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:	Riverside Beaver County SD	
Superintendent:	Mr. Bret Trotta	
Special Education	Director/Coordinator:	
BSE Special Educ	ation Adviser: <u>Nancy Stanley</u>	
Date of Report:	June 23, 2020	
Date Final Report	t Sent to LEA: June 23, 2020	Reminder: The timelines for corrective : Report Sent to LEA

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	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Topical Area 1: Policies, Practices, and Procedures			
Y						1. FSA-ASSISTIVE TECHNOLOGY AND SERVICES			
						Standard: The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP			
Y						 FSA-HEARING AIDS Standard: Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. Each public agency must ensure that the external components of surgically implanted medical devices are functioning properly. 			
Y						2. FSA-POSITIVE BEHAVIOR SUPPORT Standard: LEA complies with the positive behavior support policy requirements.			
Y						3. FSA-CHILD FIND Standard: LEA demonstrates compliance with annual public notice requirements.			

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

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						 FSA-SURROGATE PARENTS (STUDENTS REQUIRING) Standard: The LEA identifies eligible students in need of surrogate parents and recruits, selects, trains, and assigns in a timely manner. 			
Y						 19. FSA-PERSONNEL TRAINING Standard: In-service training appropriately and adequately prepares and trains personnel to address the special knowledge, skills, and abilities to serve the unique needs of children with disabilities, including those with low incidence disabilities, when applicable. INTERVIEW RESULTS (General & Special Education 			
						Teacher)			
9	0	0				GE 88. Do you receive training regarding how to differentiate instruction and modify the curriculum in your classroom?			
5	3	1				GE 89. Do you receive training regarding how to provide positive behavior supports for students with negative behaviors?			
5	4	0				GE 90. If you have a student with a behavioral need, have you been trained how to deescalate negative and aggressive student behavior?			
9	0	0				GE 91. Do you participate in determining the kinds of training and technical assistance needed to support students with IEPs in regular education classrooms?			
8	1	0				GE 94. If a student has AT included in his/her current IEP, have you received training in AT, and accessing AT resources?			
9	0	1				SE 124. Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
Y						 20. FSA-INTENSIVE INTERAGENCY APPROACH Standard: The LEA identifies, reports, and provides for the provision of Free Appropriate Public Education (FAPE) for all students with disabilities including those students needing intensive interagency approaches. 			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						21. FSA-SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE/PROCEDURAL SAFEGUARD REQUIREMENTS FOR GRADUATION			
						Standard: The LEA provides Summary of Academic Achievement and Functional Performance for children whose eligibility terminates due to graduation or aging out. The LEA provides required prior written notice for graduation			
Y						21A. TRANSITION REQUIREMENTS			
						Standard: The LEA complies with requirements for transition planning for students.			
						Topical Area 2: Delivery of Service			
Y						9. FSA-FACILITIES USED FOR SPECIAL EDUCATION Standard: The LEA will be in compliance with the			
						facilities requirements CLASSROOM OBSERVATIONS			
9	0	1		0		CO 8. Is the classroom located within the ebb and flow of school activity?			
9	0	1		0		CO 9. Is the classroom designed for instructional purposes?			
Y						14. FSA-CASELOAD AND AGE RANGE REQUIREMENTS Standard: The LEA complies with the caseload and age range requirements			
Y						 17. FSA-PUBLIC SCHOOL ENROLLMENT Standard: The LEA's percentage of children with disabilities served in special education is comparable to state data. 			
Y						 FSA-PUBLIC SCHOOL ENROLLMENT Standard: Timely provision of FAPE for students who transfer from public agencies within state, and from another state. 			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						22. FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION			
						Standard: LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
Y						23. FSA-EDUCATIONAL BENEFIT REVIEW Standard: The IEP meets procedural compliance and is reasonably calculated to enable the child to advance appropriately toward attaining their annual goals.			
						CLASSROOM OBSERVATIONS			
0	0	0		0		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
0	0	0		0		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
0	0	0		0		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
0	0	0		0		CO 4. If the student is in a regular education setting, is he/she participating in the lesson taught by the general education teacher or a co-teacher?			
0	0	0		0		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			
0	0	0		0		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			
0	0	0		0		CO 7. Does this setting coincide with the student's IEP with regard to the extent to which the student is educated with non-disabled peers?			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
						P 55. My child does classroom work in a regular classroom with students without disabilities.			
						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.			
						P 56a. My child goes on field trips, attends school functions and/or participates in extracurricular activities with their same age/grade peers who are non-disabled.			

Y	N	NA	D K Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
				P 56b. There are routine opportunities for my child to interact with peers who are non-disabled that are planned and/or facilitated by school personnel.			
9	0	0		GE 70. Are you familiar with the content of this student's current IEP, including accommodations, supplementary aids and services, and annual goals?			
8	0	1		GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			
8	0	1		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?			
8	0	1		GE 73. Are you and the special education personnel working collaboratively to implement this student's program?			
9	0	0		GE 78. Are all the supplementary aids and services necessary for the student's progress in the general education class included in his/her current IEP?			
9	0	0		GE 80. Is the student making progress within the general education curriculum?			
9	0	0		GE 80a. In your opinion, is this student benefiting from participation in your general education classroom?			
0	0	0		GE 80b. If yes, in what ways? Social aspect and access to the grade PA core standards. Being challenged by curriculum. Socialization and content. Socialization Content Socialization Benefited from discussion. Rose to the challenge of the class. Socialization interaction with peers.			
0	0	9		GE 80c. If no, what does this student need that he/she is not receiving in your class?			
9	0	0		GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
9	0	0		GE 85a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	9		GE 85b. If no, what training or support would assist you?			
9	0	0		GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			

Y	Ν	NA	Not Obs	% Citation #	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	1		SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
7	0	3		SE 95a. In the most recent IEP meeting for this student, did you discuss whether he/she could be educated in a general education classroom for the entire school day?			
7	0	3		SE 95b. In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	3		 SE 95c. If yes, what reasons were discussed for recommending removal? Needs extra support. Appropriate environment. More support. For academic instruction. Based on needs. Based on needs. Needs support. 			
0	0	3		SE 95d. If yes, how was the amount of time that this student would be removed from the general education classroom decided? Trying to stay at a minimum with providing that extra support. IEP decision. Student needs. Based on curriculum being taught. When testing occurs in regular education. Based on goals.			
7	0	3		SE 95e. In the most recent IEP meeting, did the IEP team discuss whether this student could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
10	0	0		SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			
5	0	5		SE 97. Have necessary supports been offered and/or provided to enable that participation?			
7	0	3		SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective ActionTimelines andEvidence of ChangeResources	Closed Date
9	0	1				SE 100. Are you and general education personnel work together toward meeting the measurable annu- for this student?		
8	2	0				SE 115. Did the IEP team have available information i use of the Supplementary Aids and Services T		
9	0	1				SE 125. Do you collaborate with general education tea identify training needs related to the provisior supplementary aids and services to students w in the general education classroom?	of	
						Topical Area 3: Performance Indicators		
		X				5A. FSA-EFFECTIVE USE OF DISPUTE RESOLUTION Standard: The LEA uses dispute resolution p		
						for program improvement.	Tocesses	
Y						6. FSA-GRADUATION RATES (SPP)		
						Standard: The graduation rate of the LEA's s with disabilities is comparable to the state gra rate.		
	N					 FSA-DROPOUT RATES (SPP) Standard: The dropout rate of the LEA's stude with disabilities is comparable to the state dropout rate of the state dropout		
Y						 8A. FSA-SUSPENSION RATES Standard: The LEA's rate of suspensions and expulsions of students with disabilities is com to the rate of other LEAs in the state. 		
Y						 FSA-LEAST RESTRICTIVE ENVIRONM (SPP) Standard: Students with disabilities are provided 		
						in the least restrictive environment		
Y						16. FSA-PARTICIPATION IN PSSA AND PAS (SPP)	SA SA	
						Standard: The LEA's population of students participate in state assessment is comparable state data.		
Y						16A. FSA-LOCAL ASSESSMENT		

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Topical Area 4: Evaluation and Reevaluation Process			
						and Content			
						CONSENT AND WAIVER REQUIREMENTS FOR			
						EVALUATION/REEVALUATION PERMISSION TO EVALUATE (File Reviews)			
1	0	9							
1	0	9							
1	0	9				FR 154. Demographic data FR 155. Reason(s) for referral for evaluation			
1	0	9				FR 156. Proposed types of tests and assessments			
1	0	9				FR 157. Contact person's name and contact information			
1	0	9				FR 158. Parent signature or documentation of reasonable efforts			
						to obtain consent			
1	0	9				FR 159. Parent has selected a consent option			
						PERMISSION TO REEVALUATE (File Reviews)			
4	0	6				FR 194. PTRE-Consent Form is present in the student file			
4	0	6				FR 195. Demographic data			
4	0	6				FR 196. Reason for reevaluation			
4	0	6				FR 197. Types of assessment tools, tests and procedures to be used			
4	0	6				FR 198. Contact person's name and contact information			
4	0	6				FR 199. Parent has selected a consent option			
4	0	6				FR 200. Parent signature or documentation of reasonable efforts to obtain consent			
						AGREEMENT TO WAIVE REEVALUATION (File Reviews)			
0	0	10				FR 201. Agreement to Waive Reevaluation is present in the student file			
0	0	10				FR 202. Waiver was completed within required timelines (3 years (2 years for any ID student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR)			
0	0	10				FR 203. Reason reevaluation is not necessary at this time is included			
0	0	10				FR 204. Contact person's name and contact information			
0	0	10				FR 205. Parent has selected a consent option			
0	0	10				FR 206. Parent signature			
						EVALUATION REPORT (INITIAL) (File Reviews)			
1	0	9				FR 160. ER is present in the student file			
1	0	9				FR 161. Evaluation was completed within timelines			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
1	0	9				FR 162.	A copy of the ER was disseminated to parents at least 10 school days prior to meeting of the IEP team (unless this requirement is waived by parent in writing)			
1	0	9				FR 163.	Demographic data			
1	0	9				FR 164.	Date report was provided to parent			
1	0	9				FR 165.	Reason(s) for referral			
1	0	9				FR 166.	Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
1	0	9				FR 167.	Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
1	0	9				FR 168.	Teacher observations and observations by related service providers, when appropriate			
1	0	9				FR 169.	Recommendations by teachers			
1	0	9				FR 170.	The student's physical condition (including health, vision, hearing); social or cultural background; and adaptive behavior relevant to the student's suspected disability and potential need for special education			
1	0	9				FR 171.	Assessments, including when appropriate, current classroom based assessments, aptitude and achievement tests; local and/or state assessments; behavioral assessments; vocational technical education assessment results; interests, preferences, aptitudes (for secondary transition); etc.			
0	0	10				FR 172.	If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions (including if the assessment was given in the student's native language or other mode of communication)			
1	0	9				FR 173.	Lack of appropriate instruction in reading			
1	0	9				FR 174.	Lack of appropriate instruction in math			
1	0	9				FR 175.	Limited English proficiency			
1	0	9				FR 176.	Present levels of academic achievement			
1	0	9				FR 177.	Present levels of functional performance			
1	0	9				FR 178.	Behavioral information			
1	0	9				FR 179.	Conclusions			
1	0	9				FR 180.	Disability Category			
1	0	9				FR 181.	Recommendations for consideration by the IEP team			
1	0	9				FR 182.	Evaluation Team Participants documented			

Y	Ν	NA DK	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10		FR 183.	For students evaluated for SLD documentation of Agree/Disagree			
0	0	10		FR 184.	Documentation that the student does not achieve adequately for age, etc.			
0	0	10		FR 185.	Indication of process(es) used to determine eligibility			
0	0	10		FR 186.	Instructional strategies used and student-centered data collected			
0	0	10		FR 187.	Educationally relevant medical findings, if any			
0	0	10		FR 188.	Effects of the student's environment, culture, or economic background			
0	0	10		FR 189.	Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
0	0	10		FR 190.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
0	0	10		FR 191.	Observation in the student's learning environment			
0	0	10		FR 192.	Other data if needed			
0	0	10		FR 193.	Statement for all 6 items indicated to support conclusions of the evaluation team			
				REEVAL	UATION REPORT (File Reviews)			
9	0	1		FR 207.	RR is present in the student file			
9	0	1		FR 208.	Reevaluation was completed within timelines (either 60 calendar days from the date of LEA receipt of signed PTRE-Consent Form, excluding summer break, or within 3 years (2 years for any ID student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)			
9	0	1		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)			
9	0	1		FR 210.	Demographic data			
9	0	1		FR 211.	Date IEP team reviewed existing evaluation data			
9	0	1		FR 212.	Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
9	0	1		FR 213.	Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	1				FR 214.	Aptitude and achievement tests			
9	0	1				FR 215.	Current classroom based assessments and local and/or state assessments			
9	0	1				FR 216.	Observations by teacher(s) and related service provider(s) when appropriate			
9	0	1				FR 217.	Teacher recommendations			
9	0	1				FR 218.	Lack of appropriate instruction in reading			
9	0	1				FR 219.	Lack of appropriate instruction in math			
9	0	1				FR 220.	Limited English proficiency			
9	0	1				FR 221.	Conclusion regarding need for additional data is indicated			
5	0	5				FR 222.	Reasons additional data are not needed are included			
9	0	1				FR 223.	Determination whether the child has a disability and requires special education			
9	0	1				FR 224.	Disability category(ies)			
9	0	1				FR 225.	Summary of findings includes student's educational strengths and needs			
9	0	1				FR 226.	Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
9	0	1				FR 227.	Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
4	0	6				FR 228.	Interpretation of additional data			
2	0	8				FR 229.	Documentation that the student does not achieve adequately for age, etc.			
2	0	8				FR 230.	Indication of process(es) used to determine eligibility			
2	0	8				FR 231.	Instructional strategies used and student-centered data collected			
2	0	8				FR 232.	Educationally relevant medical findings, if any			
2	0	8				FR 233.	Effects of the student's environment, culture, or economic background			
2	0	8				FR 234.	Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
2	0	8				FR 235.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
2	0	8				FR 236.	Observation in the student's learning environment			

Y	N	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
2	0	8				FR 237. Other	r data if needed			
2	0	8				FR 238. State	ment for all 6 items			
9	0	1				FR 239. Docu	mentation of Evaluation Team Participants			
5	0	5				FR 240. Docu	imentation that team members Agree/Disagree			
						INTERVIEW RI Teacher)	ESULTS (Parent & Special Education			
8	0	0	0				you been asked to provide information for your 's evaluation/reevaluation?			
8	0	0	0				e you given the opportunity to provide this mation in writing or in another way that worked ou?			
8	0	0	0			your	the information you provided to the school for child's evaluation considered in your child's uation Report?			
3	0	4	1			2 yea retarc Priva other	ur child was not reevaluated when required (every ars for children with intellectual disability (consent dation), or any child placed in an Approved ate School, and every 3 years for children with disabilities) did you agree in writing to waive the aluation?			
0	8	0	0				e you requested an Independent Educational uation (IEE) for your child to be paid for by the ol?			
0	0	8	0				u have obtained an IEE for your child, were the ts of that evaluation considered by the team?			
0	0	8	0				e the results of the IEE included in the school's uation Report for your child?			
0	0	10					s student is not making progress, has he/she been aluated and/or has the IEP been reviewed?			
						Topical Area 5	: IEP Process and Content			
							O PARTICIPATE IN IEP TEAM OR NG (File Reviews)			
10	0	0				FR 241. Invita	ation is present in the student file			
10	0	0				prior	ation to Participate in the IEP Meeting was issued to the meeting (or documentation that parent ed waiver to move directly to IEP meeting)			
10	0	0				FR 243. Demo	ographic data			
10	0	0				FR 244. Purpo	ose(s) of the meeting			
5	0	5					sition planning and services – Invitation to parents ecked (age 14, younger if determined appropriate)			

Y	Ν	NA	D K Not Obs		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	5			FR 246. Transition planning and services - if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student			
5	0	5			FR 247. Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)			
10	0	0			FR 248. Invited IEP team members			
10	0	0			FR 249. Date/time/location of meeting			
10	0	0			FR 250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation			
					PARENT CONSENT TO EXCUSE MEMBERS FROM ATTENDING IEP TEAM MEETING (File Reviews)			
0	0	10			FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file			
0	0	10			FR 252. Demographic data			
0	0	10			FR 253. Form designates required IEP team member(s) for whom attendance is not necessary			
0	0	10			FR 254. Form designates which members will submit written input prior to the meeting			
0	0	10			FR 255. Parent written consent is documented			
					FR 256. The team members excused:			
					IEP CONTENT (File Reviews)			
10	0	0			FR 257. IEP is present in the student file			
10	0	0			FR 258. IEP was completed within timelines			
10	0	0			FR 259. Demographic data			
10	0	0			FR 260. IEP implementation date			
10	0	0			FR 261. Anticipated duration of services and programs			
4	0	6			FR 262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting			
					DOCUMENTATION OF IEP TEAM PARTICIPATION (File Reviews)			
10	0	0			FR 263. Parents			
5	0	5		Í	FR 264. Student			
10	0	0			FR 265. General Education Teacher			
10	0	0			FR 266. Special Education Teacher			
10	0	0			FR 267. Local Education Agency Representative			
2	0	8		1	FR 270. Community Agency Representative			

Y	Ν	NA	D K Not Obs		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10		FR 271.	Teacher of the Gifted			
0	0	10		FR 272.	Written input provided by IEP team member(s) excused from participating in the IEP meeting if the invitation stated they were to provide written input			
10	0	0		FR 273.	Copy of Procedural Safeguards Notice was given to parent during the school year			
				SPECIAL	CONSIDERATIONS (File Reviews)			
1	0	9		FR 274.	If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate			
2	0	8		FR 275.	If the student is deaf or hard of hearing, a communication plan			
4	0	6		FR 276.	If the student has communication needs, needs must be addressed in the IEP			
3	0	7		FR 277.	If the student requires assistive technology devices and/or services, needs must be addressed in the IEP			
0	0	10		FR 278.	If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE			
0	0	10		FR 279.	If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques			
0	0	10		FR 280.	If the student has other special considerations, these are addressed in the IEP			
					F LEVELS OF ACADEMIC ACHIEVEMENT AND DNAL PERFORMANCE (File Reviews)			
10	0	0		FR 281.	Student's present levels of academic achievement			
10	0	0		FR 282.	Student's present levels of functional performance			
5	0	5		FR 283.	Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)			
10	0	0		FR 284.	Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
10	0	0		FR 285.	How the student's disability affects involvement and progress in the general education curriculum			
10	0	0		FR 286.	Strengths			
10	0	0		FR 287.	Academic, developmental, and functional needs related to student's disability			

Y	Ν	NA	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
				TR	ANSITION SERVICES (File Reviews)			
5	0	5		FR	289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment			
5	0	5		FR	290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living			
4	0	6		FR	291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually			
5	0	5		FR	292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service			
5	0	5		FR	292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)			
5	0	5		FR	292b. Transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)			
5	0	5		FR	292c. Annual goals are related to the student's transition services			
					RTICIPATION IN STATE AND LOCAL ASSESSMENTS le Review)			
9	0	1		FR	293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLS, Alternate ACCESS for ELLS or PASA)			
7	0	3		FR	294. If the student will participate in the PSSA/Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations			
2	0	8		FR	295. If the student will participate in the PASA, an explanation of why the student cannot participate in the PSSA/Keystone Exams			
2	0	8		FR	296. If the student will participate in the PASA, explanation of why PASA is appropriate			
2	0	8		FR	297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)			
10	0	0		FR	298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)			

Y	Ν	NA	Not % Obs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0		FR 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations			
2	0	8		FR 300. If the IEP indicates the student will participate in an alternate local assessment, explanation of why the student cannot participate in the regular assessment			
2	0	8		FR 301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate			
				ANNUAL GOALS AND OBJECTIVES (INCLUDING			
10	0	0		ACADEMIC AND FUNCTIONAL GOALS) (File Reviews)			
10	0	0		FR 302. Measurable Annual Goals FR 303. Description of how student progress toward meeting goals will be measured			
10	0	0		FR 304. Description of when periodic reports on progress will be provided to parents			
10	0	0		FR 305. Documentation of progress reporting on Annual Goals			
2	0	8		FR 306. Short Term Objectives			
				SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)			
10	0	0		FR 307. Program Modifications and Specially-Designed Instruction			
10	0	0		FR 308. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP			
10	0	0		FR 309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
1	0	9		FR 310. If a student attends a Career or Vocational Technical School, evidence that the specially designed instruction addresses the student's needs in Career and Vocational Technical School			
5	0	5		FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			

Y	Ν	NA	DK M	Not % Dbs #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	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			
10	0	0			FR 313. If Supports for school personnel are included on the IEP, the personnel to receive support, support, location, frequency, projected beginning date and anticipated duration of services			
10	0	0			FR 314. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommendations in development of this IEP			
0	0	10			FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
10	0	0			FR 316. A conclusion regarding student eligibility for ESY			
10	0	0			FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
3	0	7			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			
3	0	7			FR 319. Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services			
					EDUCATIONAL PLACEMENT (File Reviews)			
10	0	0			FR 320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class			
10	0	0			FR 321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum			
10	0	0			FR 322. Type of support, by amount (itinerant, supplemental, full-time)			
10	0	0			FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
10	0	0			FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
10	0	0			FR 325. Location of student's program (name of School Building where the IEP will be implemented)			

Y	Ν	NA	D K	6 Citation #	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
2	0	8		FR 326. If child will not be attending his/her neighborhood school, reason why not			
				PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)			
10	0	0		FR 327. Completed Section A or Section B			
				IEP DEVELOPMENT			
				INTERVIEW RESULTS (Parent & General Education Teacher)			
8	0	0	0	P 28. Were you invited to participate in your child's most recent IEP team meeting?			
8	0	0	0	P 29. Did you participate in developing the current IEP for your child?			
7	1	0	0	P 30. Was the meeting held at a time and location that was convenient for you?			
3	0	4	1	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?			
7	1	0	0	P 32. Was the input you provided considered in the development of your child's current IEP?			
7	1	0	0	P 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	7	0	P 32b. If no, what training or support would assist you? How to deal with and mitigate behaviors, training on how to help with homework.			
8	0	0	0	P 33. Were the services you requested for your child considered by the IEP team in the development of your child's current IEP?			
8	0	0	0	P 35. Was the current IEP developed at the IEP meeting?			
7	0	1	0	P 36. If there was a draft IEP developed prior to the IEP meeting were you provided a copy of the draft either before or at the meeting?			
7	0	1	0	P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
0	0	8	0	P 38. If required IEP team members (special education teacher, general education teacher, or LEA) did not attend the meeting, did you agree in writing to them not being there?			
0	0	8	0	P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			

Y	Ν	NA	D K	Not % Obs #		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
		8	0		P 65. If you did not participate in your child's IEP meeting, what kept you from participating?			
7	2	0			GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
4	4	1			GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
4	0	5			GE 76. Were those recommendations considered by the IEP team?			
9	0	0			GE 86. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team?			
7	2	0			GE 87. Do you provide progress monitoring data as part of the IEP development process?			
					IEP CONTENT			
					INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
7	0	0	1		P 40. Did the IEP team consider the recommendations that were made in your child's most recent evaluation, including all recommendations that were made by the evaluation team for special education, related services, and supports for school personnel?			
5	0	1	2		P 41. Did the IEP team accept or reject the evaluation team's recommendations for special education, related services, and supports for school personnel for appropriate educational reasons?			
9	0	0			GE 81. Are this student's goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
9	0	0			GE 82. Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			
9	0	0			GE 83. Is the current IEP appropriate to meet this student's educational needs?			
10	0	0			SE 98. Unless otherwise specified in the student's IEP, is the length of this student's instructional day the same as nondisabled students?			
10	0	0			SE 102. Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
10	0	0			SE 103. Are the student's annual goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			

Y	Ν	NA		% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
5	0	5		SE 104.	If appropriate, are the student's annual goals based on functional performance?			
10	0	0		SE 106.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
7	0	3		SE 107.	If the student's most recent Evaluation Report contained recommendations for provision of related services, including psychological counseling, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
10	0	0		SE 108.	If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the student, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
10	0	0		SE 112.	Was it an IEP team decision as to whether this student would participate in the PSSA/Keystone Exams, PASA, and other district-wide/charter school-wide assessments?			
9	0	1		SE 117.	Is this student making progress in meeting the annual goals of his/her current IEP?			
9	0	1		SE 117a.	In your opinion, is this student benefiting from participation in the general education classroom?			
0	0	1		SE 117b.	If yes, in what ways? Socialization really helps. Able to socialize. Socialization Socialization and higher expectations. Helps stay focused, study skills and independent work. Socialization with peers. Academic vigor needed for college. Being provided for trade program. Socialization			
0	0	10		SE 117c.	If no, what does this student need that he/she is not receiving?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				SE 118. Is the progress on annual goals recorded and reported to the parent based on objective and measurable data?			
						IEP IMPLEMENTATION			
						INTERVIEW RESULTS (Parent, General & Special			
						Education Teacher)			
8	0	0	0			P 48. Were the special education and related services in your child's current IEP provided within 10 school days of the completion of the IEP?			
8	0	0	0			P 49. Are the special education and related services included in your child's current IEP provided at no cost to you?			
						P 57. When all students in the school receive a report card, I also receive a progress report on my child's IEP goals.			
						P 58. My child's progress is reported to me by the school in a manner that I understand.			
8	0	0	0			P 64. My child is receiving the supports and services agreed upon at the IEP meeting.			
9	0	0				GE 77. If supports for school personnel are included in the student's current IEP, has the LEA provided those supports?			
9	0	0				GE 79. Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
2	0	7				GE 79a. In the most recent IEP meeting for this student, did you discuss whether the student could be educated in a general education classroom for the entire school day?			
1	1	7				GE 79b. In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	8				GE 79c. If yes, what reasons were discussed for recommending removal? Needs support.			
0	0	8				GE 79d. If yes, how was the amount of time that this student would be removed from the general education classroom decided? IEP team decision.			
2	0	7				GE 79e. In the most recent IEP meeting, did the IEP team discuss whether this student could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			

Y	Ν	NA	D K	% Citation #	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
2	0	7		GE 84. If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
9	0	0		GE 92. If a student with an IEP is having behavioral difficulties in your classroom, do you address the behavior in your classroom rather than sending him/her back to the special education classroom to address the behavior issue unless indicated otherwise in the student's IEP?			
10	0	0		SE 105. Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
10	0	0		SE 109. Is this student receiving the type and amount of special education instruction and related services specified in his/her current IEP?			
10	0	0		SE 110. Was this student's current IEP implemented no later than 10 school days after its completion or no later than the IEP implementation date?			
10	0	0		SE 111. If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			
9	0	1		SE 113. If required, were the testing accommodations included in this student's current IEP implemented?			
10	0	0		SE 114. Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
10	0	0		SE 120. Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			
				PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent & Special Education Teacher)			
3	0	5	0	P 42. If your child's current IEP includes psychological counseling as a related service, and he/she receives these services, including transportation, are they provided at no cost to you?			
4	0	1	3	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?			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
4	1	0	3		P 4	4. Did you receive an explanation of what would make your child eligible for ESY services?			
4	0	0	4		P 4	5. Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
0	0	8	0		P 4	6. If you did not agree with the decision on ESY eligibility, were you given a written notice (NOREP/PWN) explaining that you could ask for a due process hearing?			
2	0	2	4		P 4	7. If your child was determined to be eligible for ESY services, did the IEP team decide upon the goals and services needed for the ESY program?			
10	0	0			SE	121. Was the consideration of ESY eligibility discussed during this student's current IEP meeting?			
3	0	7			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?			
1	0	9			SE	122a. At the most recent IEP meeting, did the IEP team discuss the development of a plan to transition this student back into the school district (or charter school if student is enrolled in a charter school) with supplementary aids and services?			
1	0	9			SE	122b. Are staff from the home district (or charter school if student is enrolled in a charter school) involved with the planning and implementation of this student program?			
1	0	9			SE	122c. Does this student go on field trips, attend school functions or participate in extracurricular activities with his/her same age/grade peers who are non-disabled?			
1	0	9			SE	122d. Does this student need supplementary aids and services to participate in non-academic and/or extra-curricular activities?			
1	0	9			SE	122e. If yes, are needed supplementary aids and services being provided to this student?			
1	0	9				122f. Are there routine opportunities for this student to interact with non-disabled peers that are planned and/or facilitated by school personnel?			
						CONDARY TRANSITION (Parent & Special Education cher)			
3	0	5	0		P 5	0. If your child is age 14 or older was he/she invited to participate in the IEP meeting for transition planning?			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	1	0	0			P 50a.	In the most recent IEP meeting for your child, did you discuss whether your child could be educated in a general education classroom for the entire school day?			
7	0	1	0			P 50b.	In the most recent IEP meeting, did the IEP team recommend removal of your child from the general education classroom for any part of the school day?			
0	0	1	0			P 50c.	If yes, what reasons were discussed for recommending removal? Sensory breaks and for related service times. Based on needs. Support and extra help. More support. Based on needs. Needs support. Learns slower, needs help with testing.			
0	0	1	0			P 50d.	If yes, how was the amount of time that your child would be removed from the general education classroom decided? When student needs a sensory break and specifically for related service time that cannot be provided during general education instructions. IEP team decision. Support when needed. IEP team decision. Based on needs. IEP team decision. Considered classes and groups.			
7	0	1	0			P 50e.	In the most recent IEP meeting, did the IEP team discuss whether your child could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
7	0	1	0			P 50f.	In your opinion, is your child benefiting from participation in the general education classroom?			
0	0	1	0			P 50g.	If yes, in what ways? Participation in traditional environment and social aspects of classroom. Modeling behavior. Feels normal. Socialization and content. Interaction and support from friends. Socialization and content. Socialization and content. Social peer group.			

Y	Ν	NA	D K	Not Obs	% #		Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	8	0			P 50h.	If no, what does your child need that he/she is not receiving in the class?			
						Р 59.	I am satisfied with the transition services developed for my child.			
						P 60.	My child is learning skills that will lead to a high school diploma and further education and/or employment.			
5	0	5				SE 116.	Were this student's desired post school outcomes considered when the IEP team developed the annual goals?			
9	0	1				SE 123.	Where appropriate, does the LEA invite a representative of a participating agency that is likely to be responsible for providing or paying for transition services to the IEP meeting?			
						Topical A	Area 6: NOREP/PWN			
		1				(File Revi	ews)			
10	0	0				FR 328.	NOREP/PWN is present in the student file			
10	0	0				FR 329.	Demographic data			
10	0	0				FR 330.	Type of action taken			
10	0	0				FR 331.	A description of the action proposed or refused by the LEA			
10	0	0				FR 332.	An explanation of why the LEA proposed or refused to take the action			
10	0	0				FR 333.	A description of the other options the IEP team considered and the reason why those options were rejected			
10	0	0				FR 334.	Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused			
10	0	0				FR 335.	Description of other factor(s) relevant to LEA's proposal or refusal			
10	0	0				FR 336.	Educational placement recommended (including amount and type)			
10	0	0				FR 337.	Signature of school district superintendent or charter school CEO or designee			
10	0	0				FR 338.	Parent signature or documentation of reasonable efforts to obtain consent (e.g. mailed to parents, certified mail, visit to the parent's home, etc.)			
10	0	0				FR 339.	Parent has selected a consent option			

Y	Ν	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			
						INTERVIEW RESULTS (Parent)			
1	0	7	0			P 34. If services that you requested for your child were rejected by the school, did you receive a written notice (NOREP/PWN) explaining why the request was rejected?			
						P 61. If I don't understand my child's educational rights, and I inquire about them, someone from the school takes the time to explain them to me.			
						Topical Area 7: Additional Interview Responses			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
						P 54. I am a partner with school personnel when we plan my child's education program.			
		0	0			P 66. Tell me anything you really like about your child's special education program.			
		2	0			P 67. Tell me anything you would like to change about the program.			
		1	0			P 68. The school explains what options parents have if the parent disagrees with a decision of the school.			
						P 69. Additional comments about your child's program. Not happy.			
10	0	0				SE 101. Do you hold the required certification to implement this student's program?			
10	0	0				SE 101a. Have you received sufficient training, technical assistance and other support to teach this student?			
0	0	10				SE 101b. If no, what training or support would assist you?			
						Topical Area 8: Other Non-compliance Issues			
						Topical Area 9: Other Improvement Plan Issues			