

Corrective Action Verification/Charter School Compliance Plan - Bureau of Special Education

This form is designed to serve both as a planning tool and as verification of completion of corrective action. It is to be submitted as a tracking document and with a charter school's written request for extensions to due dates for corrective action.

Charter School : **Germantown Settlement CS**

Chief Administrative Officer : **Ms. Cynthia Hart**

Special Education Director/Coordinator:

BSE Special Education Adviser: **Walter Howard**

Date: **April 24, 2007** **Reminder: The timelines for corrective action may not exceed ONE YEAR from the Report of Findings Date.**

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
				Topical Area: Policies and Procedures				
	N			1a. FSA-ASSISTIVE TECHNOLOGY Standard: The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP or, if there are no students receiving this service the charter school has established procedures regarding this requirement.	The LEA has not demonstrated compliance with the requirements under Assistive Technology. The charter school will ensure compliance with the required provisions and PDE will conduct an on-site visit and review of records to verify documentation of corrective action.			
	N			1b. FSA-ASSISTIVE TECHNOLOGY HEARING AIDS Standard: Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly or, if there are no students receiving this service the charter school has established procedures regarding this requirement.	The LEA has not demonstrated compliance with the requirements under Hearing Aid. The district will ensure compliance with the required provisions and PDE will conduct an on-site visit and review of records to verify documentation of corrective action.			

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
	N			3. FSA-CHILD FIND Standard: LEA demonstrates compliance with annual public notice requirements.	The LEA will submit an approved revised/corrected Annual Public Notice policy to PDE.			
Y				4. FSA-CONFIDENTIALITY Standard: The LEA is in full compliance with all aspects of Confidentiality.				
	N			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.	The LEA will submit an approved IEE procedure to PDE.			
	N			18. FSA-SURROGATE PARENTS Standard: The LEA identifies eligible students in need of surrogate parents and recruits, selects, trains, and assigns in a timely manner.	The LEA will implement a PDE approved LEA improvement plan.			
	N			20. FSA-INTENSIVE INTERAGENCY Standard: The LEA identifies, reports, and provides for the provision of FAPE (free appropriate public education) for all students with disabilities including those students needing intensive interagency approaches. (BEC 22 Pa. Code 14.32; 34 CFR 300.550(b)(1) and (2) regarding LRE)				
				Topical Area: Performance Outcomes				
		NA		6. FSA-GRADUATION/DROP-OUT RATES Report of Results Standard: The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate of non-disabled students.				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
		NA		7. DROP-OUT RATES Standard: The LEA's number of students with disabilities who drop out is comparable to the drop out rate of the LEA's regular education students and to the state rates.				
Y				15. FSA-PSSA & PASA Report of Results Standard: The LEA's population of students who participate in an alternate assessment is comparable with the state data. National data indicates only a small number of the total school population will participate in an alternate assessment. (34 CFR 300.138)				
Y				16. FSA-PUBLIC SCHOOL ENROLLMENT Report of Results The LEA's percentage of children with disabilities served in special education is comparable to state data.				
Y				17. FSA-PUBLIC SCHOOL ENROLLMENT Report of Results The LEA's percentage of minority children with disabilities is comparable to the demographic distribution of the LEA.				
				Topical Area: Training				
	N			14. FSA-TRAINING Report of Results 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.				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed																		
	N			19. FSA-TRAINING Report of Results 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. (34 CFR 300.136)	LEA will implement a PDE approved LEA improvement plan.																					
				Parent Interview Report of Results by Frequency Count of Responses 38. My charter school makes available training related to the needs of students with disabilities that I could attend. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Always</td> <td style="text-align: center;">Most</td> <td style="text-align: center;">Rarely</td> <td style="text-align: center;">Never</td> <td style="text-align: center;">Don't</td> <td style="text-align: center;">Does Not</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Time</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Know</td> <td style="text-align: center;">Apply</td> </tr> </table>	Always	Most	Rarely	Never	Don't	Does Not	1	0	0	3	2	0	Time				Know	Apply				
Always	Most	Rarely	Never	Don't	Does Not																					
1	0	0	3	2	0																					
Time				Know	Apply																					
				Topical Area: Evaluation and Reevaluation of Students																						
				File Review Report of Results by Frequency Count of Responses																						
0	2	8	100%	65. Permission to Evaluate	LEA will include the mandated information as required on student documents. PDE will conduct an on-site visit and record to verify implementation of corrective action.																					
3	6	1	67%	65a. Permission to Reevaluate/Agreement to Waive Reevaluation (<i>date parental permission or waiver was received</i>)																						
0	1	9	100%	66. Initial Evaluation																						
1	8	1	89%	66a. Reevaluation Report (<i>valid for three years; students identified with a disability of mental retardation valid for two years</i>)																						
				PERMISSION TO EVALUATE The following information exists:																						

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
0	1	9	100%	70. Demographic data				
0	1	9	100%	71. Reason(s) for referral for evaluation or reevaluation 34 CFR 300.320; 34 CFR 300.321				
0	1	9	100%	72. Proposed assessment tools, tests and procedures to be used				
0	1	9	100%	73. Date(s) of proposed evaluation or reevaluation				
0	1	9	100%	74. Contact person				
0	1	9	100%	75. Phone number of contact person				
0	1	9	100%	76. Parent signature or documentation of date mailed 34 CFR 300.345(d)(1)-(4)				
				Permission to Reevaluate/Agreement to Waive Reevaluation				
7	2	1	22%	70aa. Demographic data				
3	3	4	50%	71aa. LEA recommended reevaluation is unnecessary at this time				
3	3	4	50%	71bb. Reason for Reevaluation is indicated				
3	3	4	50%	72aa. Proposed assessment tools, tests and procedures to be used				
3	3	4	50%	73aa. Date(s) of proposed reevaluation				
3	3	4	50%	74aa. Contact person				
3	3	4	50%	75aa. Phone number of contact person				
3	3	4	50%	76aa. Parent signature or documentation of date mailed				
				INITIAL EVALUATION REPORT (ER) The following information exists				
1	0	9		77. Demographic data				
1	0	9		78. Reason(s) for referral 34 CFR 300.320; 34 CFR 300.321				
1	0	9		79. Present levels of academic achievement				
1	0	9		79a. Related developmental needs of the child.				
1	0	9		80. Evaluation data results of direct intervention. Physical, social, or cultural background information relevant to the child's disability and need for special education.				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
1	0	9		81. Current classroom-based assessments and observations by teachers and related service providers.				
1	0	9		82. Evaluations and information provided by the parents of the child. 34 CFR 300.532(b); 34 CFR 300.533(a)(2)				
				File Review Report of Results by Frequency Count of Responses				
0	0	10		83. If an assessment is not conducted under standard conditions, describe the extent to which it varied from standard conditions.				
1	0	9		84. Summary of findings/interpretation of assessment results/aptitude and achievement levels.				
1	0	9		85. Involvement and progress in the general education curriculum.				
1	0	9		86. Relevant functional and development evaluation (ecological evaluation if appropriate)				
0	0	10		87. Vocational Technical Education Assessment Results (when appropriate)				
0	0	10		88. Interests, Preferences, Aptitudes (when appropriate)				
0	0	10		89. Functional Behavioral Assessment Results (if appropriate)				
1	0	9		90. Statement regarding students suspected of having a specific learning disability.				
1	0	9		91. Conclusions - disability determination and need for specially-designed instruction (Including recommendations regarding special education and related services needed to enable the student to meet the goals and participate as appropriate in the general curriculum.)				
0	1	9	100%	91a. Evaluation Team Participants documented				
0	1	9	100%	91b. For students evaluated for LD documentation of Agree/Disagree				
1	0	9		91c. Documentation that report was provided to parent.				
7	2	1	22%	77aa. Demographic Data				
				File Review Report of Results by Frequency Count of Responses REEVALUATION REPORT				
6	3	1	33%	92. Date IEP team reviewed existing evaluation data				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
2	5	3	71%	92aa. Summary of Findings/Interpretation of Additional Data				
4	4	2	50%	93. Determination of need for additional data				
5	4	1	44%	93aa. Conclusion regarding disability determination and continued eligibility for specially designed				
4	5	1	56%	94aa. Evaluation Team Participants documented				
4	4	2	50%	95aa. For students evaluated for LD documentation of Agree/Disagree				
6	3	1	33%	96aa. Documentation that report was provided to the parent				
				Parent Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.			
6	0	0		22. I have been asked to provide information for my child's evaluation/reevaluation.				
				Topical Area: IEP				
				File Review Report of Results by Frequency Count of Responses	LEA will include the mandated information as required on student documents. PDE will conduct an on-site visit and record review to verify implementation of corrective action.			
3	7	0	70%	67. Invitation to Participate in IEP Team Meeting 34 CFR 300.345				
6	4	0	40%	68. Individualized Education Program (valid for one year) <i>(No more than 30 calendar days from final CER date to complete IEP or no more than 1 year from the date of the last IEP)</i> 34 CFR 300.343				
				INDIVIDUALIZED EDUCATION PROGRAM (IEP) The following information exists:				
10	0	0		97. Demographic data Signatures				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
10	0	0		98. Parent(s) (or documented efforts to have them attend) 34 CFR 300.344(a)(1)				
4	6	0	60%	99. Regular Education Teacher (or documented parent and LEA agreement to participate in another manner or excused) 34 CFR 300.344(a)(2)				
10	0	0		100. Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused) 34 CFR 300.344(a)(3)				
10	0	0		101. Local Education Agency Representative (or documented parent and LEA agreement to participate in another manner or excused) 34 CFR 300.344(a)(4)(i)-(iii)				
0	0	10		102. Community Agency Representative (if appropriate for transition planning) (or documented parent and LEA agreement to participate in another manner or excused) 34 CFR 300.344(a)(3)(i)				
0	0	10		103. Career/ Technical Education Representative (if appropriate) (or documented parent and LEA agreement to participate in another manner or excused)				
0	0	10		104. Student 34 CFR 300.344(a)(7) (The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.)				
10	0	0		105. Procedural Safeguards Notice was given during the school year.				
				Part I Special Considerations				
8	1	1	11%	106. Special considerations the IEP team must consider before developing the IEP. Any factors checked must be addressed in the IEP.				
				Part II Present Levels Of Academic Achievement and Functional Performance				
10	0	0		107. Student's present levels of academic achievement and functional performance				
10	0	0		108. How the student's disability affects involvement and progress in the general education curriculum. 34 CFR 300.347(a)(1)(i)				
				Part III Annual Goals and Objectives				
0	10	0	100%	109. Annual Goals are Measurable 34 CFR 300.347(a)(2)				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
0	0	10		110a. Short Term Objectives <i>(Required for children with disabilities who take the alternate assessment aligned to alternate achievement standards.</i>				
7	3	0	30%	111. Method of Evaluation of Progress on Annual Goals 34 CFR 300.347(a)(7)(i)				
10	0	0		111a. Indicate when periodic reports on progress will be provided to parents.				
0	10	0	100%	112. Documentation of Progress Reporting on Annual Goals 34 CFR 300.347(a)(7)(2)				
				File Review Report of Results by Frequency Count of Responses Part IV Special Education, Related Services & Supplementary Aids and Services/Program Modifications				
6	4	0	40%	113. Program Modifications and Specially-Designed Instruction 34 CFR 300.347(a)(3)				
3	5	2	63%	113a. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP? 34 CFR 300.346(a)(ii)				
6	3	1	33%	113b. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, anticipated initiation and duration of services are included.				
2	2	6	50%	114. Related Services (if on IEP, includes location, frequency, anticipated initiation, and duration of service) 34 CFR 300.347(a)(3) (Check N/A only if related services not required by IEP.)				
1	3	6	75%	114a. If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in development of this IEP? 34 CFR 300.346 (a) (ii)				
0	8	2	100%	115. Supports for school personnel provided for the child 34 CFR 300.347(a)(3)				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
1	6	3	86%	115a. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the child, did the IEP team address those recommendations in development of this IEP? 34 CFR 300.346(a)(ii)				
0	6	4	100%	115b. If Supports for the child provided for school personnel are included on the IEP, the location, frequency, anticipated initiation and duration of services are included.				
4	6	0	60%	116. The IEP contains a statement of the specific ESY services or programs to be provided to the student or documentation that the IEP team considered and discussed ESY. 34 CFR 300.309(2)(3)				
0	1	9	100%	116a. Where ESY services were deemed appropriate, the type, amount, location, frequency, initiation and duration of services are included on the IEP. 34 CFR 300.347 (6)				
				Part V Participation in State and Local Assessment (Participation requirements for PSSA and PASA apply only to Reading, Math - Grades 5 through 8 and 11; Writing – Grades 6, 9 and 11)				
10	0	0		117. Did the IEP team document the team's decision regarding participation in state assessment with or without accommodations?				
10	0	0		117a. Did the IEP team document the team's decision regarding participation in local assessment with or without accommodations?				
0	0	10		118. If the IEP team indicated the student participated in an alternate assessment (PASA for statewide assessments) did they provide an explanation of why? 34 CFR 300.347(a)(5)(i)				
				Part VI Least Restrictive Environment				
10	0	0		119. Educational placement				
6	4	0	40%	120. Explanation of the extent, if any, the student will not participate with children without disabilities in the regular class, or in the general education curriculum. 34 CFR 300.347(a)(3)(ii)				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
				Parent Interview Report of Results by Frequency Count of Responses				
6	0	0		23. I participated or had an opportunity to participate in planning my child's education program				
6	0	0		24. The IEP was developed at the IEP meeting.				
6	0	0		25. The special education teacher, the general education teacher and the charter school representative were all at the IEP meeting or participated as agreed upon by the parent and LEA.				
6	0	0		25a. The IEP team considered the recommendations that were made in my 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	0	1		25b. The IEP team accepted or rejected the evaluation team's recommendations for special education, related services, and supports for school personnel for appropriate educational reasons (cue: vs. for example lack of staff, lack of funds, lack of availability of services).				
3	2	1		25c. My child's IEP includes psychological counseling as a related service, and he/she receives these services, including transportation if needed at no cost to me.				
3	3	0		26. My child's needs for extended school year (ESY) were discussed at an IEP meeting.				
5	1	0		27. I am not charged any cost for the special education and related services included in my child's IEP.				
				Teacher Interview Report of Results by Frequency Count of Responses				
0	1	9		44. Are you familiar with the content of the student's IEP including accommodations and annual goals? Must be Yes or No. Use NA only if the student's IEP shows no involvement in regular education.				
0	1	9		46. Are you and the special education personnel working together toward meeting measurable annual goals? Must be Yes or No. Use NA only if the student's IEP shows no involvement in regular education.				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
1	0	9		47. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team regarding this student?				
1	0	9		48. If supports for school personnel were included in The student's IEP, has the CS provided those necessary supports (aids, resource materials, training, equipment)?				
10	0	0		51. Is this student participating in the regular class and the general education curriculum with children without disabilities to the maximum extent possible?				
10	0	0		52. 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		53. Are you and the related service personnel and regular education staff working together toward meeting measurable annual goals?				
10	0	0		54. Do you hold the required certification to implement this students program?				
10	0	0		58. Was it an IEP team decision as to whether the student would participate in the PSSA or PASA?				
				Topical Area: IEP Implementation				
				Parent Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.			
0	0	6		28. My child transitioned from early intervention to kindergarten without missing any services or supports listed on his/her IEP.				
				34. When all students in the school receive a report card, I also receive a progress report on my child's IEP goals. Always Most Rarely Never Don't Does Not Time Time Know Apply 2 0 0 4 0 0				
6	0	0		39. My child is receiving the supports and services agreed upon at the IEP meeting?				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
				40. If you did not participate in your child's IEP meeting, what kept you from participating?				
				Parent Responses to Provision Services Report of Results by Frequency Count of Responses				
				41. One thing I really like about my child's special education program is				
			1	i. support services				
			2	k. staff's understanding and attitude				
			3	n. Other Everything is good. I am involved in the decision. Parent doesn't like the program.				
				42. One thing I would like to change is				
			1	a. modifications				
			1	b. progress reports				
			4	n. Other I wish they provided transportation. She gets lost. Nothing. Concerned about transition into 7th grade. Student needs more help from special education. Nothing				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
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				<p>43. Additional Comments about child's program:</p> <p>I am very satisfied with program.</p> <p>Would like student to bring more work home. She wants guidance as to placement for next year.</p>				
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				Teacher Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.			
0	1	9		45. Do you adapt and modify the general education curriculum based on the student's IEP?				
1	0	9		49. Are necessary supplemental aids and services as required in the student's IEP provided to support this student in regular education?				
10	0	0		55. Is the specially-designed instruction in the IEP appropriate to meet this student's educational needs?				
10	0	0		55a. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?				
3	0	7		55b. If the student's most recent Evaluation Report contained recommendations for provision of related services, including psychological counseling, did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?				

Y	N	N A	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
4	0	6		55c. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the child, did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?				
10	0	0		56. Is this student receiving the type and amount of special education instruction and related services specified on their IEP?				
7	0	3		57. If supports for school personnel were included in the student's IEP, has the district provided those necessary supports (aids, personnel, resource materials, training, equipment)?				
10	0	0		62. Is the student making progress in meeting the annual goals of their IEP?				
0	0	10		63. If the student is not making progress, has the student been reevaluated or has the IEP been reviewed?				
10	0	0		64. Is the student receiving the supports and services agreed upon in the IEP?				
				Topical Area: Secondary Transition				
				File Review Report of Results by Frequency Count of Responses				
				Part VII Transition Planning (check N/A for all questions in this section only if transition services were not required) The following information exists:				
0	0	10		121. Desired post-school outcomes (employment, post-secondary education training, independent living)				
0	0	10		122. Description of Activity/Service needed to support desired post-school outcomes.				
0	0	10		122a. Location, Frequency, Projected Beginning Date, Duration listed.				
0	0	10		123. Agency responsible				

Y	N	N A	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
0	0	10		124. Documentation of other steps the LEA took to obtain an outside agency's participation in planning transition services when an outside agency that was invited to send a representative to the IEP meeting to plan transition services did not do so 34 CFR 300.344(b)(3)(ii)				
0	0	10		125. If the student is 14 or older, do the student's interests, preferences and aptitudes serve as the basis for the student's Post-Secondary Outcomes and Goals and Objectives in the IEP? 34 CFR 300.29				
0	0	10		125a. Summary of student performance was completed. <i>(Required for students who are graduating or aging out)</i>				
				Parent Interview Report of Results by Frequency Count of Responses	LEA will review and consider the data responses in their development of the LEA improvement plan.			
0	0	6		30. My child is age 16 or older and he/she was invited to participate in transition planning.				
				35. I am satisfied with the transition services developed for my child. Always Most Rarely Never Don't Does Not Time Time Know Apply 0 0 0 0 0 6				
				36. My child is learning skills that will lead to a high school diploma or further education or a job. Always Most Rarely Never Don't Does Not Time Time Know Apply 1 0 1 0 0 4				
				Teacher Interview Report Results by Frequency Count of Responses				
0	0	10		60. Were the student's desired post school outcomes considered when the IEP team developed the instructional annual goals? (age 16 or older)				
0	0	10		61. If a participating agency has ever failed to implement the transition services in the student's IEP, has the district initiated to reconvene an IEP meeting to verify alternative strategies for meeting transition objectives? (age 16 or older)				

Y	N	N A	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
				Topical Area: Educational Placement				
				FSA-Least Restrictive Environment				
				Parent Interview				
				Report of Results by Frequency Count of Responses				
				32. My child does classroom work with students without disabilities.				
				Always Most Rarely Never Don't Does Not Time Time Know Apply				
				0 2 0 2 2 0				
				33. My child participates or has the opportunity to participate in school activities other than classroom work with children without disabilities.				
				Always Most Rarely Never Don't Does Not Time Time Know Apply				
				3 2 0 0 1 0				
				Teacher Interview				
				Report of Results by Frequency Count of Responses				
1	0	9		50. Is the student making progress within the general education curriculum?				
10	0	0		59. Was the placement decision made by the IEP team after the annual goals and specially designed instruction and related services were developed?				
Y				11. FSA-LOCATION OF INTERVENTION-CONTINUUM OF SERVICES				
				Report of Results				
				Standard-School Staffing(Caseload And Age Range)				
				The LEA complies with the Continuum of Services requirements. (22 pa. Code 14.142)				
Y				11a. Provision of Extended School Year (ESY) Services				
Y				11b. Provision of Related Service Including Psychological Counseling				

Y	N	N A	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed																	
				Topical Area: Discipline																					
Y				8. FSA- SUSPENSIONS/EXPULSIONS Report of Results Standard: The number of LEA students with disabilities who are suspended is comparable to the percentage of regular education students who are suspended																					
				Topical Area: Procedural Safeguards																					
	N			5. FSA-DISPUTE RESOLUTION Report of Results Standard: The LEA uses dispute resolution processes for program improvement	The LEA will consider and review the data responses in their development of the LEA improvement plan.																				
				File Review Report of Results by Frequency Count of Responses																					
9	1	0	10%	69. Notice of Recommended Educational Placement (Presented to parents at IEP meeting, mailed to parents, or documentation of date mailed must be available.)																					
				Parent Interview Report of Results by Frequency Count of Responses 37. When I don't understand my child's educational rights, someone from the school takes the time to explain them to me. <table border="0"> <tr> <td>Always</td> <td>Most</td> <td>Rarely</td> <td>Never</td> <td>Don't</td> <td>Does Not</td> </tr> <tr> <td></td> <td>Time</td> <td></td> <td></td> <td>Know</td> <td>Apply</td> </tr> <tr> <td>4</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most	Rarely	Never	Don't	Does Not		Time			Know	Apply	4	1	0	1	0	0			
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4	1	0	1	0	0																				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
				Special Education Student Interview	LEA will review and consider the data responses in their development of the LEA improvement plan.			
			0	126. What kind of support are you currently receiving? a. Learning Support b. Speech/Language Support c. Visual Support d. Life Skills support e. Autistic Support f. Hearing Impaired Support g. Multi-handicapped Support h. Emotional Support Other:				
0	0			127. Is this support enough to help you be successful in your school program?				
				128. How satisfied are you with your high school educational program? Very Somewhat A little Not at All 0 0 0 0				
				129. What do you like best about the program?				
				130. What do you like least about the program?				
				131. How satisfied are you with your special education support/services? Very Somewhat A little Not at All 0 0 0 0				
				132. What do you like best about the special education support/services?				
				133. What do you like least about the special education support/services?				
				134. How much time do you spend with students who do not have disabilities? Too Much Enough A little Not at All 0 0 0 0				
0	0			135. Do you participate in extra-curricular activities?				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
				136. If yes, which ones:				
				137. If no, why not:				
0	0		0	138. Were you invited to participate in the last IEP meeting? Other:				
0	0		0	139. Did you participate in the last IEP meeting? Other:				
0	0		0	140. Do you have a post secondary transition program? Other:				
0	0		0	141. Do you have an employment transition program? Other:				
0	0		0	142. Do you have a community living transition program? Other:				
0	0		0	143. Did you assist in the development of the transition program? Other:				
0	0		0	144. Is that transition program being followed? Other:				
0	0		0	145. Did you discuss what you would do after graduation or finishing high school? Other:				
				146. Which of the following agencies participate in your IEP development? 0 a. Office of Vocational Rehabilitation 0 b. County Mental Health/Retardation Service 0 c. Office of Children Youth Agency 0 d. Probation & Parole 0 e. None 0 f. Other Agencies (List)				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
0	0		0	147. If any agency participated in your IEP did they assist you or provide services? Other:				
				148. Comments:				
0	0			149. Do you participate in any activities in the community?				
				150. If yes, which ones?				
				151. If no, why not?				
				152. Are there any other agencies that could help you within the community?				

Y	N	NA	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Extension Date	Date Closed
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Other Non-Compliance Issues

Improvement Plan Issues
