

## Corrective Action Verification/Charter School 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.

Charter School: Renaissance CS

Chief Executive Officer: Mr. Norris Bacon

Special Education Director/Coordinator:

BSE Special Education Adviser: Walter Howard

Date of Report: May 12, 2008

**Reminder: The timelines for corrective action of all non-compliance items may not exceed ONE YEAR from the Report of Findings Date.**

First Visit Date: \_\_\_\_\_

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
				<b>Topical Area: Policies and Procedures</b>			
	N			<b>1a. FSA-ASSISTIVE TECHNOLOGY</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.			
	N			<b>1b. FSA-ASSISTIVE TECHNOLOGY – 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.			
Y				<b>8. FSA-SUSPENSIONS/EXPULSIONS</b>  <b>Standard:</b> The LEA adheres to procedural requirements in suspending students with disabilities.			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
Y				<b>3. FSA-CHILD FIND</b>  <b>Standard:</b> LEA demonstrates compliance with annual public notice requirements.			
Y				<b>4. FSA-CONFIDENTIALITY</b>  <b>Standard:</b> The LEA is in compliance with confidentiality requirements.			
Y				<b>10. 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.			
Y				<b>18. FSA-SURROGATE PARENTS</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				<b>20. FSA-INTENSIVE INTERAGENCY</b>  <b>Standard:</b> 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.			
				<b>Topical Area: Training</b>			
	N			<b>14. FSA-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.			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
	N			<b>19. FSA-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>Topical Area: Evaluation and Reevaluation of Students</b>			
				<b>File Review</b> <b>Report of Results by Frequency Count of Responses</b>	<b>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.</b>		
3	0	7		65. Permission to Evaluate			
4	3	3	43%	65a. Permission to Reevaluate/Agreement to Waive Reevaluation			
4	1	5	20%	66. Initial Evaluation Report			
1	6	3	86%	66a. Reevaluation Report ( <i>valid for three years; students identified with a disability of mental retardation valid for two years</i> )			
				<b>PERMISSION TO EVALUATE</b> <b>The following information exists:</b>			
3	0	7		70. Demographic data			
3	0	7		71. Reason(s) for referral for evaluation			
3	0	7		72. Proposed assessment tools, tests, and procedures to be used			
3	0	7		73. Date(s) of proposed evaluation			
3	0	7		74. Contact person			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
3	0	7		75. Phone number of contact person			
3	0	7		76. Parent signature			
				<b>PERMISSION TO REEVALUATE/AGREEMENT TO WAIVE REEVALUATION</b>			
0	1	9	100%	70aa. Demographic data			
0	1	9	100%	71aa. LEA recommended reevaluation is unnecessary at this time			
4	3	3	43%	71bb. Reason for Reevaluation is indicated			
5	2	3	29%	72aa. Proposed assessment tools, tests and procedures to be used			
4	3	3	43%	73aa. Date(s) of proposed reevaluation			
5	2	3	29%	74aa. Contact person			
5	2	3	29%	75aa. Phone number of contact person			
5	2	3	29%	76aa. Parent signature or documentation of reasonable efforts to obtain consent			
				<b>INITIAL EVALUATION REPORT (ER)</b> <b>The following information exists:</b>			
3	0	7		77. Demographic data			
3	0	7		78. Reason(s) for referral			
3	0	7		79. Present levels of academic achievement			
3	0	7		79a. Related developmental needs of the child			
3	0	7		80. Evaluation data results of direct intervention. Physical, social, or cultural background information relevant to the child's disability and need for special education.			
3	0	7		81. Current classroom-based assessments and observations, local and/or state assessments, and observations by teachers and related service providers.			
3	0	7		82. Evaluations and information provided by the parents of the child ( <i>or documentation that the charter school attempted to obtain parent input</i> ).			
3	0	7		83. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions.			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
3	0	7		84. Summary of findings/interpretation of aptitude and achievement assessment results.			
3	0	7		85. Involvement and progress in the general education curriculum.			
2	0	8		86. Relevant functional and development evaluation ( <i>ecological evaluation if appropriate</i> )			
2	0	8		87. Vocational Technical Education Assessment Results ( <i>when appropriate</i> )			
2	0	8		88. Interests, Preference, Aptitudes ( <i>when appropriate</i> )			
0	0	10		89. Functional Behavioral Assessment Results ( <i>if appropriate</i> )			
3	0	7		90. Statement regarding students suspected of having a specific learning disability.			
3	0	7		91. Conclusions – disability determination and need for specially designed instruction ( <i>including recommendations regarding special education and related services needed to enable the student to meet the goals and participate as appropriate in the general curriculum.</i> )			
0	0	10		91a. Evaluation Team Participants documented			
0	0	10		91b. For students evaluated for LD documentation of Agree/Disagree			
3	0	7		91c. Documentation that report was provided to parent.			
				<b>REEVALUATION REPORT (RR)</b>			
4	3	3	43%	77aa. Demographic Data			
1	6	3	86%	92. Date IEP team reviewed existing evaluation data			
3	4	3	57%	92aa. Summary of Findings/Interpretation of Additional Data			
4	3	3	43%	93. Determination of Need for Additional Data			
3	4	3	57%	93aa. Conclusion regarding disability determination and continued eligibility for specially designed instruction.			
4	3	3	43%	94aa. Evaluation Team Participants documented			
4	3	3	43%	95aa. For students evaluated for LD documentation of Agree/Disagree			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
2	5	3	71%	96aa. Documentation that report was provided to the parent			
				<b>Topical Area: IEP</b>			
				<b>File Review Report of Results by Frequency Count of Responses</b>	<b>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.</b>		
9	1	0	10%	67. Invitation to Participate in IEP Team Meeting or Meeting			
5	5	0	50%	68. Individualized Education Program ( <i>valid for one year</i> ) ( <i>No more than 30 calendar days from final ER date to complete IEP or no more than 1 year from the date of the last IEP</i> )			
				<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b> <b>The following information exists:</b>			
9	1	0	10%	97. Demographic data <b>Signature</b>			
9	1	0	10%	98. Parent(s) ( <i>or documented efforts to have them attend</i> )			
9	1	0	10%	99. Regular Education Teacher ( <i>or documented parent and LEA agreement to participate in another manner or excused</i> )			
9	1	0	10%	100. Special Education Teacher ( <i>or documented parent and LEA agreement to participate in another manner or excused</i> )			
9	1	0	10%	101. Local Education Agency Representative ( <i>or documented parent and LEA agreement to participate in another manner or excused</i> )			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
1	1	8	50%	102. Community Agency Representative ( <i>if appropriate for transition planning</i> ) ( <i>or documented parent and LEA agreement to participate in another manner or excused</i> )			
0	1	9	100%	103. Career/Technical Education Representative ( <i>if appropriate</i> ) ( <i>or documented parent and LEA agreement to participate in another manner or excused</i> )			
1	2	7	67%	104. Student ( <i>The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.</i> )			
8	2	0	20%	105. Procedural Safeguards Notice was given during the school year.			
				<b>Part I Special Considerations</b>			
9	1	0	10%	106. Special considerations the IEP team must consider before developing the IEP. Any factors checked must be addressed in the IEP.			
				<b>Part II Present Levels of Academic Achievement and Functional Performance</b>			
9	1	0	10%	107. Student's present levels of academic achievement and functional performance.			
6	4	0	40%	108. How the student's disability affects involvement and progress in the general education curriculum.			
				<b>Part III Annual Goals and Objectives</b>			
8	2	0	20%	109. Annual Goals are Measurable			
1	1	8	50%	110a. Short Term Objectives ( <i>Required for children with disabilities who take the alternate assessment aligned to alternate achievement standards - PASA.</i> )			
9	1	0	10%	111. Method of Evaluation of Progress on Annual Goals			
9	1	0	10%	111a. Indicate when periodic reports on progress will be provided to parents			
0	10	0	100%	112. Documentation of Progress Reporting on Annual Goals			
				<b>Part IV Special Education/Related Services/Supplementary Aids and Services/Program Modifications</b>			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
9	1	0	10%	113. Program Modifications and Specifically-Designed Instruction			
6	2	2	25%	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?			
9	1	0	10%	113b. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and duration of services are included.			
5	1	4	17%	114. Related Services ( <i>if on IEP, includes location, frequency, projected beginning date, and duration of services</i> ) (N/A only if related services not required by IEP.)			
4	2	4	33%	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?			
8	2	0	20%	115. Supports for school personnel provided for the child			
6	2	2	25%	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?			
7	3	0	30%	115b. If Supports for the child provided for school personnel are included on the IEP, the location, frequency, projected beginning date and duration of services are included.			
6	1	3	14%	116. The IEP contains a statement of the specific ESY services or programs to be provided to the student or documentation that the IEP team considered and discussed ESY.			



Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
4	1	5	20%	116a. Where ESY services were deemed appropriate, the type, amount, location, frequency, projected beginning date and duration of services are included on the IEP.			
				<b>Part V Participation in State and Local Assessment</b>			
9	1	0	10%	117. Did the IEP team document the team's decision regarding participation in charter school or state-wide assessment with or without accommodations? ( <i>Applicable to statewide assessment of students in grades 3 through 8 and 11 only</i> )			
9	1	0	10%	117a. Did the IEP team document the team's decision regarding participation in local assessment with or without accommodations? ( <i>Applicable to those grades in which a local assessment was administered</i> ) ( <i>If a charter school administers a local assessment in any grade, the charter school is required to offer a local alternate assessment</i> )			
2	1	7	33%	118. If the IEP team indicated the student participated in an alternate assessment ( <i>PASA for statewide assessments</i> ) did they provide an explanation of why?			
				<b>Part VI Least Restrictive Environment</b>			
9	1	0	10%	119. Educational placement			
7	3	0	30%	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.			
				<b>Part VII Transition Planning</b>			

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

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
Y				<p><b>11. FSA-LOCATION OF INTERVENTION – CONTINUUM OF SERVICES</b></p> <p><b>Standard-Continuum</b></p> <p>The LEA’s continuum of special education services support the availability of LRE under 34 CFR Part 300.</p> <p><b>Standard-Distribution of School-Aged Students</b></p> <p>Students with disabilities are provided for in the least restrictive environment.</p>			
Y				<b>11a. Provision of Extended School Year (ESY) Services</b>			
Y				<b>11b. Provision of Related Service Including Psychological Counseling</b>			
				<p><b>File Review</b></p> <p><b>Report of Results by Frequency Count of Responses</b></p>	<p><b>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.</b></p>		
9	1	0	10%	69. Notice of Recommended Educational Placement <i>(Presented to parents at IEP meeting, mailed to parents, or documentation of date mailed must be available.)</i>			
8	2	0	20%	69a. All required components of the NOREP are completed and reflective of the student’s current educational placement.			
				<p><b>Parent Interview</b></p> <p><b>Report of Results by Frequency Count of Responses</b></p>			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
1	3		75%	<p>39. My child is receiving the supports and services agreed upon at the IEP meeting? He only gets it for math. Should be math and English. I have spoken to them about this and still nothing.</p> <p>Didn't have a meeting.</p> <p>Special ed program not that great. They don't do anything. Need to revamp program.</p>	<b>PDE provided LEA with the names of individual students for whom individual corrective action must be implemented. The LEA must submit documentation of required corrective action within 30 days.</b>		
				<p><b>Teacher Interview</b> <b>Report of Results by Frequency Count of Responses</b></p>			
8	0	0		64. Is the student receiving the support and services agreed upon in the IEP?			
				<b>Other Non-Compliance Issues</b>			
<b>IMPROVEMENT PLANS - IF NO IS INDICATED AN IMPROVEMENT PLAN IS REQUIRED</b>					<b>Required Action/Evidence of Change</b>		
				<b>Topical Area: Performance Outcomes</b>			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
		X		<b>6. FSA-GRADUATION RATES</b>  <b>Standard:</b> The graduation rate of the LEA’s students with disabilities is comparable to the state graduation rate.			
		X		<b>7. FSA-DROP-OUT RATES</b>  <b>Standard:</b> The number of students with disabilities in this LEA who drop out is comparable to the state drop out rates.			
Y				<b>11.1 FSA-LEAST RESTRICTIVE ENVIRONMENT</b>  <b>Standard:</b> The LEA demonstrates progress toward the State Performance Plan in the provision of FAPE in the least restrictive environment. 34 CFR 300.600			
Y				<b>15. FSA-PSSA &amp; PASA (Pennsylvania System of School Assessment; Pennsylvania Alternate System of Assessment) AND DISTRICT WIDE ASSESSMENT</b>  <b>Standard:</b> The LEA’s population of students who participate in state assessment is comparable with the state data.			
Y				<b>16. 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.			
				<b>Topical Area: Training</b>			
				<b>Parent Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>		

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date												
				38. My charter school makes available training related to the needs of students with disabilities that I could attend.  <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>3</td> <td>1</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	0	0	0	3	1	0			
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply														
0	0	0	3	1	0														
				<b>Topical Area: Evaluation and Reevaluation of Students</b>															
				<b>Parent Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>														
2	2	0		22. I have been asked to provide information for my child's evaluation/reevaluation.															
				40. If you did not participate in your child's IEP meeting, what kept you from participating?															
			0	a. transportation issue															
			0	b. held at an inconvenient time															
			0	c. not enough notice given															
			0	d. don't understand the IEP process															
			0	e. afraid to go (would be uncomfortable)															
			0	f. no child-care available															
			2	g. other My mother is not well and I cannot leave her to attend the school meeting so I am phoned in.  No meetings.															
				41. One thing I really like about my child's special education program is															
			1	a. modifications															

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
			0	b. progress reports			
			0	c. staff-aide ratios			
			0	d. staff's knowledge, training			
			0	e. instructional materials			
			0	f. less inclusion			
			0	g. staff open to suggestions, good communication			
			0	h. follow the IEP			
			0	i. support services			
			0	j. student ratios			
			1	k. staff's understanding and attitude			
			0	l. more inclusion			
			0	m. services provided outside neighborhood school			
			3	n. other They did not make him special ed when he only needed speech or try to keep him longer than he needed.  I like it because they can't fail him.  I don't like anything.			
				42. One thing I would like to change is			
			0	a. modifications			
			1	b. progress reports			
			0	c. staff-aide ratios			
			0	d. staff's knowledge, training			
			0	e. instructional materials			
			0	f. less inclusion			
			1	g. staff open to suggestions, good communication			
			0	h. follow the IEP			
			0	i. support services			
			0	j. student ratios			
			0	k. staff's understanding and attitude			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
			0	l. more inclusion			
			0	m. services provided outside neighborhood school			
			3	n. other To train students who exit services how to help others who are like they were.  I think my child is ready to move into mainstream classes.  Teacher (spec ed) not doing what she is supposed to do.			
				42a. The school explains what options parents have if they disagree with a decision of the school			
			0	a. Very strongly agree			
			1	b. Strongly agree			
			1	c. Agree			
			0	d. Disagree			
			0	e. Strongly disagree			
			2	f. Very strongly disagree			
				43. Additional comments about child's program He's not getting speech any longer as agreed. He only had a stutter problem which he has outgrown. I'm not sure when services ended.  He has been steadily slipping since 7th grade. I have asked for summer packets twice and never got them. They let him go for months not turning in assignments and told me nothing. The principal attends nothing. They don't return calls.  More contact & communication.			



Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
				<b>Teacher Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>		
10	0	0		45. Do you adapt and modify the general education curriculum based on the student's IEP?			
8	1	1		49. Are necessary supplemental aids and services as required in the student's IEP provided to support this student in regular education?			
8	0	0		55. Is the specially designed instruction in the IEP appropriate to meet this students educational needs?			
8	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?			
2	0	6		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?			
6	0	2		55c. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided to 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?			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date											
8	0	0		56. Is this student receiving the type and amount of special education instruction and related services specified on their IEP?														
8	0	0		57. If supports for the school personnel were included in the student's IEP, has the charter school provided those necessary supports (aids, personnel, resource materials, training, equipment)?														
7	1	0		62. Is the student making progress in meeting the annual goals of their IEP?														
0	2	6		63. If the student is not making progress, has the student been reevaluated or has the IEP been reviewed?														
				<b>Topical Area: Educational Placement</b>														
				<b>FSA-Least Restrictive Environment</b>														
				<b>Parent Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>													
				32. My child does classroom work with students without disabilities.  <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>1</td> <td>2</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	1	2	1	0	0	0		
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply													
1	2	1	0	0	0													
				33. My child participates or has the opportunity to participate in school activities other than classroom work with children without disabilities.  <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	2	2	0	0	0	0		
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2	2	0	0	0	0													

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				<b>Teacher Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>													
9	1	0		50. Is the student making progress within the general education curriculum?														
8	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?														
				<b>Topical Area: Discipline</b>														
Y				<b>8a. FSA-SUSPENSIONS/EXPULSIONS</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.														
				<b>Topical Area: Procedural Safeguards</b>														
Y				<b>5. FSA-DISPUTE RESOLUTION</b>  <b>Standard:</b> The LEA uses dispute resolution processes for program improvement.														
				37. When I don't understand my child's educational rights, someone from the school takes the time to explain them to me.  <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>2</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	1	0	1	2	0	0		
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply													
1	0	1	2	0	0													
				<b>Topical Area: IEP</b>														

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
				<b>Parent Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>		
3	1	0		23. I participated or had an opportunity to participate in planning my child's education program.			
3	1	0		24. The IEP was developed at the IEP meeting.			
2	2	0		25. The special education teacher, the general education teacher and the district representative were all at the IEP meeting or participated as agreed upon by the parent and LEA.			
1	2	1		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.			
1	2	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).			
0	1	3		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.			
0	3	1		26. My child's needs for extended school year (ESY) were discussed at an IEP meeting.			
4	0	0		27. I am not charged any cost for the special education and related services included in my child's IEP.			

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date																		
				31. I am a partner when we plan my child's educational program.  <table style="margin-left: auto; margin-right: auto;"> <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>1</td> <td>2</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	1	2	0	1	0	0			
Always	Most	Rarely	Never	Don't	Does Not																				
	Time			Know	Apply																				
1	2	0	1	0	0																				
				<b>Teacher Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>																				
10	0	0		44. Are you familiar with the content of the student's IEP including accommodations and annual goals? <i>NA only if the student's IEP shows no involvement in regular education.</i>																					
8	2	0		46. Are you and the special education personnel working together toward meeting measurable annual goals? <i>NA only if the student's IEP shows no involvement in regular education.</i>																					
8	2	0		47. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team regarding this student?																					
8	2	0		48. If supports for school personnel were included in the student's IEP, has the charter school provided those necessary supports (aids, resource materials, training, equipment)?																					
8	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?																					
8	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?																					

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date											
8	0	0		53. Are you and the related service personnel and regular education staff working together toward meeting measurable annual goals?														
8	0	0		54. Do you hold the required certification to implement this student's program?														
8	0	0		58. Was it an IEP team decision as to whether the student would participate in the PSSA, PASA, and other charter school-wide assessments?														
				<b>Topical Area: IEP Implementation</b>														
				<b>Parent Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>													
				34. When all students in the school receive a report card, I also received a progress report on my child's IEP goals.  <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>Most Time</td> <td>Rarely</td> <td>Never</td> <td>Don't Know</td> <td>Does Not Apply</td> </tr> <tr> <td>0</td> <td>0</td> <td>1</td> <td>3</td> <td>0</td> <td>0</td> </tr> </table>	Always	Most Time	Rarely	Never	Don't Know	Does Not Apply	0	0	1	3	0	0		
Always	Most Time	Rarely	Never	Don't Know	Does Not Apply													
0	0	1	3	0	0													
				<b>Topical Area: Secondary Transition</b>														
				<b>Parent Interview Report of Results by Frequency Count of Responses</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>													
0	0	4		30. My child is age 16 or older and he/she was invited to participate in transition planning.														



Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
				<b>Special Education Student Interview</b>	<b>LEA will review and consider the data responses in their development of the LEA improvement plan.</b>		
			<b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b> <b>0</b>	126. What kind of support are you currently receiving? a. Learning Support b. Speech/Language Support c. Visual Support d. Life Skills Support e. Autistic Support f. Hearing Impaired Support g. Multi-handicapped Support h. Emotional Support i. Other			
<b>0</b>	<b>0</b>			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?  <b>Very</b> <b>Somewhat</b> <b>A Little</b> <b>Not at All</b> 0                    0                    0                    0			
				129. What do you like best about the program?			
				130. What do you like least about the program?			



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

Y	N	NA	% #	Citation	Required Corrective Action/ Evidence of Change	Timelines and Resources	Closed Date
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 plan being followed? Other:			
0	0		0	145. Did you discuss what you would do after graduation or finishing high school? Other:			
			0 0 0 0 0 0	146. Which of the following agencies participate in your IEP development? a. Office of Vocational Rehabilitation b. County Mental Health/Retardation Service c. Office of Children Youth Agency d. Probation and Parole e. None f. Other Agencies (List)			
0	0		0	147. If any agency participated in your IEP did they assist you or provide services? Other:			
				148. Comments			
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?			

