



GENERAL INFORMATION		
Student Name	School Level <i>Check one</i> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	
Student Date of Birth <i>Mo./Day/Yr.</i>	Reviewer's Name	NOTE: When reviewing a record of a student who is an adult, substitute "adult student" for "parent" in all checklist items.

RECORD REVIEW CHECKLIST			WHERE DOCUMENTED. Examples from DPI 2006-07 Sample Forms. Identify source if documentation is found other than where noted.
I-1	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child's parent attended the meeting(s) to develop or review the child's IEP or participated by other means. Comment:	I-3
I-2	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child's parent attended the meeting to determine the child's placement or participated by other means. Comment:	I-3
I-3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The LEA conducted an IEP team meeting to develop or review and revise the IEP that included the following participants: a. not less than 1 regular education teacher of such child (if the child is, or may be, participating in the regular education environment); and b. not less than 1 special education teacher, or where appropriate, not less than 1 special education provider of such child; and c. a local educational agency representative. Comment:	I-3
I-4	<input type="checkbox"/> Yes <input type="checkbox"/> No		I-3
I-5	<input type="checkbox"/> Yes <input type="checkbox"/> No		I-3
I-6	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The child's placement is determined at least annually. Comment:	P-1, P-2
I-7	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The IEP team must, in the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports and other strategies to address that behavior. Comment:	I-4, I-5
I-8	<input type="checkbox"/> Yes <input type="checkbox"/> No	The IEP contains an explanation of the extent, if any, to which the child will not participate in the general curriculum or for preschool children in appropriate activities. Comment:	I-4
I-9	<input type="checkbox"/> Yes <input type="checkbox"/> No	The IEP contains a statement of the child's present levels of academic achievement and functional performance. Comment:	I-4

RECORD REVIEW CHECKLIST (cont.)

			WHERE DOCUMENTED. Examples from DPI 2006-07 Sample Forms. Identify source if documentation is found other than where noted
I-10	<input type="checkbox"/> Yes <input type="checkbox"/> No	The IEP includes how the child's disability affects the child's involvement and progress in the general curriculum or for a preschool child in appropriate activities. Comment:	I-4
I-11	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child's IEP includes a statement of measurable annual goals, including academic and functional goals. Comment:	I-6, I-7
I-12	<input type="checkbox"/> Yes <input type="checkbox"/> No	The IEP includes a statement of how the child's progress toward achieving the annual goals will be measured. Comment:	I-6
I-13	<input type="checkbox"/> Yes <input type="checkbox"/> No	The IEP describes the extent, if any, to which the child will not participate with non-disabled children in the regular education environment. Comment:	I-9
I-14	<input type="checkbox"/> Yes <input type="checkbox"/> No	The statement of special education in the IEP includes anticipated frequency including the amount. Comment:	I-9
I-15	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The statement of supplementary aids and services, if any, includes anticipated frequency including the amount. Comment:	I-9
I-16	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The statement of program modifications or supports for school personnel, if any, includes anticipated frequency including the amount. Comment:	I-9
I-17	<input type="checkbox"/> Yes <input type="checkbox"/> No	Following the development or revision of the individualized education program and prior to its implementation, the child's parent(s) were provided a notice. Comment:	P-1, P-2, I-10-B
I-18	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child received the services required by the IEP. Comment:	I-9, Interview protocol
I-19	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The child's parents were informed of their child's progress toward meeting the annual goals, consistent with the child's IEP. Comment:	Progress reports
I-20	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The IEP includes a statement of any individual appropriate accommodations that are necessary to measure the achievement and functional performance of the child on state and district-wide assessments. Comment:	I-7
I-21	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The IEP team determined whether the child will participate in state and district-wide regular assessments or in an alternate assessment. Comment:	I-7-A