

SCHOOL DISTRICT/AGENCY:

SCHOOL YEAR:

Date:

Student Name:

INDIVIDUAL STUDENT FILE REVIEW

<input checked="" type="checkbox"/>	Area	Notes
	Record of Access to Educational Records	
	Record of Parent Contact	
	Review of Existing Data	
	___ Initial Evaluation	
	___ Reevaluation	
	Parent Consent for Evaluation	
Evaluation and Reevaluation		
	MEEGS was completed within 45 school days from Parent Consent	
	MEEGS team signatures were incomplete	
	MEEGS components in noncompliance	
	- Components match disability category	
	- Parent consent obtained	
	- Component addressed on Parent Consent Form not completed	
	Reevaluations were completed after the three-year timeline	
	Reevaluations were not appropriately documented	
	Reevaluation team signatures were incomplete	
	Child count was not consistent with category	
Notification of Meeting		
	Missing	
	Did not adequately address the purpose of the meeting	
	Did not include the invitation of the student (if 16 and above)	
	Did not include the invitation of other agency representatives, if appropriate	

On-Site Compliance Review: Student File Checklist

Written Notice		
	Evaluation/Eligibility	
	IEP/Annual Review	
	Revocation of Consent, if applicable	
IEP Components		
	Current IEP in effect	
	IEP annual review within required timeline (1year) ____ Current IEP date: ____ Previous IEP date:	
	Present Levels of Performance ____ Current assessment data ____ Objective statements	
	Strengths and educational needs	
	Consideration of special factors	
	Parent concerns	
IEP Components - Goals		
	Measurable annual goals	
	Benchmarks or short term objectives, if applicable	
	Measures for progress in annual goals	
	Methods of informing parents of progress toward annual goals	
	Frequency of reporting progress to parents	
	Progress toward current annual goals	
	Extent of progress towards previous annual goals	
IEP Components - Services		
	Special Education Services	
	Placement setting (LRE continuum)	
	- Amount/time/frequency of services	
	- Projected starting and expected duration dates	
	- Position/person responsible	

On-Site Compliance Review: Student File Checklist

	Related Services	
	- Amount/time/frequency of services	
	- Projected starting and expected duration dates	
	- Position/person responsible	
	Extent of nonparticipation in regular class	
IEP Components – Continuum of Placement		
	Amount of time outside regular classroom	
	Length of school day the same length as nondisabled	
	Regular PE, adapted PE, NA	
	Supplementary aids and services	
	Accommodations	
IEP Components - Secondary Transition		
	Student’s preferences and interests	
	Course of study	
	Post-secondary goals	
	Annual transition goals ___ Employment ___ Education ___ Independent living (if necessary)	
	Transition services and coordinated activities ___ Person(s) involved ___ Date of completion	
	Curriculum participation	
	Projected date of graduation	
	Information/linkage for vocational education	
	Referral to vocational rehabilitation counselor	
	Transfer of rights at age of majority	
	Other agency participation and linkages	

On-Site Compliance Review: Student File Checklist

IEP Components – Assessment	
Participation in state/districtwide assessment	
State and districtwide assessment accommodations and modifications	
Participation in alternate assessment	
IEP Components - Extended School Year (ESY) Services	
Consideration of Extended School Year (ESY) services	
Services documented	
Type, time, frequency, and duration of services documented	
If team determines future meeting required, team met by that date	
IEP Components – Documentation of LRE	
Options considered and reasons not appropriate	
Normally attend/close to home	
Potential harmful effects	
Removal from regular education	
IEP Signature Page	
Team signatures	
- if team member not in attendance, parent consent was obtained	
If not in attendance, were the student's preferences/interests considered	
Student participation for transition	
Documentation of parent participation	
Parent Information <input type="checkbox"/> Rights <input type="checkbox"/> Translation/interpretation <input type="checkbox"/> Parent Survey <input type="checkbox"/> LNH scholarship <input type="checkbox"/> OSD/OSB	
Parent consent for initial placement	
Surrogate parent provided, if necessary	