Verification of Continuous Compliance: District Determination

OSDE-SES

SCHOOL DISTRICT/AGENCY:

SCHOOL YEAR:

DATE:

Areas of Non-Compliance:

Indicator 4b: Discipline
Indicator 9: Disproportionality Across Disability Categories
Indicator 10: Disproportionality in Specific Disability Categories
Indicator 11: Child Find
Indicator 12: Early Childhood Transition from Part C to Part B
Indicator 13: Secondary Transition
Indicator 15: Timely Correction of Noncompliance Findings
Indicator 20: Timely and Accurate Data

None

None

None

None

NAME:	**SIGNATURE:**	**DATE:**
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