

School District/Charter School Compliance Monitoring System

File Review

Pennsylvania Department of Education Bureau of Special Education



Initial Evaluation Only File Review (of Student Files)

Student Name:	
Student ID Number:	Age of Student on IEP:
Prior Written Notice for Initial Evaluation and Request for Consent Form 153. PTE-Consent Form is present in the student file YesNoNA	Evaluation Report (ER) 160. ER is present in the student file YesNoNA (If the answer to question 160 is No, indicate NA for questions 161-193)
(If the answer to question 153 is No, indicate NA for questions 154-159)	Date of Report
Date LEA sent PTE-Consent Form	161. Evaluation was completed within timelines
Date of receipt of Consent Form	Yes No NA
The following information is present: 154. Demographic data YesNoNA 155. Reason(s) for referral for evaluation YesNoNA	(60 calendar days from the date of LEA receipt of signed PTE, excluding summer break) (If the timeline has been extended for students being evaluated for a learning disability, written documentation exists that the team has mutually agreed to the extension)
156. Proposed types of tests and assessments Yes No NA	162. A copy of the ER was disseminated to parents at least 10 school days prior to the meeting of the IEP team (unless this requirement is waived by parent in writing)
157. Contact person's name and contact information	The following information is present:
YesNoNA	163. Demographic data
158. Parent signature or documentation of reasonable efforts to obtain consentYesNoNA	Yes No No NA
159. Parent has selected a consent optionYesNoNA	Yes No NA 165. Reason(s) for referral Yes No NA

166.	Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form	Determining factors - Conclusion (yes/no) and evidence for conclusion:
167.	Yes No NA Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)	(For questions 173, 174, and 175, if the LEA has documented a "yes/no" conclusion and evidence as required on the ER form, indicate Yes; if the LEA has not documented a conclusion and evidence, indicate No.)
168.	Yes No NA Teacher observations and observations by related service providers, when appropriate	 173. Lack of appropriate instruction in reading Yes No NA 174. Lack of appropriate instruction in math Yes No NA
4.40	YesNoNA	175. Limited English proficiency
169.	Recommendations by teachers	YesNoNA
470	YesNoNA	Summary of findings/interpretation of
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 Yes No NA	evaluation results: 176. Present levels of academic achievement YesNoNA 177. Present levels of functional performance YesNoNA
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. YesNoNA	178. Behavioral information YesNoNA 179. Conclusions: On the ER form, 6A, or 6B, or 6C is checked YesNoNA 180. Disability Category
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)	YesNoNA 181. Recommendations for consideration by the IEP teamYesNoNA 182. Evaluation Team Participants documented
	Yes No NA	YesNoNA (If student is not being evaluated for SLD indicate NA for question 183)

183.	For students evaluated for SLD documentation of Agree/Disagree	191.	Observation in the student's learning environment
	YesNoNA		Yes No NA
Deter	mination of Specific Learning Disability	192.	Other data if needed
for stu indica conter be loca the "D the en	tions 184 through 193 are applicable only dents being evaluated for SLD; for all others te NA for these questions. Note that the at required to answer questions 184-193 can atted in one of two places in the ER - either in etermination of SLD" Component located at d of the ER, or embedded within Sections 5 of the ER.)		Yes No NA Statement for all 6 items indicated to support conclusions of the evaluation team (#10 on the "Determination of SLD" Component) Yes No NA
184.	Documentation that the student does not achieve adequately for age, etc.		ation to Participate in the IEP Team ing or Other Meeting
105	YesNoNA	241.	Invitation is present in the student fileYes No NA
	Indication of process(es) used to determine eligibility YesNoNA Instructional strategies used and		(If the answer to question 241 is No, indicate NA for questions 242-250. However, if the student is age 16 or older and the answer to 241 is No, indicate No for questions 246 and
187.	student-centered data collectedYesNoNA Educationally relevant medical findings, if	242.	Date Sent Invitation to Participate in the IEP Meeting
188.	YesNoNA Effects of the student's environment, culture, or economic background		was issued prior to the meeting (or documentation that parent signed waiver to move directly to IEP meeting) Yes No NA
189.	Yes No NA Data demonstrating that general education instruction was delivered by qualified		ollowing information is present: Demographic data YesNoNA
	personnel, including the ESL program, if applicable YesNoNA		Purpose(s) of the meetingYes No NA
190.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents	245.	Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)
	YesNoNA		Yes No NA

246.	Transition planning and services - if appro- priate, evidence that a representative of any	Date of Receipt of Parent Excusal Form			
	participating agency was invited to the IEP team meeting with the prior consent of		The following information is present:		
	the parent or student (If the agency is not providing the services or paying for the	252.	Demographic data		
	services, indicate NA for this question.)		Yes No NA		
	YesNoNA	253.	Form designates required IEP team member(s) for whom attendance is		
247.	Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); student is listed		not necessary		
			Yes No NA		
	on invitation	254.	Form designates which required members will submit written input prior to the		
240	Yes No NA Invited IEP team members		meeting		
240.			YesNoNA		
2/10	Yes No NA . Date/time/location of meetingYes No NA	255.	Parent written consent is documented		
Z 4 3.			Yes No NA		
250	Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation Yes No NA	256.	The required team members excused:		
250.			a. General Education Teacher		
			Yes No NA		
			b. Special Education Teacher		
Parent Consent to Excuse Required Members			YesNoNA		
	Attending the IEP Team Meeting		c. Local Education Agency Representative		
	red in 256, only three members are required. If		YesNoNA		
•	e other than one of the three required members ccused, even though there is a form in the file,	Indiv	ridualized Education Program (IEP)		
questions 251-255 are marked NA)		257.	IEP is present in the student file		
(If form was required, answer questions 251-256. If form was not required, indicate NA for questions 251-255.)			Yes No NA		
			(If the answer to question 257 is No, indicate NA for questions 258-327)		
251.	Parent Consent to Excuse Required		HOWEVER, if the student is age 16 or		
	Members from Attending the IEP Team Meeting is present in the student file		older and the answer to 257 is No, indicate No for questions 289, 290,		
	Yes No NA		291, 292a, 292b and 292c, and NA for the other questions)		
	(If the answer to question 251 is No, indicate	Date o	of IEP (IEP Team Meeting date)		

NA for questions 252-255)

258.	(No more than 30 calendar days from final ER)	267.	Local Education Agency Representative (or documented parent and LEA agreement to participate in another manner or excused)
	Yes No NA		Yes No NA
	llowing information is present:	268.	Career Technical Education (CTE) Representative (if appropriate, e.g., if
259.	Demographic data		student is enrolled in or applying to a
	Yes No NA		CTE) (or documentation they were invited or participated in another
260.	IEP implementation date		manner)
	YesNoNA		YesNoNA
261.	Anticipated duration of services and		(If 268 is NA, indicate NA for question 269)
	rogramsYesNoNA	269.	CTE Representative was in attendance, if student was attending CTE
262.	make changes to IEP without convening an IEP meeting 270. Yes No NA		YesNoNA
		Community Agency Representative (if appropriate for transition planning or documentation they were invited)	
		YesNoNA	
	changes were made to the IEP without a meeting, indicate NA for question 262)	271.	Teacher of the Gifted (required for IEP of a student with a disability who is also
Docu	mentation of IEP Team Participation		gifted under Chapter 16)
263.	Parents (or documented efforts to have them attend)		YesNoNA
	Yes No NA	272.	Written input provided by IEP team member(s) excused from participating
264.	Student (or documentation of invitation if transition services are being planned)		in the IEP meeting if the invitation stated they were to provide written input
	YesNoNA		YesNoNA
265.	General Education Teacher (or documented parent and LEA agreement to participate in	273.	Copy of Procedural Safeguards Notice was given to parent during the school year
	another manner or excused)		Yes No NA
	Yes No NA	I. Spe	cial Considerations (IEP)
266.	Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)	checke	student's IEP has any special consideration(s) ed, the IEP team must address those special cor tions as described on the IEP form; if special
YesNoNA			lerations apply to this student, answer the able questions in 274-280; if not, indicate NA.)

The fo	llowing information is present:	283.	Present levels related to current post-
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		secondary transition goals (if student is 14, or younger if determined by IEP team) Yes No NA
275.	appropriate If the student is deaf or hard of hearing, a	284.	Parental concerns for enhancing the education of the student (if provided by parent to the LEA)
	communication plan		Yes No NA
276.	YesNoNA If the student has communication needs, needs must be addressed in the IEP	285.	How the student's disability affects involvement and progress in the general education curriculum
	Yes No NA		YesNoNA
277.	If the student requires assistive technology	286.	Strengths
	devices and/or services, needs must be addressed in the IEP		YesNoNA
	Yes No NA	287.	Academic, developmental, and functional needs related to student's disability
278.	If the student has limited English proficiency, the IEP team must consider		Yes No NA
	English as Second Language for provision of FAPE	III. Tra	ansition Services (IEP)
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 behav-	than 1 Indica	ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)
279.	his/her learning or that of others, the IEP includes a Positive Behavior Support Plan	than 1 Indica service	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition
	his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behav-	than 1 Indica service The fo	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.)
	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 If the student has other special consider-	than 1 Indica service The fo	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.) Illowing information is present: If the student's IEP required participation in
280.	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 If the student has other special considerations, these are addressed in the IEP	than 1 Indica service The fo 288.	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.) Illowing information is present: If the student's IEP required participation in CTE program, was the CIP code completed YesNoNA Evidence that the measurable postsecondary goal(s) were based on age appropriate
280. II. Pre	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 If the student has other special considerations, these are addressed in the IEP Yes No NA esent Levels of Academic Achievement	than 1 Indica service The fo 288.	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.) Illowing information is present: If the student's IEP required participation in CTE program, was the CIP code completed YesNoNA Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or
280. II. Pre and F The fo	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 If the student has other special considerations, these are addressed in the IEP YesNoNA esent Levels of Academic Achievement functional Performance (IEP) sllowing information is present: Student's present levels of academic	than 1 Indica service The fo 288.	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.) Illowing information is present: If the student's IEP required participation in CTE program, was the CIP code completed YesNoNA Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))
280. II. Pre and F The fo	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 If the student has other special considerations, these are addressed in the IEP Yes No NA esent Levels of Academic Achievement functional Performance (IEP) sollowing information is present:	than 1 Indica service The fo 288.	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.) Illowing information is present: If the student's IEP required participation in CTE program, was the CIP code completed YesNoNA Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or
280. II. Pre and F The fo 281.	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 If the student has other special considerations, these are addressed in the IEP YesNoNA esent Levels of Academic Achievement functional Performance (IEP) Illowing information is present: Student's present levels of academic achievement	than 1 Indica service The fo 288.	4 if determined appropriate by IEP team. te NA for questions 289-292c if transition es are not required.) Illowing information is present: If the student's IEP required participation in CTE program, was the CIP code completed YesNoNA Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP)) An appropriate measurable postsecondary goal or goals that covers education or

____Yes ____No ____NA

291.	Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent	295.	an explana	tion of wh	ticipate in the PA y the student can A/Keystone Exar	nnot
	living are updated annually (If student was not of transition age for prior IEP, or no pre-		Yes _	No _	NA	
	vious IEP is available to examine, mark this N/A)	296.			rticipate in the PA ASA is appropria	
292.	Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service	297.		nt will pa	ticipate in the PA	
	Yes No NA		how student's performance will be documented (videotape or written narrative)			
292a.	Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)	If the LEA adm grade, the LEA		equired to tions 298	l assessment in a offer a local alte 301 are applicab	rnate Ie
	YesNoNA	•	_		h a local assessm grades indicate N	
292b.	Transition services in the IEP that will reasonably enable the student to meet		llowing info	-		,
292c.	his/her postsecondary goal(s) Annual goals are related to the student's	298.	participation	n in local	n decision regard assessments (loc	_
	transition services		alternate lo	•		
	YesNoNA		Yes	No _	NA	
IV. Participation in State and Local Assessments (IEP) (Questions 293-297 are applicable to statewide assessment of students in grades 3 through 8 (PSSA/		299.	 If the student will participate in local assessments, indication of IEP team decisio regarding participation with or without accommodations 			
			Yes _		NA	
PASA)	PASA) and high school (Keystone Exams/Grade 11 PASA) for all other grades indicate NA) The following information is present:		pate in an a	alternate l	e student will pa ocal assessment, ne student canno	
293.	Documentation of IEP team decision		participate in the regular assessment			
	regarding participation in statewide assessments (PSSA/Keystone Exams,		Yes	No _	NA	
	ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)	301.	local assess	ment, exp	ticipate in an alto planation of why	
	Yes No NA				is appropriate	
294.	If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations		Yes _	No _	NA	
	YesNoNA					

V. Annual Goals and Objectives (including academic and functional goals) (IEP)

acaae	emic and functional goals) (IEP)
The fo	llowing information is present:
302.	Measurable Annual Goals (If student's annual goals were evaluated in III. Transition Services (IEP), question 292c, score this question the same way as question 292c, i.e. yes, no, or NA)
	Yes No NA
303.	Description of how student progress toward meeting goals will be measured
	YesNoNA
304.	Description of when periodic reports on progress will be provided to parents
	YesNoNA
305.	Documentation of progress reporting on Annual Goals
	YesNoNA
306.	Short Term Objectives (Required for students with disabilities who take the alternate assessment aligned to alternate achievement standards – PASA; for other students indicate NA)
	YesNoNA
Suppl	ecial Education/Related Services/ lementary Aids and Services/Program fications (IEP)
The fo	llowing information is present:
307.	Program Modifications and Specially Designed Instruction
	YesNoNA
308.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommenda-

tions in development of this IEP?

____ Yes ____ No ____ NA

309.	If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
	Yes No NA
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
	Yes No NA
311.	If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
	Yes No NA
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?
	Yes No NA
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
	Yes No NA
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 recommen- dations in development of this IEP
	Yes No NA

315.	as gifted and also is identified as a student with a disability	supplemental, full-time) Yes No NA
	Yes No NA	
316.	A conclusion regarding student eligibility for ESY	323. Type of special education supports, (e.g., autistic support, emotional support, learning support)
	Yes No NA	YesNoNA
317.	Information or data reviewed by the IEP team to support the ESY eligibility	324. Location of student's program (name of LEA where the IEP will be implemented)
	determination Yes No NA	Yes No NA
318.	Where ESY services were deemed appropriate, annual goals and when appropriate,	325. Location of student's program (name of School Building where the IEP will be implemented)
	short term objectives that are to be addressed in the child's ESY program	YesNoNA
	Yes No NA	326. If child will not be attending his/her neighborhood school, reason why not
319.	Where ESY was determined to be appropriate, ESY service to be provided, location,	Yes No NA
	frequency, projected beginning date and anticipated duration of services	VIII. PennData Reporting for Educational Environment (IEP)
	Yes No NA	The following information is present:
VII. E	ducational Placement (IEP)	327. Completed Section A or Section B
The fo	llowing information is present:	Yes No NA
320.	Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general	Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN)
	education class Yes No NA	328. NOREP/PWN is present in the student file (If the answer to question 328 is No, indicate NA for questions 329-340)
321.	Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum Yes No NA	Date LEA sent current NOREP/PWN
		Date LEA received signed NOREP/PWN
		The following information is present:
		329. Demographic data
		Yes No NA

330.	Type of action takenYesNoNA	LEA's proposal or refusal
331.	A description of the action proposed or	YesNoNA
	refused by the LEA	336. Educational placement recommended (including amount and type)
332.	YesNoNA An explanation of why the LEA proposed or	YesNoNA
	refused to take the action	337. Signature of school district superintendent or charter school CEO or designee
333	YesNoNA A description of the other options the IEP	YesNoNA
333.	team considered and the reason why those options were rejected (if action is in regard to educational placement, options considered must begin with the general education	338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)
	environment with supplementary aids and services)	YesNoNA
	YesNoNA	339. Parent has selected a consent option
334.	Description of each evaluation procedure,	Yes No NA
	assessment, record or report used as the basis for proposed action or action refused	340. NOREP/PWN reflects the educational place ment indicated on the student's IEP
	YesNoNA	Yes No NA

Reevaluation Only File Review (of Student Files)

Student Name:			
Student ID Number:	Age of Student on IEP:		
Prior Written Notice for a Reevaluation and Request for Consent Form (If form was not required, indicate NA for 194-200) 194. PTRE-Consent Form is present in the student file YesNoNA	Reevaluation Report (RR) 207. RR is present in the student file YesNoNA (If the answer to question 207 is No, indicate NA for questions 208-240)		
(If the answer to question 194 is No, indicate NA for questions 195-200)	Date of Report Date report was provided to parent		
Date LEA sent PTRE-Consent Form Date of Receipt of PTRE-Consent Form The following information is present: 195. Demographic data YesNoNA 196. Reason for reevaluation	208. Reevaluation was completed within time- lines (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 intellectual disability stu- dent or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)		
YesNoNA 197. Types of assessment tools, tests, and procedures to be usedYesNoNA 198. Contact person's name and contact information	YesNoNA 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) YesNoNA		
Yes No NA 199. Parent has selected a consent option	The following information is present: 210. Demographic data		
YesNoNA 200. Parent signature or documentation of reasonable efforts to obtain consent	Yes No NA 211. Date IEP team reviewed existing evaluation data		
YesNoNA	YesNoNA		

212.	Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education	Summary and Conclusions: 221. Conclusion regarding need for additional Data,	al
	Yes No NA	data is indicated	
213.	Evaluations and information provided by	Yes No NA	
	the parent (or documentation of LEA's attempts to obtain parent input)	(If option selected indicates that addition data are not needed, answer question 22	uestion 222.
214.	Yes No NA Aptitude and achievement tests	If option selected indicates additional da are needed, indicate NA for question 222	
	YesNoNA	222. Reasons additional data are not needed included	are
215.	Current classroom based assessments and local and/or state assessments	YesNoNA	
	YesNoNA	(Answer questions 223-227 for all students, i.e., whether additional data were determined to be needed or not.)	
216.	Observations by teacher(s) and related service provider(s) when appropriate	223. Determination whether the child has a	
	Yes No NA	disability and requires special education	
217.	Teacher recommendations	YesNoNA	
	Yes No NA	The following information is present:	
	mining factors - Conclusion (yes/no) and nce for conclusion:	224. Disability category(ies)Yes No NA	
(For questions 218, 219, and 220 if the LEA has docu- mented a "yes/no" conclusion and evidence as required on RR form, indicate Yes; if the LEA has not		225. Summary of findings includes student's educational strengths and needs	
docun	nented a conclusion and evidence, indicate No.)	Yes No NA	
218.	Lack of appropriate instruction in reading Yes No NA	226. Summary of findings includes present le of academic achievement and related de opmental needs, including transition ne	evel
219.	Lack of appropriate instruction in math	as appropriate.	
	YesNoNA	227. Summary of findings includes recommendations for consideration by the IEP team	
220.	Limited English proficiency	regarding additions or modifications to t	the
	Yes No NA	student's programsYesNoNA	
		(If option selected indicates that additional data needed, answer question 228. If option selected is cates that additional data are not needed, answe	ndi

question 228 NA.)

228.	Interpretation of additional data	236.	Observation in the student's learning
	Yes No NA		environment
(If the	IEP team determined that additional data are		Yes No NA
	d, and the student is being reevaluated for SLD,	237.	Other data if needed
	er questions 229-238. If student is not being Luated for SLD, indicate NA for questions 229-		YesNoNA
two pl	Note that this content can be located in one of aces in the RR - either in the "Determination of Component located at the end of the RR, or	238.	Statement for all 6 items (# 10 on the "Determination of SLD" Component)
embed	dded within Section II, #2 of the RR)		YesNoNA
229.	Documentation that the student does not	For Al	LL students:
	achieve adequately for age, etc.	239.	Documentation of Evaluation Team
	Yes No NA		Participants
230.	Indication of process(es) used to determine		YesNoNA
	eligibilityYes NoNA		udents reevaluated for SLD: (for all other ilities indicate NA)
231.	Instructional strategies used and student- entered data collected	240.	Documentation that team members Agree/ Disagree
	Yes No NA		YesNoNA
232.	Educationally relevant medical findings, if any		ation to Participate in the IEP Team ing or Other Meeting
	Yes No NA	241.	Invitation is present in the student file
233.	Effects of the student's environment, culture, or economic background		YesNoNA
	Yes No NA		(If the answer to question 241 is No, indicate NA for questions 242-250
234.	Data demonstrating that general education instruction was delivered by qualified personnel, including the ESL program, if applicable		HOWEVER, if the student is age 16 or older and the answer to 241 is No, i ndicate No for questions 246 & 247, and NA for the other questions)
	Yes No NA	Date S	ent
235.	Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents	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)
	Yes No NA		Yes No NA

The fo	llowing information is present:	Parent Consent to Excuse Required Members
243.	Demographic data	From Attending the IEP Team Meeting
	Yes No NA	(As listed in 256, only three members are required. If anyone other than one of the three required members
244.	Purpose(s) of the meeting	was excused, even though there is a form in the file,
	Yes No NA	questions 251-255 are marked NA) (If form was required, answer questions 251-256. If
245.	Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)	form was not required, indicate NA for questions 251-255.) 251. Parent Consent to Excuse Required
	Yes No NA	Members from Attending the IEP Team Meeting is present in the student file
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 (If the agency is not providing the services or paying for the services indicate NA for this question)	YesNoNA (If the answer to question 251 is No, indicate NA for questions 252-255) Date of Receipt of Parent Excusal Form The following information is present:
	Yes No NA	252. Demographic data
247.	Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation	Yes No NA 253. Form designates required IEP team member(s) for whom attendance is
	Yes No NA	not necessary
248.	Invited IEP team members	Yes No NA
	Yes No NA	254. Form designates which required members will submit written input prior to the
249.	Date/time/location of meeting	meeting
	Yes No NA	YesNoNA
250.	Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation	255. Parent written consent is documentedYes No NA
	Yes No NA	

256. The required team members excused:		262. If appropriate, LEA and parent agreement
	a. General Education Teacher	to make changes to IEP without convening an IEP meeting (<i>If this section is blank on</i>
	YesNoNA	the IEP, and no changes were made to
	b. Special Education Teacher	the IEP without a meeting, indicate NA for question 262)
	YesNoNA	Yes No NA
	c. Local Education Agency Representative	Documentation of IEP Team Participation
	Yes No NA	263. Parents (or documented efforts to have
Indiv	idualized Education Program (IEP)	them attend)
257.	IEP is present in the student file	Yes No NA
	YesNoNA	264. Student (or documentation of invitation if transition services are being planned)
	(If the answer to question 257 is No, indicate NA for questions 258-327)	Yes No NA
	HOWEVER, if the student is age 16 or older and the answer to 257 is No, indicate No for questions 289, 290, 291, 292a, 292b and 292c, and NA for the other questions)	265. General Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)
Date of IEP (IEP Team Meeting date)		Yes No NA
	IEP was completed within timelines (No more than 1 year from the date of the last IEP)	266. Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)
	Yes No NA	Yes No NA
The fo	llowing information is present:	267. Local Education Agency Representative (or
259.	Demographic data	documented parent and LEA agreement to participate in another manner or excused)
	Yes No NA	Yes No NA
260.	IEP implementation date	268. Career Technical Education (CTE)
	Yes No NA	Representative <i>if appropriate, ie., if</i> student is enrolled in or applying to a
261.	Anticipated duration of services and programs	CTE (or documentation they were invited or participated in another manner) (If 268 is NA, indicate NA for question 269)
	Yes No NA	Yes No NA
		269. CTE Representative was in attendance, if student was attending CTE
		Yes No NA

(if appropriate	gency Representative for transition planning tion they were invited)	277.	If the student requires assistive technology devices and/or services, needs must be addressed in the IEP
Yes1	No NA		Yes No NA
	Gifted (required for IEP of a disability who is also gifted 16)	278.	If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE
Yes1	No NA		YesNoNA
member(s) exc in the IEP meet they were to p	orovided by IEP team cused from participating ting if the invitation stated rovide written input	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 behav- ior utilizing positive behavior techniques
YesI			Yes No NA
	dural Safeguards Notice arent during the school year	280.	If the student has other special considerations, these are addressed in the IEP
	No NA		
Yes1			Vac No NA
YesI I. Special Considera	ations (IEP)	II Dua	YesNoNA
I. Special Considera (If the student's IEP ha checked, the IEP team	as any special consideration(s) must address those special con-	and F	esent Levels of Academic Achievement Functional Performance (IEP)
I. Special Considera (If the student's IEP ha checked, the IEP team siderations as describ	ns any special consideration(s)	and F	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present:
I. Special Considera (If the student's IEP ha checked, the IEP team siderations as describ considerations apply a applicable questions i	ns any special consideration(s) must address those special con- ed on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.)	and F	esent Levels of Academic Achievement Functional Performance (IEP)
I. Special Considera (If the student's IEP had checked, the IEP team siderations as describ considerations apply a applicable questions in	as any special consideration(s) must address those special con- ed on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.)	and F	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic
I. Special Considera (If the student's IEP has checked, the IEP team siderations as describ considerations apply a applicable questions in The following informations and description of	ns any special consideration(s) must address those special con- ed on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.)	and F The fo 281.	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic achievement
I. Special Considera (If the student's IEP has checked, the IEP team siderations as describe considerations apply a applicable questions in The following informations and the student in a description of and the use of determines that	is any special consideration(s) must address those special coned on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.) ation is present: s blind or visually impaired, of the instruction in Braille	and F The fo 281.	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic achievement YesNoNA Student's present levels of functional
I. Special Considera (If the student's IEP has checked, the IEP team siderations as describ considerations apply a applicable questions in The following informations and the student in a description of and the use of	is any special consideration(s) must address those special coned on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.) ation is present: s blind or visually impaired, of the instruction in Braille Braille, unless the IEP team at such instruction is not	and F The fo 281.	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic achievement YesNoNA Student's present levels of functional performance
I. Special Consideral (If the student's IEP has checked, the IEP teams iderations as described applicable questions in The following informal 274. If the student is a description of and the use of determines the appropriate	as any special consideration(s) must address those special cone ed on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.) ation is present: s blind or visually impaired, of the instruction in Braille Braille, unless the IEP team at such instruction is not No NA s deaf or hard of hearing, a	and F The fo 281.	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic achievement YesNoNA Student's present levels of functional performance YesNoNA Present levels related to current
(If the student's IEP has checked, the IEP teams iderations as describe considerations apply applicable questions if The following informations and the use of determines the appropriateYes!	as any special consideration(s) must address those special cone ed on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.) ation is present: s blind or visually impaired, of the instruction in Braille Braille, unless the IEP team at such instruction is not No NA s deaf or hard of hearing, a an plan	and F The fo 281.	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic achievement Yes No NA Student's present levels of functional performance Yes No NA Present levels related to current postsecondary transition goals (if student is 14, or younger if determined
I. Special Considerations (If the student's IEP has checked, the IEP teams iderations as describe considerations as describe applicable questions in The following informations and the use of determines the appropriate Yes I 276. If the student if a communication is communication in the student if communication is communication in the student if communication is communication in the student if the student if it is communication in the student if the student if it is communication in the student if the student if it is communication in the student if the student if it is communication in the student in t	as any special consideration(s) must address those special cone ed on the IEP form; if special to this student, answer the in 274-280; if not, indicate NA.) ation is present: s blind or visually impaired, of the instruction in Braille Braille, unless the IEP team at such instruction is not No NA s deaf or hard of hearing, a an plan	and F The for 281. 282.	esent Levels of Academic Achievement Functional Performance (IEP) ollowing information is present: Student's present levels of academic achievement YesNoNA Student's present levels of functional performance YesNoNA Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)

285.	How the student's disability affects involvement and progress in the general education curriculum		(If student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)
286.	YesNoNA Strengths	292.	Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service
III. Tra (Requithan 1 Indica vices o	YesNoNA Academic, developmental, and functional needs related to student's disability YesNoNA ansition Services (IEP) ired for students age 14 and older, or younger 4 if determined appropriate by IEP team. te NA for questions 289-292c if transition service not required.) Illowing information is present: If the student's IEP required participation	292b.	YesNoNA Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s) YesNoNA Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s) YesNoNA Annual goals are related to the student's transition services YesNoNA
	in CTE program, was the CIP code completed Yes No NA Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment (locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))	Asses (Quest assess PASA) PASA) The fo	rticipation in State and Local issments (IEP) tions 293-297 are applicable to statewide iment of students in grades 3 through 8 (PSSA) and high school (Keystone Exams/Grade 11 for all other grades indicate NA) llowing information is present: Documentation of IEP team decision regarding participation in statewide assessments
	YesNoNA An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent livingYesNoNA Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent	294.	(PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA) YesNoNA If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations YesNoNA
	living are updated annuallyYes No NA		

295.	If the student will participate in the PASA an explanation of why the student	V. Annual Goals and Objectives (including academic and functional goals) (IEP)		
	cannot participate in the PSSA/Keystone Exams	The following information is present:		
	YesNoNA	302. Measurable Annual Goals (if student's		
	If the student will participate in the PASA, explanation of why PASA is appropriate	annual goals were evaluated in III. Transition Services (IEP), question 292c, score this ques- tion the same way as question 292c, i.e., yes, no, or NA)		
	YesNoNA	•		
297.	If the student will participate in the PASA, how student's performance will be docu- mented (videotape or written narrative)	Yes No NA 303. Description of how student progress toward meeting goals will be measured		
	YesNoNA	YesNoNA		
If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assess-		304. Description of when periodic reports on progress will be provided to parents		
	(Questions 298-301 are applicable only to grades in which a local assessment is adminis-	Yes No NA		
tered – for all other grades indicate NA) The following information is present:		305. Documentation of progress reporting on Annual Goals		
	Indication of IEP team decision regarding	Yes No NA		
270.	participation in local assessment (local or alternate local)	306. Short Term Objectives (Required for students with disabilities		
200	YesNoNA	who take the alternate assessment aligned to alternate achievement standards –		
299.	If the student will participate in local assessments, indication of IEP team decision	PASA; for other students indicate NA)		
	regarding participation with or without	Yes No NA		
	accommodationsYesNoNA	VI. Special Education/Related Services/ Supplementary Aids and Services/Program		
300.	If the IEP indicates the student will partici-	Modifications (IEP)		
	pate in an alternate local assessment, explanation of why the student cannot	The following information is present:		
	participate in the regular assessment 307.	307. Program Modifications and Specially Designed Instruction		
	Yes No NA	Yes No NA		
301.	If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate Yes No NA	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?		

____Yes ____No ____NA

309.	If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	315. Support services, if the as gifted and also is identified with a disability YesNo	entifiedas a student
	YesNoNA	316. A conclusion regardin for ESY	g student eligibility
310.	If a student attends a Career or Vocational Technical School, evidence that the spe- cially designed instruction addresses the student's needs in Career and Vocational Technical SchoolYesNoNA	YesNo 317. Information or data re team to support the E determinationYesNo	eviewed by the IEP SY eligibility
311.	If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	318. Where ESY services w ate, annual goals and short term objectives addressed in the child	ere deemed appropri- when appropriate, that are to be
	Yes No NA	YesNo	_ NA
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 devel- opment of this IEP?	319. Where ESY was determed ate, ESY service to be frequency, projected anticipated duration of the service and the service an	provided, location, beginning date and of services
	Yes No NA	VII. Educational Placeme	ent (IEP)
313.	If Supports for school personnel are	The following information is	present:
	included on the IEP, the personnel to receive support, support, location, frequency, projected beginning date and anticipated duration of services	320. Explanation of the ext the student will not p dents without disabili education class	articipate with stu-
	Yes No NA	Yes No	_ NA
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 recommen- dations in development of this IEP?	321. Explanation of the extended the student will not possible dents without disabilitied education curriculum YesNo	articipate with stu- ties in the general
	Yes No NA	322. Type of support, by ar supplemental, full-tim	
		Yes No	NA

323.	Type of special education supports, e.g., autistic support, emotional support, learning support)	331.	A description of the action proposed or refused by the LEA
			YesNoNA
324.	YesNoNA Location of student's program (name of LEA	332.	An explanation of why the LEA proposed or refused to take the action
	where the IEP will be implemented)		YesNoNA
	YesNoNA	333.	A description of the other options the
325.	Location of student's program (name of school building where the IEP will be implemented)		IEP team considered and the reason why those options were rejected (if action is in regard to educational placement, options considered must begin with the general
	YesNoNA		education environment with supplemen-
326.	If child will not be attending his/her neighborhood school, reason why not		tary aids and services)
	· ·		YesNoNA
	YesNoNA	334.	Description of each evaluation procedure, assessment, record or report used as the
	PennData Reporting for Educational comment (IEP)		basis for proposed action or action refused
	llowing information is present:		YesNoNA
	Completed Section A or Section B	335.	Description of other factor(s) relevant to LEA's proposal or refusal
	YesNoNA		YesNoNA
	e of Recommended Educational ment/Prior Written Notice (NOREP/	336.	Educational placement recommended (including amount and type)
PWN)			YesNoNA
328.	NOREP/PWN is present in the student file (If the answer to question 328 is No,	337.	Signature of school district superintendent or charter school CEO or designee
	indicate NA for questions 329-340)		Yes No NA
Date L	EA sent current NOREP/PWN	338.	Parent signature or documentation of reasonable efforts to obtain consent (e.g.,
Date L	EA received signed NOREP/PWN	333.	
The following information is present:			mailed to parents, certified mail, visit to the parent's home)
329.	Demographic data		YesNoNA
	YesNoNA	339.	Parent has selected a consent option
330.	Type of action taken		YesNoNA
	YesNoNA	340.	NOREP/PWN reflects the educational placement indicated on the student's IEP
			Yes No NA

Reevaluation Waiver Only File Review (of Student Files)

____Yes ____No ____NA

Student Name:	
Student ID Number:	Age of Student on IEP:
Agreement to Waive Reevaluation	206. Parent signature
(NA for students with intellectual disability; if a waiver was issued for student identified with intellectual disability peer monitor must inform chairperson) 201. Agreement to Waive Reevaluation is present in the student file Yes No NA (If answer to question 201 is No, indicate NA for questions 202-206) Date Sent	Invitation to Participate in the IEP Team Meeting or Other Meeting 241. Invitation is present in the student file YesNoNA (If the answer to question 241 is No, indicate NA for questions 242-250; HOWEVER, if the student is age 16 or older and the answer to 241 is No, indicate No for questions 246 &
Date of Receipt of Agreement to Waiver Form	247, and NA for the other questions.) Date Sent
202. Waiver was completed within required timelines (3 years (2 years for any intellectual disability student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR) YesNoNA	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) YesNoNA
The following information is present:	The following information is present:
203. Reason reevaluation is not necessary at this time is included	243. Demographic dataYesNoNA
Yes No NA	244. Purpose(s) of the meeting
204. Contact person's name and contact information YesNoNA	YesNoNA 245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)
205. Parent has selected a consent option	Vos No NA

246. Transition planning and services - if appro-		Date o	of Receipt of Parent Excusal Form
	priate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the	The fo	llowing information is present:
		252.	Demographic data
	parent or student (If the agency is not pro- viding the services or paying for the services		YesNoNA
	indicate NA for this question)	253.	Form designates required IEP team
	Yes No NA		member(s) for whom attendance is not necessary
247.	Transition planning and services – Transition planning is checked (age 14, or younger if		Yes No NA
	determined appropriate); Student is listed on invitation	254.	Form designates which required members will submit written input prior to the
	Yes No NA		meeting
248.	Invited IEP team members		YesNoNA
	Yes No NA	255.	Parent written consent is documented
249.	Date/time/location of meeting		YesNoNA
	Yes No NA	256.	The required team members excused:
250.	Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation		a. General Education Teacher
			Yes No NA
			b. Special Education Teacher
	Yes No NA		Yes No NA
Paren	t Consent to Excuse Required Members		c. Local Education Agency Representative
	Attending the IEP Team Meeting		Yes No NA
	ed in 256, only three members are required. If	Indiv	idualized Education Program (IEP)
was ex	e other than one of the three required members cused, even though there is a form in the file,	257.	IEP is present in the student file
•	ons 251-255 are marked NA) n was required, answer questions 251-256. If		YesNoNA
form v	vas not required, indicate NA for questions		(If the answer to question 257 is No,
251-25	,		indicate NA for questions 258-327)
251.	Parent Consent to Excuse Required		HOWEVER, if the student is age 16 or older and the answer to 257 is No, indicate
	Members from Attending the IEP Team Meeting is present in the student file		No for questions 289, 290, 291, 292a, 292b
			and 292c, and NA for the other questions)
	Yes No NA	Date o	of IEP (IEP Team Meeting date)
	(If the answer to question 251 is No, indicate NA for questions 252-255)	24100	

258.	IEP was completed within timelines (No more than 1 year from the date of the last IEP)	267.	Local Education Agency Representative (or documented parent and LEA agreement to participate in another manner or excused)
	YesNoNA		YesNoNA
The fo	llowing information is present:	268.	Career Technical Education (CTE)
259.	Demographic data		Representative (if appropriate, e.g., if student is enrolled in or applying to a CTE) (or docu-
	Yes No NA		mentation they were invited or participated in another manner) (If 268 is NA, indicate NA for
260.	IEP implementation date		question 269)
	Yes No NA		Yes No NA
261.	Anticipated duration of services and programs	269.	CTE Representative was in attendance if student was attending CTE
	YesNoNA		YesNoNA
262.	If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting (If this section is blank on the	270.	Community Agency Representative (if appropriate for transition planning or documentation they were invited)
	IEP, and no changes were made to the IEP without a meeting, indicate NA for question		Yes No NA
	262)	271.	Teacher of the Gifted (required for IEP
	YesNoNA		of a student with a disability who is also gifted under Chapter 16)
Docur	mentation of IEP Team Participation		YesNoNA
263.	Parents (or documented efforts to have them attend)	272.	Written input provided by IEP team member(s) excused from participating in the IEP
	Yes No NA		meeting if the invitation stated they were to provide written input
264.	Student (or documentation of invitation if transition services are being planned)		Yes No NA
	YesNoNA	273.	Copy of Procedural Safeguards Notice was
265.	General Education Teacher (or documented parent and LEA agreement to participate in	J	given to parent during the school yearYes No NA
	another manner or excused)		
	YesNoNA	I. Spe	cial Considerations (IEP)
266.	Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused) YesNoNA	checko sidera consid	student's IEP has any special consideration(s) ed, the IEP team must address those special con- tions as described on the IEP form; if special lerations apply to this student, answer the able questions in 274-280; if not, indicate NA.)

The following information is present: 274. If the student is blind or visually impaired, a	282. Student's present levels of functional performance	
description of the instruction in Braille and the use of Braille, unless the IEP team deter-	Yes No NA	
mines that such instruction is not appropriate	283. Present levels related to current postsecondary transition goals (if student is 14,	
YesNoNA	or younger if determined by IEP team)	
275. If the student is deaf or hard of hearing, a communication plan	Yes No NA	
Yes No NA	284. Parental concerns for enhancing the education of the student (if provided by	
276. If the student has communication needs, needs must be addressed in the IEP	parent to the LEA)YesNoNA	
Yes No NA	285. How the student's disability affects	
277. If the student requires assistive technology devices and/or services, needs must be	involvement and progress in the general education curriculum	
addressed in the IEP	YesNoNA	
Yes No NA	286. Strengths	
278. If the student has limited English profi-	Yes No NA	
ciency, the IEP team must consider English as Second Language for provision of FAPE	287. Academic, developmental, and functional needs related to student's disability	
YesNoNA	Yes No NA	
279. If the student has behaviors that impede his/her learning or that of others, the IEP	III. Transition Services (IEP)	
includes a Positive Behavior Support Plan based on a functional assessment of behav- ior utilizing positive behavior techniques	(Required for students age 14 and older, or younge than 14 if determined appropriate by IEP team.	
Yes No NA	Indicate NA for questions 289-292c if transition services are not required.)	
280. If the student has other special consider-	The following information is present:	
ations, these are addressed in the IEPYesNoNA	288. If the student's IEP required participation in CTE program, was the CIP code completed	
II. Present Levels of Academic Achievement	Yes No NA	
and Functional Performance (IEP)	289. Evidence that the measurable postsecond-	
The following information is present:	ary goal(s) were based on age appropriate transition assessment (locate assessment	
281. Student's present levels of academic achievement	information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))	
Yes No NA	Yes No NA	

290.	An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living	The following information is present:	
		293. Documentation of IEP team decision regard- ing participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs,	
	YesNoNA	Alternate ACCESS for ELLs or PASA)	
291.	Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually (if student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)	YesNoNA 294. If the student will participate in the PSSA/ Keystone Exams, documentation of IEP team decision regarding participation with or without accommodationsYesNoNA	
292.	YesNoNA Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service	295. If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams Yes No NA	
292a.	YesNoNA Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)	296. If the student will participate in the PASA, explanation of why PASA is appropriateYesNoNA	
292b.	YesNoNA Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)	297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative) YesNoNA	
292c.	YesNoNA Annual goals are related to the student's transition services	If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assess- ment. (Questions 298-301 are applicable only to those grades in which a local assessment is adminis- tered – for all other grades indicate NA)	
	Yes No NA	The following information is present:	
IV. Participation in State and Local Assessments (IEP) (Questions 293-297 are applicable to statewide assessment of students in grades 3 through 8 (PSSA/ PASA) and high school (Keystone Exams/Grade 11 PASA) for all other grades indicate NA)		298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)	
		YesNoNA 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations YesNoNA	
		162 INO INA	

300.	If the IEP indicates the student will participate in an alternate local assessment, explanation of why the student cannot	Supp	pecial Education/Related Services/ lementary Aids and Services/Program fications (IEP)
	participate in the regular assessment Yes No NA	The fo	llowing information is present:
301.	If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate	307.	Program Modifications and Specially Designed InstructionYes No NA
acade	YesNoNA nual Goals and Objectives (including emic and functional goals) (IEP) Illowing information is present:	308.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommenda- tions in development of this IEP? Yes No NA
302.	Measurable Annual Goals (if student's annual goals were evaluated in III. Transition Services (IEP), question 292c, score this question the same way as question 292c, i.e., yes, no, or NA)	Yes No NA 309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	
303.	Yes No NA Description of how student progress toward meeting goals will be measured	310.	YesNoNA If a student attends a Career or Vocational
304.	YesNoNA Description of when periodic reports on progress will be provided to parents		Technical School, evidence that the specially designed instruction addresses the student's needs in Career and Vocational Technical School
	Yes No NA		Yes No NA
305.	Documentation of progress reporting on Annual GoalsYes No NA	311.	If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services
306.	Short Term Objectives		Yes No NA
	YesNoNA (Required for students with disabilities who take the alternate assessment aligned to alternate achievement standards – PASA; for other students indicate NA)	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 devel- opment of this IEP?
			Yes No NA

314.	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	VII. Educational Placement (IEP)		
		The following information is present:		
		320. Explanation of the extent, if any, to which the student will not participate with students with a standard least a with a standard least le		
	Yes No NA	dents without disabilities in the general education class		
	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 recommen- dations in development of this IEP	YesNoNA		
		321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum		
	Yes No NA	YesNoNA		
315.	Support services, if the student is identified as gifted and also is identified as a student with a disability	322. Type of support, by amount (itinerant, supplemental, full-time)		
	YesNoNA	YesNoNA		
316.	A conclusion regarding student eligibility for ESY	323. Type of special education supports,(e.g., autistic support, emotional support,learning support)		
	YesNoNA	Yes No NA		
317.	Information or data reviewed by the IEP team to support the ESY eligibility determination	324. Location of student's program (name of LEA where the IEP will be implemented)		
	YesNoNA	YesNoNA		
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	325. Location of student's program (name of school building where the IEP will be implemented)		
		YesNoNA		
	Yes No NA	326. If child will not be attending his/her neighborhood school, reason why not		
319.	Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services Yes No NA	YesNoNA		
		VIII. PennData Reporting for Educational Environment (IEP)		
		The following information is present:		
		327. Completed Section A or Section B		
		Yes No NA		

Notice of Recommended Educational 336. Educational placement recommended Placement/Prior Written Notice (NOREP/PWN) (including amount and type) ____ Yes ____ No ____ NA 328. NOREP/PWN is present in the student file Yes No NA 337. Signature of school district superintendent or charter school CEO or designee (If the answer to question 328 is No, ____ Yes ____ No ____ NA indicate NA for questions 329-340) Date LEA sent current NOREP/PWN ______ 338. Parent signature or documentation of reasonable efforts to obtain consent Date LEA received signed NOREP/PWN _____ (e.g., mailed to parents, certified mail, visit to the parent's home) The following information is present: ____ Yes ____ No ____ NA 329. Demographic data 339. Parent has selected a consent option ____ Yes ____ No ____ NA ____ Yes ____ No ____ NA 330. Type of action taken 340. NOREP/PWN reflects the educational ____ Yes ____ No ____ NA placement indicated on the student's IEP 331. A description of the action proposed or ____ Yes ____ No ____ NA refused by the LEA ____ Yes ____ No ____ NA 332. An explanation of why the LEA proposed or refused to take the action ____ Yes ____ No ____ NA 333. A description of the other options the IEP team considered and the reason why those options were rejected (if action is in regard to educational placement, options considered must begin with the general education environment with supplementary aids and services) ____ Yes ____ No ____ NA 334. Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused Yes No NA 335. Description of other factor(s) relevant to LEA's proposal or refusal

____ Yes ____ No ____ NA

Commonwealth of Pennsylvania

Tom Wolf Governor

