



School District/Charter School Compliance Monitoring System

File Review

Pennsylvania Department of Education
Bureau of Special Education



File Review

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

Yes No NA

(If the answer to question 153 is No, indicate NA for questions 154-159)

Date LEA sent PTE-Consent Form _____

Date of receipt of Consent Form _____

The following information is present:

154. Demographic data

Yes No NA

155. Reason(s) for referral for evaluation

Yes No NA

156. Proposed types of tests and assessments

Yes No NA

157. Contact person's name and contact information

Yes No NA

158. Parent signature or documentation of reasonable efforts to obtain consent

Yes No NA

159. Parent has selected a consent option

Yes No NA

Evaluation Report (ER)

160. ER is present in the student file

Yes No NA

(If the answer to question 160 is No, indicate NA for questions 161-193)

Date of Report _____

161. Evaluation was completed within timelines

Yes No NA

(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)

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)

The following information is present:

163. Demographic data

Yes No NA

164. Date report was provided to parent

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
 Yes No NA
167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)
 Yes No NA
168. Teacher observations and observations by related service providers, when appropriate
 Yes No NA
169. Recommendations by teachers
 Yes No NA
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
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.
 Yes No NA
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)
 Yes No NA

Determining factors - Conclusion (yes/no) and evidence for conclusion:

(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.)

173. Lack of appropriate instruction in reading
 Yes No NA
174. Lack of appropriate instruction in math
 Yes No NA
175. Limited English proficiency
 Yes No NA

Summary of findings/interpretation of evaluation results:

176. Present levels of academic achievement
 Yes No NA
177. Present levels of functional performance
 Yes No NA
178. Behavioral information
 Yes No NA
179. Conclusions: On the ER form, 6A, or 6B, or 6C is checked
 Yes No NA
180. Disability Category
 Yes No NA
181. Recommendations for consideration by the IEP team
 Yes No NA
182. Evaluation Team Participants documented
 Yes No NA

(If student is not being evaluated for SLD indicate NA for question 183)

183. For students evaluated for SLD documentation of Agree/Disagree

Yes No NA

Determination of Specific Learning Disability

(Questions 184 through 193 are applicable only for students being evaluated for SLD; for all others indicate NA for these questions. Note that the content required to answer questions 184-193 can be located in one of two places in the ER - either in the "Determination of SLD" Component located at the end of the ER, or embedded within Sections 5 and 6 of the ER.)

184. Documentation that the student does not achieve adequately for age, etc.

Yes No NA

185. Indication of process(es) used to determine eligibility

Yes No NA

186. Instructional strategies used and student-centered data collected

Yes No NA

187. Educationally relevant medical findings, if any

Yes No NA

188. Effects of the student's environment, culture, or economic background

Yes No NA

189. Data demonstrating that general education instruction was delivered by qualified personnel, including the ESL program, if applicable

Yes No NA

190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents

Yes No NA

191. Observation in the student's learning environment

Yes No NA

192. Other data if needed

Yes No NA

193. Statement for all 6 items indicated to support conclusions of the evaluation team (#10 on the "Determination of SLD" Component)

Yes No NA

Invitation to Participate in the IEP Team Meeting or Other Meeting

241. Invitation is present in the student file

Yes No NA

(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 247, and NA for the other questions.)

Date Sent _____

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

The following information is present:

243. Demographic data

Yes No NA

244. Purpose(s) of the meeting

Yes No NA

245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)

Yes No NA

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.)***

Yes No NA

247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); student is listed on invitation

Yes No NA

248. Invited IEP team members

Yes No NA

249. Date/time/location of meeting

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

Parent Consent to Excuse Required Members From Attending the IEP Team Meeting

(As listed in 256, only three members are required. If anyone other than one of the three required members was excused, even though there is a form in the file, questions 251-255 are marked NA)

(If form was required, answer questions 251-256. If form was not required, indicate NA for questions 251-255.)

251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file

Yes No NA

(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:

252. Demographic data

Yes No NA

253. Form designates required IEP team member(s) for whom attendance is not necessary

Yes No NA

254. Form designates which required members will submit written input prior to the meeting

Yes No NA

255. Parent written consent is documented

Yes No NA

256. The required team members excused:

a. General Education Teacher

Yes No NA

b. Special Education Teacher

Yes No NA

c. Local Education Agency Representative

Yes No NA

Individualized Education Program (IEP)

257. IEP is present in the student file

Yes No NA

(If the answer to question 257 is No, indicate NA for questions 258-327) 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)

Date of IEP (IEP Team Meeting date) _____

258. IEP was completed within timelines
(No more than 30 calendar days from final ER)

Yes No NA

The following information is present:

259. Demographic data

Yes No NA

260. IEP implementation date

Yes No NA

261. Anticipated duration of services and programs

Yes No NA

262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting

Yes No NA

(If this section is blank on the IEP, and no changes were made to the IEP without a meeting, indicate NA for question 262)

Documentation of IEP Team Participation

263. Parents (or documented efforts to have them attend)

Yes No NA

264. Student (or documentation of invitation if transition services are being planned)

Yes No NA

265. General Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)

Yes No NA

266. Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)

Yes No NA

267. Local Education Agency Representative (or documented parent and LEA agreement to participate in another manner or excused)

Yes No NA

268. Career Technical Education (CTE) Representative *(if appropriate, e.g., if student is enrolled in or applying to a CTE)* (or documentation they were invited or participated in another manner)

Yes No NA

(If 268 is NA, indicate NA for question 269)

269. CTE Representative was in attendance, if student was attending CTE

Yes No NA

270. Community Agency Representative (if appropriate for transition planning or documentation they were invited)

Yes No NA

271. Teacher of the Gifted *(required for IEP of a student with a disability who is also gifted under Chapter 16)*

Yes No NA

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

Yes No NA

273. Copy of Procedural Safeguards Notice was given to parent during the school year

Yes No NA

I. Special Considerations (IEP)

(If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)

The following information is present:

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

275. If the student is deaf or hard of hearing, a communication plan

Yes No NA

276. If the student has communication needs, needs must be addressed in the IEP

Yes No NA

277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP

Yes No NA

278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE

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

280. If the student has other special considerations, these are addressed in the IEP

Yes No NA

II. Present Levels of Academic Achievement and Functional Performance (IEP)

The following information is present:

281. Student's present levels of academic achievement

Yes No NA

282. Student's present levels of functional performance

Yes No NA

283. Present levels related to current post-secondary transition goals (if student is 14, or younger if determined by IEP team)

Yes No NA

284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)

Yes No NA

285. How the student's disability affects involvement and progress in the general education curriculum

Yes No NA

286. Strengths

Yes No NA

287. Academic, developmental, and functional needs related to student's disability

Yes No NA

III. Transition Services (IEP)

(Required for students age 14 and older, or younger than 14 if determined appropriate by IEP team. Indicate NA for questions 289-292c if transition services are not required.)

The following information is present:

288. If the student's IEP required participation in CTE program, was the CIP code completed

Yes No NA

289. 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)*)

290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living

Yes No NA

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*)

292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service
 Yes No NA

292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)
 Yes No NA

292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)

292c. Annual goals are related to the student's transition services
 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/PASA) and high school (Keystone Exams/Grade 11 PASA) for all other grades indicate NA)

The following information is present:

293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)
 Yes No NA

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

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

296. If the student will participate in the PASA, explanation of why PASA is appropriate
 Yes No NA

297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)

If the LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assessment. (Questions 298-301 are applicable only to those grades in which a local assessment is administered - for all other grades indicate NA)

The following information is present:

298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)
 Yes No NA

299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations
 Yes No NA

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
 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

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

The following 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
 Yes No NA
304. Description of when periodic reports on progress will be provided to parents
 Yes No NA
305. Documentation of progress reporting on Annual Goals
 Yes No NA
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*)
 Yes No NA

VI. Special Education/Related Services/Supplementary Aids and Services/Program Modifications (IEP)

The following information is present:

307. Program Modifications and Specially Designed Instruction
 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
 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 recommendations in development of this IEP?
 Yes No NA

315. Support services, if the student is identified as gifted and also is identified as a student with a disability

Yes No NA

316. A conclusion regarding student eligibility for ESY

Yes No NA

317. Information or data reviewed by the IEP team to support the ESY eligibility determination

Yes No NA

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

Yes No NA

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

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 without disabilities in the general education class

Yes No NA

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

322. Type of support, by amount (itinerant, supplemental, full-time)

Yes No NA

323. Type of special education supports, (e.g., autistic support, emotional support, learning support)

Yes No NA

324. Location of student's program (name of LEA where the IEP will be implemented)

Yes No NA

325. Location of student's program (name of School Building where the IEP will be implemented)

Yes No NA

326. If child will not be attending his/her neighborhood school, reason why not

Yes No NA

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 Placement/Prior Written Notice (NOREP/PWN)

328. NOREP/PWN is present in the student file
(If the answer to question 328 is No, indicate NA for questions 329-340)

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 taken
 Yes No NA
331. A description of the action proposed or 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
336. Educational placement recommended (including amount and type)
 Yes No NA
337. Signature of school district superintendent or charter school CEO or designee
 Yes No NA
338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)
 Yes No NA
339. Parent has selected a consent option
 Yes No NA
340. NOREP/PWN reflects the educational placement indicated on the student's IEP
 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

Yes No NA

(If the answer to question 194 is No, indicate NA for questions 195-200)

Date LEA sent PTRE-Consent Form _____

Date of Receipt of PTRE-Consent Form _____

The following information is present:

195. Demographic data

Yes No NA

196. Reason for reevaluation

Yes No NA

197. Types of assessment tools, tests, and procedures to be used

Yes No NA

198. Contact person's name and contact information

Yes No NA

199. Parent has selected a consent option

Yes No NA

200. Parent signature or documentation of reasonable efforts to obtain consent

Yes No NA

Reevaluation Report (RR)

207. RR is present in the student file

Yes No NA

(If the answer to question 207 is No, indicate NA for questions 208-240)

Date of Report _____

Date report was provided to parent _____

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 student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)*

Yes No NA

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)

Yes No NA

The following information is present:

210. Demographic data

Yes No NA

211. Date IEP team reviewed existing evaluation data

Yes No NA

212. Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education

Yes No NA

213. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)

Yes No NA

214. Aptitude and achievement tests

Yes No NA

215. Current classroom based assessments and local and/or state assessments

Yes No NA

216. Observations by teacher(s) and related service provider(s) when appropriate

Yes No NA

217. Teacher recommendations

Yes No NA

Determining factors - Conclusion (yes/no) and evidence for conclusion:

(For questions 218, 219, and 220 if the LEA has documented a "yes/no" conclusion and evidence as required on RR form, indicate Yes; if the LEA has not documented a conclusion and evidence, indicate No.)

218. Lack of appropriate instruction in reading

Yes No NA

219. Lack of appropriate instruction in math

Yes No NA

220. Limited English proficiency

Yes No NA

Determination of Need for Additional Data, Summary and Conclusions:

221. Conclusion regarding need for additional data is indicated

Yes No NA

(If option selected indicates that additional data are not needed, answer question 222. If option selected indicates additional data are needed, indicate NA for question 222.)

222. Reasons additional data are not needed are included

Yes No NA

(Answer questions 223-227 for all students, i.e., whether additional data were determined to be needed or not.)

223. Determination whether the child has a disability and requires special education

Yes No NA

The following information is present:

224. Disability category(ies)

Yes No NA

225. Summary of findings includes student's educational strengths and needs

Yes No NA

226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate.

227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs

Yes No NA

(If option selected indicates that additional data are needed, answer question 228. If option selected indicates that additional data are not needed, answer question 228 NA.)

228. Interpretation of additional data

Yes No NA

(If the IEP team determined that additional data are needed, and the student is being reevaluated for SLD, answer questions 229-238. If student is not being reevaluated for SLD, indicate NA for questions 229-238). Note that this content can be located in one of two places in the RR - either in the "Determination of SLD" Component located at the end of the RR, or embedded within Section II, #2 of the RR)

229. Documentation that the student does not achieve adequately for age, etc.

Yes No NA

230. Indication of process(es) used to determine eligibility

Yes No NA

231. Instructional strategies used and student-entered data collected

Yes No NA

232. Educationally relevant medical findings, if any

Yes No NA

233. Effects of the student's environment, culture, or economic background

Yes No NA

234. Data demonstrating that general education instruction was delivered by qualified personnel, including the ESL program, if applicable

Yes No NA

235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents

Yes No NA

236. Observation in the student's learning environment

Yes No NA

237. Other data if needed

Yes No NA

238. Statement for all 6 items (# 10 on the "Determination of SLD" Component)

Yes No NA

For ALL students:

239. Documentation of Evaluation Team Participants

Yes No NA

For students reevaluated for SLD: (for all other disabilities indicate NA)

240. Documentation that team members Agree/Disagree

Yes No NA

Invitation to Participate in the IEP Team Meeting or Other Meeting

241. Invitation is present in the student file

Yes No NA

(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 & 247, and NA for the other questions)

Date Sent _____

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

The following information is present:

243. Demographic data
 Yes No NA
244. Purpose(s) of the meeting
 Yes No NA
245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)
 Yes No NA
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)
 Yes No NA
247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation
 Yes No NA
248. Invited IEP team members
 Yes No NA
249. Date/time/location of meeting
 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

Parent Consent to Excuse Required Members From Attending the IEP Team Meeting

*(As listed in 256, only three members are required. If anyone other than one of the three required members was excused, even though there is a form in the file, questions 251-255 are marked NA)
(If form was required, answer questions 251-256. If form was not required, indicate NA for questions 251-255.)*

251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file

Yes No NA

(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:

252. Demographic data
 Yes No NA
253. Form designates required IEP team member(s) for whom attendance is not necessary
 Yes No NA
254. Form designates which required members will submit written input prior to the meeting
 Yes No NA
255. Parent written consent is documented
 Yes No NA

256. The required team members excused:
- a. General Education Teacher
 Yes No NA
 - b. Special Education Teacher
 Yes No NA
 - c. Local Education Agency Representative
 Yes No NA

Individualized Education Program (IEP)

257. IEP is present in the student file
 Yes No NA

*(If the answer to question 257 is No, indicate NA for questions 258-327)
 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)*

Date of IEP (IEP Team Meeting date) _____

258. IEP was completed within timelines
(No more than 1 year from the date of the last IEP)
 Yes No NA

The following information is present:

259. Demographic data
 Yes No NA
260. IEP implementation date
 Yes No NA
261. Anticipated duration of services and programs
 Yes No NA

262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting *(If this section is blank on the IEP, and no changes were made to the IEP without a meeting, indicate NA for question 262)*
 Yes No NA

Documentation of IEP Team Participation

263. Parents (or documented efforts to have them attend)
 Yes No NA
264. Student (or documentation of invitation if transition services are being planned)
 Yes No NA
265. General Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)
 Yes No NA
266. Special Education Teacher (or documented parent and LEA agreement to participate in another manner or excused)
 Yes No NA
267. Local Education Agency Representative (or documented parent and LEA agreement to participate in another manner or excused)
 Yes No NA
268. Career Technical Education (CTE) Representative *if appropriate, ie., if student is enrolled in or applying to a CTE (or documentation they were invited or participated in another manner) (If 268 is NA, indicate NA for question 269)*
 Yes No NA
269. CTE Representative was in attendance, if student was attending CTE
 Yes No NA

270. Community Agency Representative (if appropriate for transition planning or documentation they were invited)
 Yes No NA
271. Teacher of the Gifted (*required for IEP of a student with a disability who is also gifted under Chapter 16*)
 Yes No NA
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
 Yes No NA
273. Copy of Procedural Safeguards Notice was given to parent during the school year
 Yes No NA

277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP
 Yes No NA
278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE
 Yes No NA
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
 Yes No NA
280. If the student has other special considerations, these are addressed in the IEP
 Yes No NA

I. Special Considerations (IEP)

(If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)

The following information is present:

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
 Yes No NA
275. If the student is deaf or hard of hearing, a communication plan
 Yes No NA
276. If the student has communication needs, needs must be addressed in the IEP
 Yes No NA

II. Present Levels of Academic Achievement and Functional Performance (IEP)

The following information is present:

281. Student's present levels of academic achievement
 Yes No NA
282. Student's present levels of functional performance
 Yes No NA
283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)
 Yes No NA
284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)
 Yes No NA

285. How the student's disability affects involvement and progress in the general education curriculum

Yes No NA

286. Strengths

Yes No NA

287. Academic, developmental, and functional needs related to student's disability

Yes No NA

III. Transition Services (IEP)

(Required for students age 14 and older, or younger than 14 if determined appropriate by IEP team. Indicate NA for questions 289-292c if transition services are not required.)

The following information is present:

288. If the student's IEP required participation in CTE program, was the CIP code completed

Yes No NA

289. 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)**)

Yes No NA

290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living

Yes No NA

291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually

Yes No NA

(If student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)

292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service

Yes No NA

292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)

Yes No NA

292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)

Yes No NA

292c. Annual goals are related to the student's transition services

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/PASA) and high school (Keystone Exams/Grade 11 PASA) for all other grades indicate NA)

The following information is present:

293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)

Yes No NA

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

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

296. If the student will participate in the PASA, explanation of why PASA is appropriate

Yes No NA

297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)

Yes No NA

If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assessment. (Questions 298-301 are applicable only to those grades in which a local assessment is administered – for all other grades indicate NA)

The following information is present:

298. Indication of IEP team decision regarding participation in local assessment (local or alternate local)

Yes No NA

299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations

Yes No NA

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

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

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

The following 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

Yes No NA

304. Description of when periodic reports on progress will be provided to parents

Yes No NA

305. Documentation of progress reporting on Annual Goals

Yes No NA

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*)

Yes No NA

VI. Special Education/Related Services/ Supplementary Aids and Services/Program Modifications (IEP)

The following information is present:

307. Program Modifications and Specially Designed Instruction

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

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 recommendations in development of this IEP?

Yes No NA

315. Support services, if the student is identified as gifted and also is identified as a student with a disability

Yes No NA

316. A conclusion regarding student eligibility for ESY

Yes No NA

317. Information or data reviewed by the IEP team to support the ESY eligibility determination

Yes No NA

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

Yes No NA

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

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 without disabilities in the general education class

Yes No NA

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

322. Type of support, by amount (itinerant, supplemental, full-time)

Yes No NA

323. Type of special education supports, e.g., autistic support, emotional support, learning support)
 Yes No NA
324. Location of student's program (name of LEA where the IEP will be implemented)
 Yes No NA
325. Location of student's program (name of school building where the IEP will be implemented)
 Yes No NA
326. If child will not be attending his/her neighborhood school, reason why not
 Yes No NA

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 Placement/Prior Written Notice (NOREP/PWN)

328. NOREP/PWN is present in the student file
(If the answer to question 328 is No, indicate NA for questions 329-340)

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 taken
 Yes No NA

331. A description of the action proposed or 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
336. Educational placement recommended (including amount and type)
 Yes No NA
337. Signature of school district superintendent or charter school CEO or designee
 Yes No NA
338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)
 Yes No NA
339. Parent has selected a consent option
 Yes No NA
340. NOREP/PWN reflects the educational placement indicated on the student's IEP
 Yes No NA

Reevaluation Waiver Only File Review (of Student Files)

Student Name: _____

Student ID Number: _____ Age of Student on IEP: _____

Agreement to Waive Reevaluation

(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 _____

Date of Receipt of Agreement to Waiver Form

202. Waiver was completed within required time-lines *(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)*

Yes No NA

The following information is present:

203. Reason reevaluation is not necessary at this time is included

Yes No NA

204. Contact person's name and contact information

Yes No NA

205. Parent has selected a consent option

Yes No NA

206. Parent signature

Yes No NA

Invitation to Participate in the IEP Team Meeting or Other Meeting

241. Invitation is present in the student file

Yes No NA

(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 & 247, and NA for the other questions.)

Date Sent _____

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

The following information is present:

243. Demographic data

Yes No NA

244. Purpose(s) of the meeting

Yes No NA

245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)

Yes No NA

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)***

Yes No NA

247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate); Student is listed on invitation

Yes No NA

248. Invited IEP team members

Yes No NA

249. Date/time/location of meeting

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

Parent Consent to Excuse Required Members From Attending the IEP Team Meeting

(As listed in 256, only three members are required. If anyone other than one of the three required members was excused, even though there is a form in the file, questions 251-255 are marked NA)

(If form was required, answer questions 251-256. If form was not required, indicate NA for questions 251-255.)

251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file

Yes No NA

(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:

252. Demographic data

Yes No NA

253. Form designates required IEP team member(s) for whom attendance is not necessary

Yes No NA

254. Form designates which required members will submit written input prior to the meeting

Yes No NA

255. Parent written consent is documented

Yes No NA

256. The required team members excused:

a. General Education Teacher

Yes No NA

b. Special Education Teacher

Yes No NA

c. Local Education Agency Representative

Yes No NA

Individualized Education Program (IEP)

257. IEP is present in the student file

Yes No NA

(If the answer to question 257 is No, indicate NA for questions 258-327) 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)

Date of IEP (IEP Team Meeting date) _____

258. IEP was completed within timelines
(*No more than 1 year from the date of the last IEP*)

Yes No NA

The following information is present:

259. Demographic data

Yes No NA

260. IEP implementation date

Yes No NA

261. Anticipated duration of services and programs

Yes No NA

262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting (*If this section is blank on the IEP, and no changes were made to the IEP without a meeting, indicate NA for question 262*)

Yes No NA

Documentation of IEP Team Participation

263. Parents (*or documented efforts to have them attend*)

Yes No NA

264. Student (*or documentation of invitation if transition services are being planned*)

Yes No NA

265. General Education Teacher (*or documented parent and LEA agreement to participate in another manner or excused*)

Yes No NA

266. Special Education Teacher (*or documented parent and LEA agreement to participate in another manner or excused*)

Yes No NA

267. Local Education Agency Representative (*or documented parent and LEA agreement to participate in another manner or excused*)

Yes No NA

268. Career Technical Education (CTE) Representative (*if appropriate, e.g., if student is enrolled in or applying to a CTE*) (*or documentation they were invited or participated in another manner*) (*If 268 is NA, indicate NA for question 269*)

Yes No NA

269. CTE Representative was in attendance if student was attending CTE

Yes No NA

270. Community Agency Representative (*if appropriate for transition planning or documentation they were invited*)

Yes No NA

271. Teacher of the Gifted (*required for IEP of a student with a disability who is also gifted under Chapter 16*)

Yes No NA

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

Yes No NA

273. Copy of Procedural Safeguards Notice was given to parent during the school year

Yes No NA

I. Special Considerations (IEP)

(If the student's IEP has any special consideration(s) checked, the IEP team must address those special considerations as described on the IEP form; if special considerations apply to this student, answer the applicable questions in 274-280; if not, indicate NA.)

The following information is present:

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

Yes No NA

275. If the student is deaf or hard of hearing, a communication plan

Yes No NA

276. If the student has communication needs, needs must be addressed in the IEP

Yes No NA

277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP

Yes No NA

278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE

Yes No NA

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

Yes No NA

280. If the student has other special considerations, these are addressed in the IEP

Yes No NA

II. Present Levels of Academic Achievement and Functional Performance (IEP)

The following information is present:

281. Student's present levels of academic achievement

Yes No NA

282. Student's present levels of functional performance

Yes No NA

283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)

Yes No NA

284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)

Yes No NA

285. How the student's disability affects involvement and progress in the general education curriculum

Yes No NA

286. Strengths

Yes No NA

287. Academic, developmental, and functional needs related to student's disability

Yes No NA

III. Transition Services (IEP)

(Required for students age 14 and older, or younger than 14 if determined appropriate by IEP team. Indicate NA for questions 289-292c if transition services are not required.)

The following information is present:

288. If the student's IEP required participation in CTE program, was the CIP code completed

Yes No NA

289. 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)**)

Yes No NA

290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living

Yes No NA

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*)

Yes No NA

292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/ Agency Responsible for Activity/Service

Yes No NA

292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)

Yes No NA

292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)

Yes No NA

292c. Annual goals are related to the student's transition services

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/PASA) and high school (Keystone Exams/Grade 11 PASA) for all other grades indicate NA)

The following information is present:

293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)

Yes No NA

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

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

296. If the student will participate in the PASA, explanation of why PASA is appropriate

Yes No NA

297. If the student will participate in the PASA, how student's performance will be documented (*videotape or written narrative*)

Yes No NA

If a LEA administers a local assessment in any grade, the LEA is required to offer a local alternate assessment. (Questions 298-301 are applicable only to those grades in which a local assessment is administered – for all other grades indicate NA)

The following information is present:

298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)

Yes No NA

299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations

Yes No NA

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

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

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

The following 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

Yes No NA

304. Description of when periodic reports on progress will be provided to parents

Yes No NA

305. Documentation of progress reporting on Annual Goals

Yes No NA

306. Short Term Objectives

Yes No NA

(Required for students with disabilities who take the alternate assessment aligned to alternate achievement standards – PASA; for other students indicate NA)

VI. Special Education/Related Services/ Supplementary Aids and Services/Program Modifications (IEP)

The following information is present:

307. Program Modifications and Specially Designed Instruction

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

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 recommendations in development of this IEP
 Yes No NA
315. Support services, if the student is identified as gifted and also is identified as a student with a disability
 Yes No NA
316. A conclusion regarding student eligibility for ESY
 Yes No NA
317. Information or data reviewed by the IEP team to support the ESY eligibility determination
 Yes No NA
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
 Yes No NA
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

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 without disabilities in the general education class
 Yes No NA
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
322. Type of support, by amount (itinerant, supplemental, full-time)
 Yes No NA
323. Type of special education supports, (e.g., autistic support, emotional support, learning support)
 Yes No NA
324. Location of student's program (name of LEA where the IEP will be implemented)
 Yes No NA
325. Location of student's program (name of school building where the IEP will be implemented)
 Yes No NA
326. If child will not be attending his/her neighborhood school, reason why not
 Yes No NA

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 Placement/Prior Written Notice (NOREP/PWN)

328. NOREP/PWN is present in the student file

Yes No NA

(If the answer to question 328 is No, indicate NA for questions 329-340)

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 taken

Yes No NA

331. A description of the action proposed or 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

336. Educational placement recommended (including amount and type)

Yes No NA

337. Signature of school district superintendent or charter school CEO or designee

Yes No NA

338. Parent signature or documentation of reasonable efforts to obtain consent (e.g., mailed to parents, certified mail, visit to the parent's home)

Yes No NA

339. Parent has selected a consent option

Yes No NA

340. NOREP/PWN reflects the educational placement indicated on the student's IEP

Yes No NA

Commonwealth of Pennsylvania

Tom Wolf
Governor

