		P 43. Was your child's need for extended school year (ESY)  – which means services over the summer or during breaks from the regular school calendar - discussed at an IEP meeting?			
6	2	0	1		P 44. Did you receive an explanation of what would make your child eligible for ESY services?			
5	1	2	1		P 45. Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
0	1	8	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?			
2	0	6	1		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?			
4	0	6			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	1	9			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?			
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?			

Y	N	NA	D K	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	9			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)			
4	0	5	0		P 50. If your child is age 14 or older was he/she invited to participate in the IEP meeting for transition planning?			
4	5	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?			
8	1	0	0		P 50b. In the most recent IEP meeting, did the IEP team recommend removal of your child from the general education classroom for any part of the school day?			
0	0	1	0		P 50c. If yes, what reasons were discussed for recommending removal?  My child had a need for more specific instruction and less distractions.  My child needed more help in specific academic areas.  My child has many more intensive needs requiring specific direct instruction out side of the general education classroom.  My child was in need of additional support.  My child required more direct instruction to support needs.  I have a need for a tutorial session related to special education.  The team discussed my child's schedule and when intervention time would work.  It was determined based on need for related services.			
0	0	1	0		P 50d. If yes, how was the amount of time that your child would be removed from the general education classroom decided?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Removal was determined based upon data collected and looking at the academic classes where there are major struggles.  The decision was based on my child's ability level. The decision was based upon team recommendations and my child's needs. It was based upon subject matter. It was recommended by the IEP team. It was based upon data collection. It was determined by the length of periods and times within my child's schedule. The decision was based upon student need.			
4	5	0	0			P 50e. In the most recent IEP meeting, did the IEP team discuss whether your child could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
8	0	1	0			P 50f. In your opinion, is your child benefiting from participation in the general education classroom?			
0	0	1	0			P 50g. If yes, in what ways?  My child is managing well with the curriculum and learning with same-age peers.  My child benefits from having friends and peers and a sense of belonging.  It provides higher expectations, grade level subject matter, non-disabled peer behavior, and overall pace of the classroom.  It is helpful for interacting with peers and gaining self confidence.  My child is able to successfully participate in all general education classes.  It benefits my child to be in a typical learning environment with friends.  The socialization and being with other peers is great to see how other kids are and can learn from them. It is building self confidence and assimilation to what's expected.  Extremely social. being with other kids is important for being part of the class.			
0	0	9	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.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					3	Always			
					0	Sometimes			
					0	Rarely Never			
					0	Don't Know			
					5	Does not Apply			
						P 60. My child is learning skills that will lead to a high			
						school diploma and further education and/or			
		l				employment.			
					5	Always			
					3	Sometimes Rarely			
					1	Never			
					0	Don't Know			
					0	Does not Apply			
4	0	6				SE 116. Were this student's desired post school outcomes			
						considered when the IEP team developed the annual			
						goals?			
3	1	6				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				<u>^</u>			
		<u> </u>				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			
10	0					LEA			
10	0	0				FR 332. An explanation of why the LEA proposed or refused to take the action			
10	0	0				FR 333. A description of the other options the IEP team			
						considered and the reason why those options were			
		ļ				rejected			
10	0	0				FR 334. Description of each evaluation procedure, assessment,			
						record or report used as the basis for proposed action			
10	0					or action refused			
10	0	0				FR 335. Description of other factor(s) relevant to LEA's			
10	0	 				proposal or refusal			
10	0	0				FR 336. Educational placement recommended (including			
						amount and type)			

Y	N	NA	D K	Not Obs	% #	Citation Required Corrective Action Timelines and Closed Evidence of Change Resources Date
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)
0	1	8	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?
					8 0 0 1 0	P 61. If I don't understand my child's educational rights, and I inquire about them, someone from the school takes the time to explain them to me.  Always Sometimes Rarely Never Don't Know Does not Apply
						Topical Area 7: Additional Interview Responses
						INTERVIEW RESULTS (Parent & Special Education Teacher)
					8 1 0 0 0	P 54. I am a partner with school personnel when we plan my child's education program.  Always Sometimes Rarely Never Don't Know Does not Apply
		0	0			P 66. Tell me anything you really like about your child's special education program.

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					2 1 5 1 8 1 1 6 1	a. modifications b. progress reports d. staff's knowledge, training f. less inclusion g. staff open to suggestions, good communication h. follow the IEP j. student ratios k. staff's understanding and attitude l. more inclusion n. other			
		6	0		1 3	P 67. Tell me anything you would like to change about the program.  m. services provided outside neighborhood school n. other			
		0	0		4   4   1	P 68. The school explains what options parents have if the parent disagrees with a decision of the school.  b. Strongly agree c. Agree e. Strongly disagree			
						P 69. Additional comments about your child's program. Remote learning is not working for student. Frustrated with lack of support and unreasonable expectations for students to work independently, especially students with disabilities. Very happy with team approach. Feels student has good support from school. During pandemic, district has been great - but remote learning has been hard on families.  I appreciate how hard the school works for the children. I feel parents have to spend much of their time advocating for their child versus receiving support through partnership.			
10	0	0				SE 101. Do you hold the required certification to implement this student's program?			
10	0	0				SE 101a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	10				SE 101b. If no, what training or support would assist you?  Topical Area 8: Other Non-compliance Issues			
						Topical Area 9: Other Improvement Plan Issues			

Y	N	NA	D K	Not Obs	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					FSA 19A Teacher Survey Results	Based on the results of the teacher survey		
						the LEA will develop an improvement plan		
						to address challenges for professional staff		
						specific to classroom barriers to including		
						students with disabilities in the least		
						restrictive environment including, but not		
						limited to behavior, supplementary aids and		
						services, and co-teaching.		