



PENNSYLVANIA
DEPARTMENT OF EDUCATION
Bureau of Special Education

COMPLIANCE MONITORING SYSTEM
July, 2007

Commonwealth of Pennsylvania
Edward G. Rendell, Governor

Department of Education
Gerald L. Zahorchak, Secretary

Office of Elementary and Secondary Education
Diane Castelbuono, Deputy Secretary

Bureau of Special Education
John J. Tommasini, Director

39. My child is receiving the supports and services agreed upon at the IEP meeting. *(If the parent responds "No", follow up is required.)*

40. If you did not participate in your child's IEP meeting, what kept you from participating?

- a. transportation issues
- b. held at an inconvenient time
- c. not enough notice given
- d. don't understand the IEP process
- e. afraid to go (would be uncomfortable)
- f. no child-care available
- g. other _____

41. One thing I really like about my child's special education program is

- a. modifications
- b. progress reports
- c. staff-aide ratios
- d. staff's knowledge, training
- e. instructional materials
- f. less inclusion
- g. staff open to suggestions, good communication
- h. follow the IEP
- i. support services
- j. student ratios
- k. staff's understanding and attitude
- l. more inclusion
- m. services provided outside neighborhood school
- n. other _____

42. One thing I would like to change is

- a. modifications
- b. progress reports
- c. staff-aide ratios
- d. staff's knowledge, training
- e. instructional materials
- f. less inclusion
- g. staff open to suggestions, good communication
- h. follow the IEP
- i. support services
- j. student ratios
- k. staff's understanding and attitude
- l. more inclusion
- m. services provided outside neighborhood school
- n. other _____

42a. The school explains what options parents have if they disagree with a decision of the school

Please reply to this statement with one of the six options below.

- a. Very strongly agree
- b. Strongly agree
- c. Agree
- i. Disagree
- j. Strongly disagree
- k. Very strongly disagree

43. Please add any additional comments about your child's program.

REGULAR EDUCATION TEACHER INTERVIEW

LEA (District): _____

Monitoring Date: _____

Building Level: _____ Elem School _____ JR High/Middle _____ High School _____ Center-based
_____ Other

Student's Name: _____

Student's program: _____ (optional) Student's Age _____

44. Are you familiar with the content of the student's IEP including accommodations and annual goals? <i>Must be Yes or No. Use NA only if the student's IEP shows no involvement in regular education. (If teacher responds "No" follow up is required.)</i>
45. Do you adapt and modify the general education curriculum based on the student's IEP? (If teacher responds "No" follow up is required.)
45. Are you and the special education personnel working together toward meeting measurable annual goals? <i>Must be Yes or No. Use NA only if the student's IEP shows no involvement in regular education.</i>
47. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team regarding this student?
48. If supports for school personnel were included in the student's IEP, has the district provided those necessary supports (aids, resource materials, training, equipment)? <i>(If teacher responds "No" follow up is required.)</i>
49. Are necessary supplemental aids and services as required in the student's IEP provided to support this student in regular education? <i>(If teacher responds "No" follow up is required.)</i>
50. Is the student making progress within the general education curriculum?

SPECIAL EDUCATION TEACHER INTERVIEW

LEA (District): _____

Monitoring Date: _____

Building Level: _____ Elem School _____ JR High/Middle _____ High School _____ Center-based
 _____ Other

Student's Name: _____

Student's Program: _____ (optional) Student's Age _____

51.	Is this student participating in the regular class and the general education curriculum with children without disabilities to the maximum extent possible?
52.	Unless otherwise specified in the student's IEP, is the length of this student's instructional day the same as nondisabled students. <i>(If the teacher responds "No" follow up is required.)</i>
53.	Are you and the related service personnel and regular education staff working together toward meeting measurable annual goals?
54.	Do you hold the required certification to implement this student's program? <i>(If the teacher responds "No" follow up is required.)</i>
55.	Is the specially-designed instruction in the IEP appropriate to meet this student's educational needs?
55a.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations; did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?
55b.	If the student's most recent Evaluation Report contained recommendations for provision of related services, including psychological counseling; did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?
55c.	If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the child, did the IEP team address those recommendations in development of the child's current IEP and accept or reject the ER recommendations for appropriate educational reasons?
56.	Is this student receiving the type and amount of special education instruction and related services specified on their IEP? <i>(If the teacher responds "No" follow up is required.)</i>
57.	If supports for school personnel were included in the student's IEP, has the district provided those necessary supports (aids, personnel, resource materials, training, equipment)? <i>(If the teacher responds "No" follow up is required.)</i>
58.	Was it an IEP team decision as to whether the student would participate in the PSSA, PASA, and other district-wide assessments? <i>(If the teacher responds "No" follow up is required.)</i>
59.	Was the placement decision made by the IEP team after the annual goals and specially designed instruction and related services were developed?
60.	Were the student's desired post school outcomes considered when the IEP team developed the instructional annual goals? (age 16 or older)
61.	Where appropriate, with the consent of the parents, does the school district invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services?
62.	Is the student making progress in meeting the annual goals of their IEP?
63.	If the student is not making progress, has the student been reevaluated or has the IEP been reviewed?
64.	Is the student receiving the supports and services agreed upon in the IEP? <i>(If the teacher responds "No" follow up is required.)</i>

SPECIAL EDUCATION STUDENT INTERVIEW

School District: _____

Student Name: _____ Age: _____

Program:

126. What kind of support are you currently receiving?

- a. Learning Support
- b. Speech/Language Support
- c. Visual Support
- d. Life Skills Support
- e. Autistic Support
- f. Hearing Impaired Support
- g. Multi-handicapped Support
- h. Emotional Support
- i. Other _____

127. Is this support enough to help you be successful in your school program?

Yes _____ No _____

128. How satisfied are you with your high school educational program?

Very _____ Somewhat _____ A Little _____ Not at All _____

129. What do you like best about the program? _____

130. What do you like least about the program? _____

131. How satisfied are you with your special education supports/services?

Very _____ Somewhat _____ A Little _____ Not at All _____

132. What do you like best about the special education supports/services?

133. What do you like least about the special education supports/services?

134. How much time do you spend with students who do not have disabilities?

Too much _____ Enough _____ A little _____ Not Enough _____

135. Do you participate in any extra-curricular activities? Yes _____ No _____

136. If yes, which ones: _____

137. If no, why not: _____

138. Were you invited to participate in the last IEP meeting?

Yes _____ No _____ Other _____

139. Did you participate in the last IEP meeting?

Yes ____ No ____ Other ____

Transition: AGE 16 OR OLDER ONLY

140. Do you have a post secondary transition program? Yes ____ No ____ Other ____

141. Do you have an employment transition program? Yes ____ No ____ Other ____

142. Do you have a community living transition program? Yes ____ No ____ Other ____

143. Did you assist in the development of the transition program?

Yes ____ No ____ Other ____

144. Is that transition plan being followed?

Yes ____ No ____ Other ____

145. Did you discuss what you would do after graduation or finishing high school?

Yes ____ No ____ Other ____

Community Involvement:

146. Which of the following agencies participate in your IEP development?

- a. Office of Vocational Rehabilitation
- b. County of Mental Health/Retardation Service
- c. Office of Children & Youth Agency
- d. Probation & Parole
- e. None
- f. Other Agencies (list) _____

147. If any agency participated in your IEP did they assist you or provide services?

Yes ____ No ____ Other ____

148. Comments: _____

149. Do you participate in any activities in the community?

Yes ____ No ____

150. If yes, which ones? _____

151. If no, why not? _____

152. Are there any other agencies that could help you within the community?

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FILE REVIEW (of Student Files)

Student Name _____

ID # _____

DOCUMENTS ARE PRESENT AND WERE PREPARED WITHIN TIMELINES

To receive a "YES" in the compliance column, each document must be:

- A. Present and
- B. Up-To-Date and
- C. Completed Within Required Timelines

YES NO* N/A

*IF NO, INDICATE BASIS FOR NON-COMPLIANCE (MAY CHECK MORE THAN ONE)

65. Permission to Evaluate
 Date on Document: _____
(date parental permission was received) 65 _____
 *A. ___ B. ___ C. ___

65a. Permission to Reevaluate/Agreement to Waive Reevaluation
 Date on Document: _____
(date parental permission or waiver was received) 65a _____
 *A. ___ B. ___ C. ___

66. Initial Evaluation Report
 Date of Report: _____
(60 school days from date in #65) 66 _____
For students who are being evaluated to determine the existence of a learning disability, if timeline has been extended by mutual agreement of the evaluation team, and documentation is available to support the extension. *A. ___ B. ___ C. ___

66a. Reevaluation Report
 Date of Report: _____
(valid for three years; students identified with a disability of mental retardation valid for two years) 66a _____
For students who are being reevaluated to determine the existence of a learning disability, if timeline has been extended by mutual agreement of the evaluation team, and documentation is available to support the extension. *A. ___ B. ___ C. ___

67. Invitation to Participate in the IEP Team Meeting or Other Meeting
 Date on Document: _____ 67 _____
 *A. ___ B. ___ C. ___

68. Individualized Education Program *(valid for one year)*
 IEP Team Meeting Date: _____ 68 _____
(No more than 30 calendar days from final ER date to complete IEP or no more than 1 year from the date of the last IEP) *A. ___ B. ___ C. ___

69. Notice of Recommended Educational Placement
 Date on Document: _____ 69 _____
(Presented to parents at IEP meeting, mailed to parents, or documentation of date mailed must be available.) *A. ___ B. ___ C. ___

69a. All required components of the NOREP are completed and reflective of the student's current educational placement. 69a _____

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WAIVE REEVALUATION

- | | | | |
|--|------|-------|-------|
| 70aa. Demographic data | 70aa | _____ | _____ |
| 71aa. LEA recommended reevaluation is unnecessary at this time
<i>(IF MARKED YES AND DOCUMENTATION OF PARENT AGREEMENT IS DEMONSTRATED 70 THROUGH 76 AND 71BB THROUGH 96AA WILL BE CHECKED N/A)</i> | 71aa | _____ | _____ |

PERMISSION TO EVALUATE

- | | | | |
|--|-----|-------|-------|
| The following information exists: | YES | NO | N/A |
| 70. Demographic data | 70 | _____ | _____ |
| 71. Reason(s) for referral for evaluation | 71 | _____ | _____ |
| 72. Proposed assessment tools, tests and procedures to be used | 72 | _____ | _____ |
| 73. Date(s) of proposed evaluation | 73 | _____ | _____ |
| 74. Contact person | 74 | _____ | _____ |
| 75. Phone number of contact person | 75 | _____ | _____ |
| 76. Parent signature | 76 | _____ | _____ |

PERMISSION TO REEVALUTE/AGREEMENT TO WAIVE REEVALUATION

- | | | | |
|---|------|-------|-------|
| 71bb. Reason for Reevaluation is indicated | 71bb | _____ | _____ |
| 72aa. Proposed assessment tools, tests and procedures to be used | 72aa | _____ | _____ |
| 73aa. Date(s) of proposed reevaluation | 73aa | _____ | _____ |
| 74aa. Contact person | 74aa | _____ | _____ |
| 75aa. Phone number of contact person | 75aa | _____ | _____ |
| 76aa. Parent signature or documentation of reasonable efforts to obtain consent | 76aa | _____ | _____ |

INITIAL EVALUATION REPORT (ER)

- | | | | |
|---|-----|-------|-------|
| The following information exists: | YES | NO | N/A |
| 77. Demographic data. | 77 | _____ | _____ |
| 78. Reason(s) for referral. | 78 | _____ | _____ |
| 79. Present levels of academic achievement. | 79 | _____ | _____ |
| 79a.Related developmental needs of the child. | 79a | _____ | _____ |
| 80. Evaluation data results of direct intervention. Physical, social, or cultural background information relevant to the child's disability and need for special education. | 80 | _____ | _____ |
| 81. Current classroom-based assessments and observations, local and/or state assessments, and observations by teachers and related service providers. | 81 | _____ | _____ |
| 82. Evaluations and information provided by the parents of the child.
<i>(or documentation that the district attempted to obtain parent input)</i> | 82 | _____ | _____ |
| 83. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions. | 83 | _____ | _____ |
| 84. Summary of findings/interpretation of aptitude and achievement assessment results. | 84 | _____ | _____ |
| 85. Involvement and progress in the general education curriculum. | 85 | _____ | _____ |
| 86. Relevant functional and development evaluation
<i>(ecological evaluation if appropriate).</i> | 86 | _____ | _____ |
| 87. Vocational Technical Education Assessment Results
<i>(when appropriate).</i> | 87 | _____ | _____ |

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- 88. Interests, Preferences, Aptitudes (*when appropriate*). 88 _____
- 89. Functional Behavioral Assessment Results (*if appropriate*). 89 _____
- 90. Statement regarding students suspected of having a specific learning disability. 90 _____
- 91. Conclusions - disability determination and need for specially-designed instruction. (*Including recommendations regarding special education and related services needed to enable the student to meet the goals and participate as appropriate in the general curriculum.*) 91 _____
- 91a. Evaluation Team Participants documented. 91a _____
- 91b. For students evaluated for LD documentation of Agree/Disagree. 91b _____
- 91c. Documentation that report was provided to parent. 91c _____

REEVALUATION REPORT (RR)

- 77aa. Demographic Data. 77aa _____
- 92. Date IEP team reviewed existing evaluation data. 92 _____
- 92aa. Summary of Findings/Interpretation of Additional Data. 92aa _____
- 93. Determination of Need for Additional Data. 93 _____
- 93aa. Conclusion regarding disability determination and continued eligibility for specially designed instruction. 93aa _____
- 94aa. Evaluation Team Participants documented. 94aa _____
- 95aa. For students evaluated for LD documentation of Agree/Disagree. 95aa _____
- 96aa. Documentation that report was provided to the parent. 96aa _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

- The following information exists: YES NO N/A
- 97. Demographic data 97 _____
 - Signatures:**
 - 98. Parent(s) (*or documented efforts to have them attend*) 98 _____
 - 99. Regular Education Teacher (*or documented parent and LEA agreement to participate in another manner or excused*) 99 _____
 - 100. Special Education Teacher (*or documented parent and LEA agreement to participate in another manner or excused*) 100 _____
 - 101. Local Education Agency Representative (*or documented parent and LEA agreement to participate in another manner or excused*) 101 _____
 - 102. Community Agency Representative (*if appropriate for transition planning*) (*or documented parent and LEA agreement to participate in another manner or excused*) 102 _____
 - 103. Career/Technical Education Representative (*if appropriate*) (*or documented parent and LEA agreement to participate in another manner or excused*) 103 _____
 - 104. Student (*The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.*) 104 _____
 - 105. Procedural Safeguards Notice was given during the school year 105 _____

Part I Special Considerations

- 106. Special considerations the IEP team must consider before developing the IEP. Any factors checked must be addressed in the IEP. 106 _____

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Part II Present Levels of Academic Achievement and Functional Performance

107. Student's present levels of academic achievement and functional performance. 107 _____
108. How the student's disability affects involvement and progress in the general education curriculum. 108 _____

Part III Annual Goals and Objectives

109. Annual Goals are Measurable 109 _____
- 110a. Short Term Objectives (*Required for children with disabilities who take the alternate assessment aligned to alternate achievement standards- PASA*). 110a _____
111. Method of Evaluation of Progress on Annual Goals 111 _____
- 111a. Indicate when periodic reports on progress will be provided to parents 111a _____
112. Documentation of Progress Reporting on Annual Goals 112 _____

Part IV Special Education/Related Services/Supplementary Aids and Services/Program Modifications

113. Program Modifications and Specially-Designed Instruction. 113 _____
- 113a. 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? 113a _____
- 113b. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and duration of services are included. 113b _____
114. Related Services (*if on IEP, includes location, frequency, projected beginning date, and duration of service*) (*Check N/A only if related services not required by IEP.*) 114 _____
- 114a. 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? 114a _____
115. Supports for school personnel provided for the child. 115 _____
- 115a. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the child, did the IEP team address those recommendations in development of this IEP? 115a _____
- 115b. If Supports for the child provided for school personnel are included on the IEP, the location, frequency, projected beginning date and duration of services are included. 115b _____
116. The IEP contains a statement of the specific ESY services or programs to be or provided to the student documentation that the IEP team considered and discussed ESY. 116 _____
- 116a. Where ESY services were deemed appropriate, the type, amount, location, frequency, projected beginning date and duration of services are included on the IEP. 116a _____

Part V Participation in State and Local Assessment

(117 applicable to statewide assessment of students in grades 3 through 8 and 11 only - for all others check N/A.)

117. Did the IEP team document the team's decision regarding participation in state assessment with or without accommodations? 117 _____

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(117a applicable to those grades in which a local assessment was administered - for all others check NA.)

117a. Did the IEP team document the team's decision regarding participation in local assessment with or without accommodations? 117a _____
(If a district administers a local assessment in any grade, the district is required to offer a local alternate assessment)

118. If the IEP team indicated the student participated in an alternate assessment (*PASA for statewide assessments*) did they provide an explanation of why? 118 _____

Part VI Least Restrictive Environment

119. Educational placement. 119 _____

120. Explanation of the extent, if any, the student will not participate with children without disabilities in the regular class, or in the general education curriculum. 120 _____

Part VII Transition Planning

(check N/A for all questions in this section only if transition services were not required)

The following information is included:

121. Evidence of age-appropriate transition assessment(s) 121 _____
(IEP Section II and/or located in ER)

122. Measurable post secondary goals (outcomes) for education or training and employment, and, as needed, independent living 122 _____
(IEP Section IV)

122a. Location, Frequency, Projected Beginning Date, Anticipated. 122a _____
Duration, and Agency Responsible for Activity/Service identified.
(IEP Section IV)

123. Transition activity/services (including courses of study) that focus on improving academic and functional achievement of the child to facilitate their movement from school to post school 123 _____
(IEP Section IV.)

124. Measurable annual goals that will reasonably enable the child to meet the desired post-school goals 124 _____
(IEP section IV an V)

125. For transition services that are likely to be provided or paid for by by other agencies, evidence that representatives of the agency(ies) were invited to attend the IEP meeting, with parent consent. 125 _____
(Signature of other agency representative on IEP or documented on Invitation to Participate in the IEP Team Meeting)

Summary of Student Performance

125a. Summary of student performance was completed. 125a _____
(Required for students who are graduating or aging out.)