

## INITIAL EVALUATION ONLY FILE REVIEW (of Student Files)

Student Name \_\_\_\_\_  
 ID # \_\_\_\_\_ Age of Student on IEP \_\_\_\_\_

### PRIOR WRITTEN NOTICE FOR INITIAL EVALUATION AND REQUEST FOR CONSENT FORM

		YES	NO	NA
153. PTE-Consent Form is present in the student file <i>(If the answer to question 153 is No, indicate NA for questions 154-159)</i>	153	___	___	___
Date LEA sent PTE-Consent Form _____				
Date of receipt of Consent Form _____				
The following information is present:				
154. Demographic data	154	___	___	___
155. Reason(s) for referral for evaluation	155	___	___	___
156. Proposed types of tests and assessments	156	___	___	___
157. Contact person's name and contact information	157	___	___	___
158. Parent signature or documentation of reasonable efforts to obtain consent	158	___	___	___
159. Parent has selected a consent option	159	___	___	___

### EVALUATION REPORT (ER)

		YES	NO	NA
160. ER is present in the student file <i>(If the answer to question 160 is No, indicate NA for questions 161-193)</i>	160	___	___	___
Date of Report _____				
161. Evaluation was completed within timelines <i>(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)</i>	161	___	___	___
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)	162	___	___	___
The following information is present:				
163. Demographic data	163	___	___	___
164. Date report was provided to parent	164	___	___	___
165. Reason(s) for referral	165	___	___	___
166. Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form	166	___	___	___
167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)	167	___	___	___
168. Teacher observations and observations by related service providers, when appropriate	168	___	___	___
169. Recommendations by teachers	169	___	___	___
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	170	___	___	___
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.	171	___	___	___
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)	172	___	___	___

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

*(For questions 173, 174, & 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 | 173 | ___ | ___ | ___ |
| 174. Lack of appropriate instruction in math    | 174 | ___ | ___ | ___ |
| 175. Limited English proficiency                | 175 | ___ | ___ | ___ |

**Summary of findings/interpretation of evaluation results:**

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| 176. Present levels of academic achievement                                 | 176 | ___ | ___ | ___ |
| 177. Present levels of functional performance                               | 177 | ___ | ___ | ___ |
| 178. Behavioral information   | 178 | ___ | ___ | ___ |
| 179. Conclusions: On the ER form, 6A, <u>or</u> 6B, <u>or</u> 6C is checked | 179 | ___ | ___ | ___ |
| 180. Disability Category  | 180 | ___ | ___ | ___ |
| 181. Recommendations for consideration by the IEP team                      | 181 | ___ | ___ | ___ |
| 182. Evaluation Team Participants documented                                | 182 | ___ | ___ | ___ |

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

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

**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.   | 184 | ___ | ___ | ___ |
| 185. Indication of process(es) used to determine eligibility  | 185 | ___ | ___ | ___ |
| 186. Instructional strategies used and student-centered data collected  | 186 | ___ | ___ | ___ |
| 187. Educationally relevant medical findings, if any  | 187 | ___ | ___ | ___ |
| 188. Effects of the student’s environment, culture, or economic background  | 188 | ___ | ___ | ___ |
| 189. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable | 189 | ___ | ___ | ___ |
| 190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents               | 190 | ___ | ___ | ___ |
| 191. Observation in the student’s learning environment  | 191 | ___ | ___ | ___ |
| 192. Other data if needed   | 192 | ___ | ___ | ___ |
| 193. Statement for all 6 items indicated to support conclusions of the evaluation team (#10 on the “Determination of SLD” Component)      | 193 | ___ | ___ | ___ |

**INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING**

- |  |     | YES | NO  | NA  |
|--|-----|-----|-----|-----|
| 241. Invitation is present in the student file<br><i>(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 &amp; 247, and NA for the other questions.)</i><br>Date Sent _____                | 241 | ___ | ___ | ___ |
| 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)   | 242 | ___ | ___ | ___ |
| The following information is present:  |     |     |     |     |
| 243. Demographic data  | 243 | ___ | ___ | ___ |
| 244. Purpose(s) of the meeting   | 244 | ___ | ___ | ___ |
| 245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)   | 245 | ___ | ___ | ___ |
| 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 <i>(If the agency is not providing the services or paying for the services indicate NA for this question)</i> | 246 | ___ | ___ | ___ |

247. Transition planning and services – Transition planning is checked (age 14, or younger if determined appropriate) Student is listed on invitation	247	___	___	___
248. Invited IEP team members	248	___	___	___
249. Date/time/location of meeting	249	___	___	___
250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation	250	___	___	___

**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.)***

		YES	NO	NA
251. Parent Consent to Excuse Required Members from Attending the IEP Team Meeting is present in the student file <b><i>(If the answer to question 251 is No, indicate NA for questions 252-255)</i></b>	251	___	___	___
Date of Receipt of Parent Excusal Form _____				
The following information is present:				
252. Demographic data	252	___	___	___
253. Form designates required IEP team member(s) for whom attendance is not necessary	253	___	___	___
254. Form designates which required members will submit written input prior to the meeting	254	___	___	___
255. Parent written consent is documented	255	___	___	___
256. The required team members excused:	256	___	___	___
a. General Education Teacher		a	b	c
b. Special Education Teacher				
c. Local Education Agency Representative				

		YES	NO	NA
<b>IEP</b>				
257. IEP is present in the student file <b><i>(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 &amp; 292c, and NA for the other questions)</i></b>	257	___	___	___
Date of IEP (IEP Team Meeting date) _____				
258. IEP was completed within timelines <b><i>(No more than 30 calendar days from final ER)</i></b>	258	___	___	___
The following information is present:				
259. Demographic data	259	___	___	___
260. IEP implementation date	260	___	___	___
261. Anticipated duration of services and programs	261	___	___	___
262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting <b><i>(If this section is blank on the IEP, and no changes were made to the IEP without a meeting, indicate NA for question 262)</i></b>	262	___	___	___
<b>Documentation of IEP Team Participation</b>				
263. Parents <b><i>(or documented efforts to have them attend)</i></b>	263	___	___	___
264. Student <b><i>(or documentation of invitation if transition services are being planned)</i></b>	264	___	___	___
265. General Education Teacher <b><i>(or documented parent and LEA agreement to participate in another manner or excused)</i></b>	265	___	___	___
266. Special Education Teacher <b><i>(or documented parent and LEA agreement to participate in another manner or excused)</i></b>	266	___	___	___
267. Local Education Agency Representative <b><i>(or documented parent and LEA agreement to participate in another manner or excused)</i></b>	267	___	___	___

268. Career Technical Education (CTE) Representative <i>(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)</i>	268	___	___	___
269. CTE Representative was in attendance if student was attending CTE	269	___	___	___
270. Community Agency Representative <i>(if appropriate for transition planning or documentation they were invited)</i>	270	___	___	___
271. Teacher of the Gifted <i>(required for IEP of a student with a disability who is also gifted under Chapter 16)</i>	271	___	___	___
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	272	___	___	___
273. Copy of Procedural Safeguards Notice was given to parent during the school year	273	___	___	___

### 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:		YES	NO	NA
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	274	___	___	___
275. If the student is deaf or hard of hearing, a communication plan	275	___	___	___
276. If the student has communication needs, needs must be addressed in the IEP	276	___	___	___
277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP	277	___	___	___
278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE	278	___	___	___
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	279	___	___	___
280. If the student has other special considerations, these are addressed in the IEP	280	___	___	___

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

The following information is present:		YES	NO	NA
281. Student's present levels of academic achievement	281	___	___	___
282. Student's present levels of functional performance	282	___	___	___
283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)	283	___	___	___
284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)	284	___	___	___
285. How the student's disability affects involvement and progress in the general education curriculum	285	___	___	___
286. Strengths	286	___	___	___
287. Academic, developmental, and functional needs related to student's disability	287	___	___	___

**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:	YES	NO	NA
288. If the student's IEP required participation in CTE program, was the CIP code completed	288	___	___
289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment <b>(locate assessment information in the student's ER, RR, and/or IEP Present Levels (section II of the IEP))</b>	289	___	___
290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living	290	___	___
291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually <b>(if student was not of transition age for prior IEP, or no previous IEP is available to examine, mark this N/A)</b>	291	___	___
292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service	292	___	___
292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)	292a	___	___
292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)	292b	___	___
292c. Annual goals are related to the student's transition services	292c	___	___

**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:	YES	NO	NA
293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)	293	___	___
294. If the student will participate in the PSSA/Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations	294	___	___
295. If the student will participate in the PASA an explanation of why the student cannot participate in the PSSA/Keystone Exams	295	___	___
296. If the student will participate in the PASA, explanation of why PASA is appropriate	296	___	___
297. If the student will participate in the PASA, how student's performance will be documented (videotape or written narrative)	297	___	___

**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:	YES	NO	NA
298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)	298	___	___
299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations	299	___	___
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	300	___	___
301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate	301	___	___

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

The following information is present:

		YES	NO	NA
302. Measurable Annual Goals <i>(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)</i>	302	___	___	___
303. Description of how student progress toward meeting goals will be measured	303	___	___	___
304. Description of when periodic reports on progress will be provided to parents	304	___	___	___
305. Documentation of progress reporting on Annual Goals	305	___	___	___
306. Short Term Objectives	306	___	___	___

*(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:

		YES	NO	NA
307. Program Modifications and Specially Designed Instruction	307	___	___	___
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?	308	___	___	___
309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	309	___	___	___
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	310	___	___	___
311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services	311	___	___	___
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?	312	___	___	___
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	313	___	___	___
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	314	___	___	___
315. Support services, if the student is identified as gifted and also is identified as a student with a disability	315	___	___	___
316. A conclusion regarding student eligibility for ESY	316	___	___	___
317. Information or data reviewed by the IEP team to support the ESY eligibility determination	317	___	___	___
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	318	___	___	___
319. Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services	319	___	___	___

**VII. Educational Placement (IEP)**

The following 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 regular education class	320	___	___	___
321.	Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum	321	___	___	___
322.	Type of support, by amount (itinerant, supplemental, full-time)	322	___	___	___
323.	Type of special education supports, e.g. autistic support, emotional support, learning support, etc.	323	___	___	___
324.	Location of student's program (name of LEA where the IEP will be implemented)	324	___	___	___
325.	Location of student's program (name of School Building where the IEP will be implemented)	325	___	___	___
326.	If child will not be attending his/her neighborhood school, reason why not	326	___	___	___

**VIII. PennData Reporting for Educational Environment (IEP)**

The following information is present:

		YES	NO	NA	
327.	Completed Section A or Section B	327	___	___	___

**NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT/PRIOR WRITTEN NOTICE (NOREP/PWN)**

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