

Identifying Information		Review Information			Findings Statement
Local Educational Agency (LEA) Name: Click or tap here to enter text. Student Name: Click or tap here to enter text. Student's SSID Number: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. Ethnicity: Click or tap here to enter text. English Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No Long Term English Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No Reclassified Fluent English Proficient (RFEP): <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Year RFEP Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Review: Click or tap here to enter text. Review Team: Click or tap here to enter text. Individualized Education Program (IEP) type: Year 1: <input type="checkbox"/> Initial <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review Date: Click or tap here to enter text. Year 2: <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review Date: Click or tap here to enter text. Current IEP: <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review Date: Click or tap here to enter text.			<p>Directions: Each compliance standard must be marked as either Compliant or Noncompliant. If a compliance standard is Noncompliant, a finding statement must be provided. Finding statements should be written in a complete sentence, relate back to the compliance standard, and include the date and type of the current IEP.</p>
Identify the plan type and date for each year:	<p>Year 1</p> Date: Click or tap here to enter text. <input type="checkbox"/> Initial <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review	<p>Year 2</p> Date: Click or tap here to enter text. <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review	<p>Current IEP</p> Date: Click or tap here to enter text. <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review	<p>Compliance Determination (Current IEP ONLY)</p>	<p><i>Example: In the IEP dated (current IEP date) the student did not achieve the previous year's goals; the goals and services remained the same and the IEP was otherwise not adjusted to address a lack of progress.</i></p>



<p>Compliance Standard: 14-1-1</p> <p>Is the student assessed in all areas related to the suspected disability and are assessments sufficiently comprehensive to identify all the student's special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If you marked yes to all questions:</p> <p><input type="checkbox"/> Compliant</p> <p>If you marked no to any question in the current IEP column:</p> <p><input type="checkbox"/> Noncompliant</p>	<p>Finding Statement <i>(only write if noncompliant):</i></p> <p>In the IEP dated Click or tap here to enter text.,</p>
<p>Compliance Standard: 14-2-1</p> <p>Does the IEP include a statement of how disability affects involvement and progress in the general education curriculum? Or for preschool children, as appropriate, the manner in which the disability affects their participation in appropriate activities?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If you marked yes to all questions:</p> <p><input type="checkbox"/> Compliant</p> <p>If you marked no to any question in the current IEP column:</p> <p><input type="checkbox"/> Noncompliant</p>	<p>Finding Statement <i>(only write if noncompliant):</i></p> <p>In the IEP dated Click or tap here to enter text.,</p>

<p>Compliance Standard: 14-3-1</p> <p>Does the IEP contain a statement of measurable Plan Review goals, including academic and functional goals, designed to meet the needs of the individual that result from the disability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you marked yes to all questions: <input type="checkbox"/> Compliant</p> <p>If you marked no to any question in the current IEP column: <input type="checkbox"/> Noncompliant</p>	<p>Finding Statement (only write if noncompliant):</p> <p>In the IEP dated Click or tap here to enter text.,</p>
<p>Compliance Standard: 14-3-2</p> <p>Does the IEP include a description of the manner in which the progress of the pupil toward meeting the Plan Review goals will be measured and when periodic reports will be provided to the parents?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you marked yes to all questions: <input type="checkbox"/> Compliant</p> <p>If you marked no to any question in the current IEP column: <input type="checkbox"/> Noncompliant</p>	<p>Finding Statement (only write if noncompliant):</p> <p>In the dated Click or tap here to enter text.,</p>
<p>Compliance Standard: 14-4-1</p> <p>Does the IEP include descriptions of program modifications or supplementary aides and services that will be provided to enable the student to:</p>				<p>If you marked yes to all questions: <input type="checkbox"/> Compliant</p>	<p>Finding Statement (only write if noncompliant):</p> <p>In the IEP dated Click or tap here to enter text.</p>

a. Advance toward attaining Plan Review goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you marked no to any question in the current IEP column:	
b. Be involved and make progress in the general education curriculum and participate in extracurricular activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Noncompliant	
c. Be educated and participate with other students with disabilities and with nondisabled students?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p style="text-align: center;">Compliance Standard: 14-4-2</p> Were services planned to support:				If you marked yes to all questions:	<p>Finding Statement <i>(only write if noncompliant):</i></p>
a. Progress toward all goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you marked no to any question in the current IEP column:	In the IEP dated Click or tap here to enter text.,
b. Progress in the general education curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Noncompliant	

c. Participation in extracurricular/ academic activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Education with other students with disabilities and typically developing students?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p style="text-align: center;">Compliance Standard: 14-5-1</p> If there is a lack of expected progress towards goals or in the general education curriculum, was the IEP adjusted to address the lack of progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you marked yes to all questions: <input type="checkbox"/> Compliant If you marked no to any question in the current IEP column: <input type="checkbox"/> Noncompliant	<p>Finding Statement <i>(only write if noncompliant):</i></p> In the IEP dated Click or tap here to enter text.,
<p style="text-align: center;">Compliance Standard: 14-6-1</p> Does the IEP include a direct relationship between:				If you marked yes to all questions: <input type="checkbox"/> Compliant	<p>Finding Statement <i>(only write if noncompliant):</i></p> In the <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review IEP dated Click or tap here to enter text., Click or tap here to enter text.
a. assessments and present levels of performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you marked no to any question in the current IEP column: <input type="checkbox"/> Noncompliant	



Student File Worksheet



b. present levels of performance and goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. goals and specific educational services to be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Compliance Standard: 14-6-2</p> <p>Were any of the noncompliance items found above sufficient to constitute a denial of FAPE in the current IEP?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			If you marked no : <input type="checkbox"/> Compliant If you marked yes : <input type="checkbox"/> Noncompliant	<p>Finding Statement (<i>only write if noncompliant</i>):</p> <p>In the <input type="checkbox"/> Reevaluation <input type="checkbox"/> Plan Review IEP dated Click or tap here to enter text., Click or tap here to enter text.</p>

Student Name: Click or tap here to enter text.

Year 1: Reevaluation Initial Plan Review (include any additional information from documents such as addendum, amendment, BIP, manifestation determination etc.)

School Year: Click or tap here to enter text.



Student File Worksheet



Evaluations to Determine Eligibility and Services (if evaluation were conducted)	Present Levels of Academic Achievement and Functional Performance	Areas of Need (Requiring specialized academic and/or functional support)	Services/Accom/Mod/ Special Factors	Progress on Goals (Indicate if goals were met, not met, or adjusted)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
		Goals and Objectives (Required for students taking the CAA)		
		Click or tap here to enter text.		

**After completion of student file worksheet for Year 2, please answer the questions on pages 1-4 of this document in the Year 2 column.*

Student Name: Click or tap here to enter text.

Year 2: Reevaluation Initial Plan Review (include any additional information from documents such as addendum, amendment, BIP, manifestation determination etc.)

School Year: Click or tap here to enter text.

Evaluations to Determine Eligibility and Services (if evaluation were conducted)	Present Levels of Academic Achievement and Functional Performance	Areas of Need (Requiring specialized academic and/or functional support)	Services/Accom/Mod/ Special Factors	Progress on Goals (Indicate if goals were met, not met, or adjusted)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
		Goals and Objectives (Required for students taking the CAA)		
		Click or tap here to enter text.		



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**After completion of student file worksheet for Year 2, please answer the questions on pages 1-4 of this document in the Year 2 column.*

Student Name: Click or tap here to enter text.

Current IEP: Reevaluation Initial Plan Review (include any additional information from documents such as addendum, amendment, BIP, manifestation determination etc.)

School Year: Click or tap here to enter text.

Evaluations to Determine Eligibility and Services (if evaluation were conducted)	Present Levels of Academic Achievement and Functional Performance	Areas of Need (Requiring specialized academic and/or functional support)	Services/Accom/Mod/ Special Factors	Progress on Goals (Indicate if goals were met, not met, or adjusted)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
		Goals and Objectives (Required for students taking the CAA)		
		Click or tap here to enter text.		

After completion of student file worksheet for the Current IEP, please answer the questions on pages 1-4 of this document in the **Current IEP column.*