

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

This form is designed to serve both as a planning tool and as verification of completion of corrective action.

School District: High School Region of Philadelphia

Superintendent: Mr. Michael Silverman

Special Education Director/Coordinator: \_\_\_\_\_

BSE Special Education Adviser: Darnelle Knowlton

Date of Report: August 06, 2010

Date Final Report Sent to LEA: August 06, 2010

**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	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<b>Topical Area 1: Policies, Practices, and Procedures</b>			
Y						1. <b>FSA-ASSISTIVE TECHNOLOGY AND SERVICES</b>  <b>Standard:</b> The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP			
Y						1A. <b>FSA-HEARING AIDS</b>  <b>Standard:</b> 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					2. <b>FSA-POSITIVE BEHAVIOR SUPPORT</b>  <b>Standard:</b> LEA complies with the positive behavior support policy requirements.			
Y						3. <b>FSA-CHILD FIND</b>  <b>Standard:</b> LEA demonstrates compliance with annual public notice requirements.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						4. <b>FSA-CONFIDENTIALITY</b>  <b>Standard</b> The LEA is in compliance with confidentiality requirements.			
Y						5. <b>FSA-DISPUTE RESOLUTION (DUE PROCESS HEARING DECISION IMPLEMENTATION)</b>  <b>Standard:</b> The LEA uses dispute resolution processes for program improvement.			
	N					8. <b>FSA-PROCEDURAL REQUIREMENTS FOR SUSPENSION</b>  <b>Standard:</b> The LEA adheres to procedural requirements in suspending students with disabilities.			
Y						10. <b>FSA-INDEPENDENT EDUCATIONAL EVALUATION</b>  <b>Standard:</b> The LEA documents a procedure for responding to requests made by parents for an independent educational evaluation at public expense.			
	N					11A. <b>FSA-LEAST RESTRICTIVE ENVIRONMENT</b>  <b>Standard:</b> The LEA's continuum of special education services supports the availability of LRE under 34 CFR Part 300.			
	N					12. <b>FSA-EXTENDED SCHOOL YEAR SERVICES</b>			
Y						13. <b>FSA-RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING</b>			
Y						15. <b>FSA-PARENT TRAINING</b>  <b>Standard:</b> Parent opportunities for training and information sharing address the special knowledge, skills and abilities needed to serve the unique needs of children with disabilities.			
						<b>INTERVIEW RESULTS (Parent)</b>			
						P 62. My school district/charter school makes available training related to the needs of students with disabilities that I could attend.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					7 0 3 7 12 1	Always Sometimes Rarely Never Don't Know Does not Apply			
					8 1 3 6 11 1	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.  Always Sometimes Rarely Never Don't Know Does not Apply			
Y						18. <b>FSA-SURROGATE PARENTS (STUDENTS REQUIRING)</b>  <b>Standard:</b> The LEA identifies eligible students in need of surrogate parents and recruits, selects, trains, and assigns in a timely manner.			
Y						19. <b>FSA-PERSONNEL TRAINING</b>  <b>Standard:</b> 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.			
						<b>INTERVIEW RESULTS (General &amp; Special Education Teacher)</b>			
44	6	0				GE 88. Do you receive training regarding how to differentiate instruction and modify the curriculum in your classroom?			
43	6	1				GE 89. Do you receive training regarding how to provide positive behavior supports for students with negative behaviors?			
44	6	0				GE 90. If you have a student with a behavioral need, have you been trained how to deescalate negative and aggressive student behavior?			

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31	17	2				GE 91. Do you participate in determining the kinds of training and technical assistance needed to support students with IEPs in regular education classrooms?			
14	11	25				GE 94. If a student has AT included in his/her current IEP, have you received training in AT, and accessing AT resources?			
50	0	1				SE 124. Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
Y						20. <b>FSA-INTENSIVE INTERAGENCY APPROACH</b>  <b>Standard:</b> The LEA identifies, reports, and provides for the provision of Free Appropriate Public Education (FAPE) for all students with disabilities including those students needing intensive interagency approaches.			
Y						21. <b>FSA-SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE/PROCEDURAL SAFEGUARD REQUIREMENTS FOR GRADUATION</b>  <b>Standard:</b> 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			
						<b>Topical Area 2: Delivery of Service</b>			
	N					9. <b>FSA-FACILITIES USED FOR SPECIAL EDUCATION</b>  <b>Standard:</b> The LEA will be in compliance with the facilities requirements			
						<b>CLASSROOM OBSERVATIONS</b>			
48	0	3		0		CO 8. Is the classroom located within the ebb and flow of school activity?			
48	0	3		0		CO 9. Is the classroom designed for instructional purposes?			
Y						14. <b>FSA-CASELOAD AND AGE RANGE REQUIREMENTS</b>  <b>Standard:</b> The LEA complies with the caseload and age range requirements			

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Y						17. <b>FSA-PUBLIC SCHOOL ENROLLMENT</b>  <b>Standard:</b> The LEA's percentage of children with disabilities served in special education is comparable to state data.			
Y						17B. <b>FSA-PUBLIC SCHOOL ENROLLMENT</b>  <b>Standard:</b> Timely provision of FAPE for students who transfer public agencies within state, and from another state.			
Y						22. <b>FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION</b>  <b>Standard:</b> LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
						<b>CLASSROOM OBSERVATIONS</b>			
40	0	1		3		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
41	0	1		2		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
7	0	35		2		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
25	0	19		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?			
23	0	21		0		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			
20	0	18		6		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			
42	0	2		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?			
						<b>INTERVIEW RESULTS (Parent, General &amp; Special Education Teacher)</b>			
						P 55. My child does classroom work in a regular classroom with students without disabilities.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					14 5 1 6 3 1	Always Sometimes Rarely Never Don't Know Does not Apply			
					19 3 2 3 3 0	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. Always Sometimes Rarely Never Don't Know Does not Apply			
50	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?			
49	0	1				GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			
44	6	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?			
43	5	2				GE 73. Are you and the special education personnel working collaboratively to implement this student's program?			
45	1	4				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?			
49	1	0				GE 80. Is the student making progress within the general education curriculum?			
47	2	1				GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
43	3	4				GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			
50	0	1				SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
51	0	0				SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
51	0	0				SE 97. Have necessary supports been offered and/or provided to enable that participation?			
47	0	4				SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			
51	0	0				SE 100. Are you and general education personnel working together toward meeting the measurable annual goals for this student?			
48	1	2				SE 115. Did the IEP team have available information regarding use of the Supplementary Aids and Services ToolKit?			
49	0	2				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?			
						<b>Topical Area 3: Performance Indicators</b>			
Y						5A. <b>FSA-EFFECTIVE USE OF DISPUTE RESOLUTION</b>  <b>Standard:</b> The LEA uses dispute resolution processes for program improvement.			
	N					6. <b>FSA-GRADUATION RATES (SPP)</b>  <b>Standard:</b> The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate.	SD currently has a graduation improvement plan.		
	N					7. <b>FSA-DROPOUT RATES (SPP)</b>  <b>Standard:</b> The dropout rate of the LEA's students with disabilities is comparable to the state dropout rate.	SD currently has a drop out improvement plan.		
	N					8A. <b>FSA-SUSPENSION RATES</b>  <b>Standard:</b> The LEA's rate of suspensions and expulsions of students with disabilities is comparable to the rate of other LEAs in the state.	SD currently has a suspension and expulsion improvement plan.		
	N					11. <b>FSA-LEAST RESTRICTIVE ENVIRONMENT (SPP)</b>  <b>Standard:</b> Students with disabilities are provided for in the least restrictive environment	SD currently has an LRE improvement plan.		

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Y						16. <b>FSA-PARTICIPATION IN PSSA AND PASA (SPP)</b>  <b>Standard:</b> The LEA's population of students who participate in state assessment is comparable with the state data.			
Y						16A. <b>FSA-DISTRICT-WIDE ASSESSMENT</b>			
						<b>Topical Area 4: Evaluation and Reevaluation Process and Content</b>			
						<b>CONSENT AND WAIVER REQUIREMENTS FOR EVALUATION/REEVALUATION</b>			
						<b>PERMISSION TO EVALUATE (File Reviews)</b>			
2	0	49				FR 153. PTE-Consent Form is present in the student file			
1	1	49			50%	FR 154. Demographic data			
2	0	49				FR 155. Reason(s) for referral for evaluation			
2	0	49				FR 156. Proposed types of tests and assessments			
1	1	49			50%	FR 157. Parent signature or documentation of reasonable efforts to obtain consent			
2	0	49				FR 158. Parent signature or documentation of reasonable efforts to obtain consent			
2	0	49				FR 159. Parent has selected a consent option			
						<b>PERMISSION TO REEVALUATE (File Reviews)</b>			
28	9	14			24%	FR 194. PTRE-Consent Form is present in the student file			
26	2	23			7%	FR 195. Demographic data			
28	0	23				FR 196. Reason for reevaluation			
26	2	23			7%	FR 197. Types of assessment tools, tests and procedures to be used			
26	2	23			7%	FR 198. Contact person's name and contact information			
19	9	23			32%	FR 199. Parent has selected a consent option			
22	6	23			21%	FR 200. Parent signature or documentation of reasonable efforts to obtain consent			
						<b>AGREEMENT TO WAIVE REEVALUATION (File Reviews)</b>			
10	0	41				FR 201. Agreement to Waive Reevaluation is present in the student file			
9	1	41			10%	FR 202. Waiver was completed within required timelines			
10	0	41				FR 203. Reason reevaluation is not necessary at this time is included			
10	0	41				FR 204. Contact person's name and contact information			
8	2	41			20%	FR 205. Parent has selected a consent option			



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9	1	41			10%	FR 206. Parent signature			
						<b>EVALUATION REPORT (INITIAL) (File Reviews)</b>			
2	0	49				FR 160. ER is present in the student file			
2	0	49				FR 161. Evaluation was completed within timelines			
2	0	49				FR 162. A copy of the ER was disseminated to parents at least 10 school days prior to meeting of the IEP team (unless this requirement is waived by parent in writing)			
0	2	49			100%	FR 163. Demographic data			
1	1	49			50%	FR 164. Date report was provided to parent			
2	0	49				FR 165. Reason(s) for referral			
2	0	49				FR 166. Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
2	0	49				FR 167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
2	0	49				FR 168. Teacher observations and observations by related service providers, when appropriate			
2	0	49				FR 169. Recommendations by teachers			
2	0	49				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			
2	0	49				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.			
1	0	50				FR 172. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions (including if the assessment was given in the student's native language or other mode of communication)			
0	0	51				FR 173. Lack of appropriate instruction in reading			
0	0	51				FR 174. Lack of appropriate instruction in math			
0	0	51				FR 175. Limited English proficiency			
2	0	49				FR 176. Present levels of academic achievement			
1	0	50				FR 177. Present levels of functional performance			
1	0	50				FR 178. Behavioral information			
1	1	49			50%	FR 179. Conclusions			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
2	0	49				FR 180. Disability Category			
2	0	49				FR 181. Recommendations for consideration by the IEP team			
2	0	49				FR 182. Evaluation Team Participants documented			
2	0	49				FR 183. For students evaluated for SLD documentation of Agree/Disagree			
2	0	49				FR 184. Documentation that the student does not achieve adequately for age, etc.			
2	0	49				FR 185. Indication of process(es) used to determine eligibility			
2	0	49				FR 186. Instructional strategies used and student-centered data collected			
1	0	50				FR 187. Educationally relevant medical findings, if any			
1	0	50				FR 188. Effects of the student's environment, culture, or economic background			
2	0	49				FR 189. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
1	0	50				FR 190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
2	0	49				FR 191. Observation in the student's learning environment			
1	0	50				FR 192. Other data if needed			
2	0	49				FR 193. Statement for all 6 items indicated to support conclusions of the evaluation team			
						<b>REEVALUATION REPORT (File Reviews)</b>			
35	4	12			10%	FR 207. RR is present in the student file			
26	9	16			26%	FR 208. Reevaluation was completed within timelines			
23	11	17			32%	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)			
32	3	16			9%	FR 210. Demographic data			
34	1	16			3%	FR 211. Date IEP team reviewed existing evaluation data			
32	1	18			3%	FR 212. Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
31	3	17			9%	FR 213. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
33	1	17			3%	FR 214. Aptitude and achievement tests			

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32	2	17			6%	FR 215. Current classroom based assessments and local and/or state assessments			
32	1	18			3%	FR 216. Observations by teacher(s) and related service provider(s) when appropriate			
31	3	17			9%	FR 217. Teacher recommendations			
11	4	36			27%	FR 218. Lack of appropriate instruction in reading			
11	4	36			27%	FR 219. Lack of appropriate instruction in math			
12	5	34			29%	FR 220. Limited English proficiency			
27	3	21			10%	FR 221. Conclusion regarding need for additional data is indicated			
18	3	30			14%	FR 222. Reasons additional data are not needed are included			
34	1	16			3%	FR 223. Determination whether the child has a disability and requires special education			
33	2	16			6%	FR 224. Disability category(ies)			
32	3	16			9%	FR 225. Summary of findings includes student's educational strengths and needs			
32	3	16			9%	FR 226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
30	3	18			9%	FR 227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
12	3	36			20%	FR 228. Interpretation of additional data			
10	2	39			17%	FR 229. Documentation that the student does not achieve adequately for age, etc.			
10	3	38			23%	FR 230. Indication of process(es) used to determine eligibility			
10	3	38			23%	FR 231. Instructional strategies used and student-centered data collected			
8	3	40			27%	FR 232. Educationally relevant medical findings, if any			
10	3	38			23%	FR 233. Effects of the student's environment, culture, or economic background			
10	3	38			23%	FR 234. Data demonstrating that regular education instruction was delivered by personnel, including the ESL program, if applicable			
8	4	39			33%	FR 235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
10	3	38			23%	FR 236. Observation in the student's learning environment			
6	3	42			33%	FR 237. Other data if needed			

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7	3	41			30%	FR 238. Statement for all 6 items			
31	1	19			3%	FR 239. Documentation of Evaluation Team Participants			
16	5	30			24%	FR 240. Documentation that team members Agree/Disagree			
						<b>INTERVIEW RESULTS (Parent &amp; Special Education Teacher)</b>			
28	1	0	1			P 24. Have you been asked to provide information for your child's evaluation/reevaluation?			
26	1	2	1			P 25. Were you given the opportunity to provide this information in writing or in another way that worked for you?			
23	3	2	2			P 26. Was the information you provided to the school for your child's evaluation considered in your child's Evaluation Report?			
12	0	16	2			P 27. If your child was not reevaluated when required (every 2 years for children with mental retardation, and every 3 years for children with other disabilities) did you agree in writing to waive the reevaluation?			
2	8	19	1			P 51. Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?			
3	1	25	1			P 52. If you have obtained an IEE for your child, were the results of that evaluation considered by the team?			
3	0	26	1			P 53. Were the results of the IEE included in the school's Evaluation Report for your child?			
33	1	17				SE 119. If this student is not making progress, has he/she been reevaluated and/or has the IEP been reviewed?			
						<b>Topical Area 5: IEP Process and Content</b>			
						<b>INVITATION TO PARTICIPATE IN IEP TEAM OR OTHER MEETING (File Reviews)</b>			
47	4	0			8%	FR 241. Invitation is present in the student file			
40	6	5			13%	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)			
46	1	4			2%	FR 243. Demographic data			
44	3	4			6%	FR 244. Purpose(s) of the meeting			
30	17	4			36%	FR 245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)			

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22	5	24			19%	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	PDE will provide 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 90 days.		
25	22	4			47%	FR 247. Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)	PDE will provide 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 90 days.		
47	0	4				FR 248. Invited IEP team members			
47	0	4				FR 249. Date/time/location of meeting			
41	6	4			13%	FR 250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation			
						<b>PARENT CONSENT TO EXCUSE MEMBERS FROM ATTENDING IEP TEAM MEETING (File Reviews)</b>			
0	6	45			100%	FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file			
0	0	51				FR 252. Demographic data			
0	0	51				FR 253. Form designates IEP team member(s) for whom attendance is not necessary			
0	0	51				FR 254. Form designates which members will submit written input prior to the meeting			
0	0	51				FR 255. Parent written consent is documented			
					0 0 0	FR 256. The team members excused: a. General Education Teacher b. Special Education Teacher c. Local Education Agency Representative			
						<b>IEP CONTENT (File Reviews)</b>			
51	0	0				FR 257. IEP is present in the student file			
41	10	0			20%	FR 258. IEP was completed within timelines			
50	1	0			2%	FR 259. Demographic data			
51	0	0				FR 260. IEP implementation date			
51	0	0				FR 261. Anticipated duration of services and programs			
9	0	42				FR 262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting			
						<b>DOCUMENTATION OF IEP TEAM PARTICIPATION (File Reviews)</b>			
44	6	1			12%	FR 263. Parents			

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32	17	2			35%	FR 264. Student			
46	5	0			10%	FR 265. General Education Teacher			
50	1	0			2%	FR 266. Special Education Teacher			
50	1	0			2%	FR 267. Local Education Agency Representative			
4	1	46			20%	FR 268. Career/Technical Education (CTE) Representative			
3	0	48				FR 269. CTE Representative was in attendance if student was attending CTE			
7	3	41			30%	FR 270. Community Agency Representative			
0	0	51				FR 271. Teacher of the Gifted			
4	0	47				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			
43	6	2			12%	FR 273. Copy of Procedural Safeguards Notice was given to parent during the school year			
						<b>SPECIAL CONSIDERATIONS (File Reviews)</b>			
2	0	49				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			
7	0	44				FR 275. If the student is deaf or hard of hearing, a communication plan			
10	0	41				FR 276. If the student has communication needs, needs must be addressed in the IEP			
7	0	44				FR 277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP			
2	1	48			33%	FR 278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE			
11	1	39			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			
2	1	48			33%	FR 280. If the student has other special considerations, these are addressed in the IEP			
						<b>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (File Reviews)</b>			
49	2	0			4%	FR 281. Student's present levels of academic achievement			
51	0	0				FR 282. Student's present levels of functional performance			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
44	6	1			12%	FR 283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)			
47	1	3			2%	FR 284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
51	0	0				FR 285. How the student's disability affects involvement and progress in the general education curriculum			
51	0	0				FR 286. Strengths			
50	0	1				FR 287. Academic, developmental, and functional needs related to student's disability			
						<b>TRANSITION SERVICES (File Reviews)</b>			
5	0	46				FR 288. If the student's IEP required participation in CTE program, was the CIP code completed			
35	16	0			31%	FR 289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment	PDE will provide 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 90 days.		
47	4	0			8%	FR 290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living	PDE will provide 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 90 days.		
42	8	1			16%	FR 291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually	PDE will provide 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 90 days.		
43	8	0			16%	FR 292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service			
43	8	0			16%	FR 292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)	PDE will provide 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 90 days.		
48	3	0			6%	FR 292b. Transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)	PDE will provide 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 90 days.		

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
50	1	0			2%	FR 292c. Annual goals are related to the student's transition services	PDE will provide 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 90 days.		
						<b>PARTICIPATION IN STATE AND LOCAL ASSESSMENTS (File Review)</b>			
27	2	22			7%	FR 293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA or PASA)			
17	1	33			6%	FR 294. If the student will participate in the PSSA, documentation of IEP team decision regarding participation with or without accommodations			
5	0	46				FR 295. If the student will participate in the PASA, an explanation of why the student cannot participate in the PSSA			
4	0	47				FR 296. If the student will participate in the PASA, explanation of why PASA is appropriate			
4	0	47				FR 297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)			
35	2	14			5%	FR 298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)			
27	2	22			7%	FR 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations			
10	1	40			9%	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			
10	1	40			9%	FR 301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate			
						<b>ANNUAL GOALS AND OBJECTIVES (INCLUDING ACADEMIC AND FUNCTIONAL GOALS) (File Reviews)</b>			
50	0	1				FR 302. Measurable Annual Goals			
51	0	0				FR 303. Description of how student progress toward meeting goals will be measured			
51	0	0				FR 304. Description of when periodic reports on progress will be provided to parents			
46	4	1			8%	FR 305. Documentation of progress reporting on Annual Goals			
39	0	12				FR 306. Short Term Objectives			



Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<b>SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)</b>			
46	0	5				FR 307. Program Modifications and Specially-Designed Instruction			
32	2	17			6%	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			
39	2	10			5%	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			
7	0	44				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			
23	0	28				FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
19	1	31			5%	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			
49	0	2				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			
30	1	20			3%	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			
4	0	47				FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
49	0	2				FR 316. A conclusion regarding student eligibility for ESY			
37	9	5			20%	FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
8	0	43				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			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	0	43				FR 319. Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services			
						<b>EDUCATIONAL PLACEMENT (File Reviews)</b>			
48	3	0			6%	FR 320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class			
46	4	1			8%	FR 321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum			
50	1	0			2%	FR 322. Type of support, by amount (itinerant, supplemental, full-time)			
51	0	0				FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
49	2	0			4%	FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
49	2	0			4%	FR 325. Location of student's program (name of School Building where the IEP will be implemented)			
19	0	32				FR 326. If child will not be attending his/her neighborhood school, reason why not			
						<b>PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)</b>			
50	1	0			2%	FR 327. Completed Section A or Section B			
						<b>IEP DEVELOPMENT</b>			
						<b>INTERVIEW RESULTS (Parent &amp; General Education Teacher)</b>			
28	2	0	0			P 28. Were you invited to participate in your child's most recent IEP team meeting?			
27	3	0	0			P 29. Did you participate in developing the current IEP for your child?			
23	6	1	0			P 30. Was the meeting held at a time and location that was convenient for you?			
5	3	22	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?			
26	0	2	2			P 32. Was the input you provided considered in the development of your child's current IEP?			
22	1	7	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?			
28	0	0	2			P 35. Was the current IEP developed at the IEP meeting?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
18	1	7	4			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?			
23	3	0	4			P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
4	2	20	4			P 38. If required IEP team members (special education teacher, general education teacher, or LEA) did not attend the meeting, did you agree in writing to them not being there?			
1	1	26	2			P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			
		27	0		1 3	P 65. If you did not participate in your child's IEP meeting, what kept you from participating? b. held at an inconvenient time g. other Wasn't aware of dates happening & received no notice. Ill Work			
36	2	12				GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
19	18	13				GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
19	0	31				GE 76. Were those recommendations considered by the IEP team?			
49	0	1				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?			
44	3	3				GE 87. Do you provide progress monitoring data as part of the IEP development process?			
						<b>IEP CONTENT</b>			
						<b>INTERVIEW RESULTS (Parent, General &amp; Special Education Teacher)</b>			
22	2	3	3			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?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
15	1	9	5			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 (cue: vs. for example lack of staff, lack of funds, lack of availability of services)?			
45	1	4				GE 81. Are this student's goals based on the PA Academic Standards or, if appropriate, alternate standards?			
48	0	2				GE 82. Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			
50	0	0				GE 83. Is the current IEP appropriate to meet this student's educational needs?			
51	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?			
51	0	0				SE 102. Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
49	1	1				SE 103. Are the student's annual goals based on the PA Academic Standards or, if appropriate, alternate standards?			
39	1	11				SE 104. If appropriate, are the student's annual goals based on functional performance?			
47	0	4				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 child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
39	2	10				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 child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
48	0	3				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 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?			
48	0	3				SE 112. Was it an IEP team decision as to whether this student would participate in the PSSA, PASA, and other district-wide/charter school-wide assessments?			
50	1	0				SE 117. Is this student making progress in meeting the annual goals of his/her current IEP?			
50	1	0				SE 118. Is the progress on annual goals recorded and reported to the parent based on objective and measurable data?			
						<b>IEP IMPLEMENTATION</b>			
						<b>INTERVIEW RESULTS (Parent, General &amp; Special Education Teacher)</b>			
27	0	1	2			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?			
29	0	0	1			P 49. Are the special education and related services included in your child's current IEP provided at no cost to you?			
					25 1 0 3 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			
					27 1 1 0 0 1	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			
28	1	0	1		3%	P 64. My child is receiving the supports and services agreed upon at the IEP meeting.	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.		

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Parent wanted wrap-around services, but it was not in IEP.			
40	2	8				GE 77. If supports for school personnel are included in the student's current IEP, has the LEA provided those supports?			
44	0	6				GE 79. Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
35	0	15				GE 84. If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
50	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?			
51	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?			
51	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?			
51	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?			
48	0	3				SE 111. If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			
47	0	4				SE 113. If required, were the testing accommodations included in this student's current IEP implemented?			
48	3	0				SE 114. Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
50	0	1				SE 120. Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			
						<b>PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent &amp; Special Education Teacher)</b>			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
14	0	14	2			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?			
21	6	2	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?			
19	4	6	1			P 44. Did you receive an explanation of what would make your child eligible for ESY services?			
23	0	5	2			P 45. Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
4	0	25	1			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?			
9	1	18	2			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?			
50	0	1				SE 121. Was the consideration of ESY eligibility discussed during this student's current IEP meeting?			
26	0	25				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?			
						<b>SECONDARY TRANSITION (Parent &amp; Special Education Teacher)</b>			
22	6	1	1			P 50. If your child is age 14 or older was he/she invited to participate in the IEP meeting for transition planning?			
					17 6 1 3 3 0	P 59. I am satisfied with the transition services developed for my child. Always Sometimes Rarely Never Don't Know Does not Apply			
						P 60. My child is learning skills that will lead to a high school diploma and further education and/or employment.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					22 3 0 3 2 0	Always Sometimes Rarely Never Don't Know Does not Apply			
50	0	1				SE 116. Were this student's desired post school outcomes considered when the IEP team developed the annual goals?			
46	3	2				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?			
						<b>Topical Area 6: NOREP/PWN</b>			
						<b>(File Reviews)</b>			
50	1	0			2%	FR 328. NOREP/PWN is present in the student file			
49	1	1			2%	FR 329. Demographic data			
48	2	1			4%	FR 330. Type of action taken			
43	3	5			7%	FR 331. A description of the action proposed or refused by the LEA			
45	3	3			6%	FR 332. An explanation of why the LEA proposed or refused to take the action			
46	4	1			8%	FR 333. A description of the other options the IEP team considered and the reason why those options were rejected			
46	3	2			6%	FR 334. Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused			
39	4	8			9%	FR 335. Description of other factor(s) relevant to LEA's proposal or refusal			
49	1	1			2%	FR 336. Educational placement recommended (including amount and type)			
46	4	1			8%	FR 337. Signature of school district superintendent or charter school CEO or designee			
41	9	1			18%	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.)			
36	14	1			28%	FR 339. Parent has selected a consent option			
49	1	1			2%	FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			



Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<b>INTERVIEW RESULTS (Parent)</b>			
6	0	24	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?			
					20 5 1 1 3 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			
						<b>Topical Area 7: Additional Interview Responses</b>			
						<b>INTERVIEW RESULTS (Parent &amp; Special Education Teacher)</b>			
					20 7 2 1 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	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					2 4 2 3 4 4 4 3 1 6 1 14	a. modifications b. progress reports c. staff-aide ratios d. staff's knowledge, training e. instructional materials g. staff open to suggestions, good communication h. follow the IEP i. support services j. student ratios k. staff's understanding and attitude l. more inclusion n. other Helping my child with whatever is needed. New special ed teacher & new biology teacher. Improving in reading & catching on in math. Gym, art. Likes the program. Nothing Academic & behavior improved. Nothing I really like. Staff not trained. She is doing a lot better. Teachers really work with her. The life skills - learning how to work. Work training program 3 times per week. Child's progress. Speech therapist tries to help my child. Teacher			
		2	4			P 67. Tell me anything you would like to change about the program.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					1	c. staff-aide ratios			
					1	d. staff's knowledge, training			
					2	e. instructional materials			
					1	f. less inclusion			
					1	i. support services			
					1	j. student ratios			
					2	k. staff's understanding and attitude			
					1	m. services provided outside neighborhood school			
					19	n. other			
						Nothing			
						Nothing			
						More extra curricular activities for specialized students.			
						Nothing			
						Nothing			
						Nothing			
						Everything's OK. Nice clean school.			
						Nothing			
						Provide promised services.			
						Nothing			
						Not enough activities. Never received anything like homework.			
						Room always looks the same.			
						Nothing			
						Nothing			
						Placed in a different school.			
						Nothing			
						Nothing			
						Nothing			
						Better discipline in school.			
						Nothing			
		2	0			P 68. The school explains what options parents have if the parent disagrees with a decision of the school.			
					6	a. Very strongly agree			
					6	b. Strongly agree			
					13	c. Agree			
					1	d. Disagree			
					1	e. Strongly disagree			
					1	f. Very strongly disagree			
						P 69. Additional comments about your child's program.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Very satisfied at this time.  I like where my child is.  They do very well working with my child.  Concerned that student will not have enough credits to graduate.  School work, behavior is better, only contact was his cutting school. No IEP notice received.  No paperwork for transition yet. Haven't received any information re: post school.  Better understanding to additional school social opportunities &amp; inclusion.  Staff excellent.  Always feels comfortable with the information from the special ed people.  Very happy with class &amp; teacher.</p>			
51	0	0				SE 101. Do you hold the required certification to implement this student's program?			
						<b>Topical Area 8: Student Interview Results</b>			
			0		26 3 1 1 2 5 7	<p>S 126. What kind of support are you currently receiving?</p> <p>a. Learning Support  d. Life Skills Support  e. Autistic Support  g. Multiple Disabilities Support  h. Emotional Support  j. Other  I have no idea.  Math  Reading  Special ed.  None  k. Don't Know</p>			
40	4	0	1			S 127. Is this support enough to help you be successful in your school program?			
					23 16 4 1 1	<p>S 128. How satisfied are you with your high school educational program?</p> <p>Very  Somewhat  A Little  Not at All  Don't Know</p>			
						S 129. What do you like best about the program?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Help better change my life.            Good            Math            Encouraging teachers.            Time            Science            Learning something.            Teachers            Help with reading &amp; writing.            Math            One on one.            Help received in reading &amp; math.            Help received.            Like reading.            Shopping            Tutoring, get a lot of help in math.            Help to stay on task.            Offers help when needed.            Sports            Electives - shop.            The ES class.            Give me help.            My teachers are there.            Teaching me to read &amp; write.            Teachers            Music            Basketball in gym.            I like one on one support &amp; attention, fewer people in class.            Teaches me a lot of things, like money.            Study            I don't know.            College            Best            One on one help.            Help            Culinary arts.            Printing shop class.            Going to class.            Math            Some teacher.            Some are fun.            Teachers are nice. They help with work when I need it.            I got a lot of love. I like the cops &amp; the teachers.            Time for tests.</p>			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Teachers			
						S 130. What do you like least about the program? Don't know. Not sure. Not sure. Nothing None I'm embarrassed to be in the program. Nothing Don't want other students to know I am in special ed. Nothing Don't like staying home. Everything's good. Likes everything. Pushed to stay on task. Students in class. Kids act out. Don't have every sport. Teachers rush through work pace. Discipline is not fair. No Classes are too big, not enough help. Don't know. None Getting face washed. Don't like to do games. Nothing Fighting, craziness. Spelling I don't know. Bartram Play basketball. Makes me feel like I'm slow. Teacher absenteeism. Discipline is bad. All the drama. Everything is ok. Likes the whole thing. Don't like one subject matter teacher. Don't get any work. Certain students. I like everything except the nasty dirty water fountains. Ask to go to resource room.			
						S 131. How satisfied are you with your special education supports/services?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					25 14 2 0 4	Very Somewhat A Little Not at All Don't Know			
						S 132. What do you like best about the special education supports/services?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						<p>Help me learn better &amp; pick up stuff.            Extra time.            Small classes.            Opportunities to change classes.            Don't know.            Teacher            Help with reading &amp; writing.            Teachers teach what I need.            Additional help provided.            Write &amp; do math.            Job            Help in reading.            Help to stay on task.            The extra attention.            Help I get.            Teachers provide extra support until you get the concept.            The teacher.            They help me read.            They help me to try harder.            They help me a lot.            Extra time.            Using communication board.            Don't know.            Fewer people in class.            It makes me feel smart.            Gym            I don't know.            Activities            No answer.            Help with grades.            Teachers know &amp; understand what I'm going through.            Smaller group.            Makes my work easier.            Do a lot of work.            Teacher helps me when I need it.            Nothing            No support.            Teachers help you with learning disability &amp; help you learn what you are capable of learning.            Teachers know how to work with me.            They really help.            Math</p>			
					S 133.	<p>What do you like least about the special education supports/services?</p>			



Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Don't know. Not sure. Don't know. Nothing Being embarrassed. Nothing Nothing Some multiplication tables. Don't know. Likes everything. Pushed to stay on task. Work too easy. Not so many kids I can relate to. Privacy - keep door open of special class & you're named as special ed. Work is the same for everyone. Not individualized. She ignores me. (Kids get him sometimes). Need more help. Don't know. Need more math help. Vo-tech Nothing Nothing Nothing It's alright. I don't know. Playground No answer. Being singled out. Nothing, everything is ok. Nothing, all good. Everything is ok. Don't like the math but I know I need it. Don't know. Don't get any. Nothing No problems. Nothing			
					6 27 5 5 1	S 134. How much time do you spend with students who do not have disabilities? Too Much Enough A Little Not Enough Don't Know			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
23	20	0	0			S 135. Do you participate in any extra-curricular activities?			
						S 136. If yes, which ones Basketball ROTC, cooking class, tennis team. Dance Track Sports Office aid - Bridges Program. Track, student government. ROTC, sports. Sports - basketball. Baseball, football. Music group. Helping with talent show. ROTC - 10th, 11th grades. Football, being in computer class. Could not give examples. Soccer, football, track. Volleyball, softball. After school working program for transition. Jump rope. Basketball City-year & boys basketball team. Sports Community service.			
						S 137. If no, why not Not sure. Not interested. Don't know. No time. Do not want to. Ride school bus. Can't stay after school. Have other programs to go to. Procrastination Don't know. Medical problems. Do not like to stay after school. Don't know. Not able to. I don't know. Didn't have a physical. Have to work after school. Stay home with younger siblings.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
30	11		4			S 138. Were you invited to participate in the last IEP meeting? Other			
23	16		4			S 139. Did you participate in the last IEP meeting? Other Did not want to.			
25	2		14			S 140. Do you have a post secondary transition program? Other			
20	6		15			S 141. Do you have an employment transition program? Other			
13	7		21			S 142. Do you have a community living transition program? Other			
19	6		16			S 143. Did you assist in the development of the transition program? Other			
18	2		21			S 144. Is that transition plan being followed? Other			
31	5		5			S 145. Did you discuss what you would do after graduation or finishing high school? Other			
			0		3 3 1 24 14	S 146. Which of the following agencies participate in your IEP development? a. Office of Vocational Rehabilitation b. County of Mental Health/Retardation Service c. Office of Children & Youth Agency e. None g. Don't Know			
4	4		13			S 147. If any agency participated in your IEP did they assist you or provide services? Other			
						S 148. Comments			
28	17	0	0			S 149. Do you participate in any activities in the community?			
						S 150. If yes, which ones?			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Garden club, Beautify Philadelphia Program. Participate in program helping the homeless. Boxing Volunteering Camp, food camp, community clean-up. Basketball Church After school program helps with homework, reading, math. Church. Community services & church activities. Sports Sports Clean block. Youth group. Shopping, bowling. Job Watch TV. No response. At home on computer. Watch TV & go outside. Heritage Kids (teaches Bible at church). Media arts. Community meetings, clean up community. Work Help kids - babysitting. Not sure. Help neighbors. Community action.			
						S 151. If no, why not? Not interested. Not interested. Don't know. Do not know. Applying for a job. Too busy with home chores & school homework. Procrastination Never signed up. Don't know. Block parties. No interest. Busy with family. Not interested. No time.			

Y	N	NA	DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						S 152. Are there any other agencies that could help you within the community? None Don't know. Don't know. Not sure. Not sure. Don't know. No No OVR Basketball, football. Don't know. Don't know. Don't know. No Don't know. Don't know. Have a job coach, might like to be a TSS worker. Not that I know of. Don't know. My mom. No Yes My sister & my mama. No No No No No No No No			
						<b>Topical Area 9: Other Non-compliance Issues</b>			
						<b>Topical Area 10: Other Improvement Plan Issues</b>			