

**Gunnison Watershed Administrative Unit  
Compliance Check Sheet - File Review**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Submitted to Spec. Serv: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Teacher: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Initial	_____
Triennial	_____
Annual	_____
Amendment	_____
See Pg. 2 for Transition/ECSE	

Criteria	Key	Yes	No	N/A	Comments
<b>Prior Notice &amp; Consent For Evaluation</b>	I, Tri				
<b>Prior Notice &amp; Consent for Initial Provision of Special Education and Related Services</b>	I				
<b>Procedural safeguards provided to parents annually and with prior notice &amp; consent for evaluation</b>	I, Tri, A				
<b>Notice of Meeting sent to parents and student (if 15 years of age) = 2 Notices if student is invited for transition purposes.</b>	All				
<b>IEP meets the 60/90 day rule and/or annual/reevaluation timeline</b>	All				
<b>2008-09 Medicaid Form – every IEP mtg</b>	All				
<b>Section 1: Type of Meeting</b>	All				
- Date of Initial Consent	I				
<b>Section 2: Dates of Meetings</b>	All				
- Eligibility and Review Mtg Dates	All				
- Date of initial consent and eligibility determ.	I				
- Post Secondary Goals due: 15 <sup>th</sup> birthdate	All				
<b>Section 3: Student Family Information</b>	All				
- District, Home School, School of Attendance Primary Disability, Primary Educational Env.	All				
- Grade, Age, Gender, Race, Lang in home, Student's lang., LEP, Interpreter	All				
- Educational Surrogate (Y/N), Guardian contact info.					
<b>Section 4 &amp; 5: Procedural Safeguards/ Participants</b>					
<b>Required participants in attendance and signed</b>					
-Parents (invited) AND signed in 2 spots	All				
-General Ed. Teacher	All				
-Special Ed. Teacher	All				
-Special Ed. Director or designee	All				
-Student AND separate Notice of Meeting	Trans				
-Transition services agencies (invited) include permission form	Trans				
<b>IEP excusal Form if any of above are absent or leave early</b>	All				
<b>Section 6: Present Levels</b>					
- Strengths, Preferences, Interests	All				
- Educational Performance (initial results, district, state, and tri eval data/info)	All				
- Transition Assessment process	Trans				
- Student Needs (only list what is in goals, accom/mod, transition, service delivery)	All				
- Vision and hearing screening completed within one year prior to evaluation/ documented for grades K, 1, 2, 3, 5, 7, 9 and as needed (Initials and Tri's for visually impaired)	All				

Criteria	Key	Yes	No	N/A	Comments
<b>Section 7: Special Factors – all areas checked Yes or No – Attach required documentation</b>	All				
<b>Section 8: Post-School Considerations</b>	Trans-All				
- Measurable post-school goals (After graduation, John will....)	Trans-All				
- Include <b>course of study</b> that focus on improving the academic and functional achievement to facilitate movement from school to post-school	Trans-All				
- <b>Transition services</b> that focus on what adults do or school provides to improve academic and functional achievement to facilitate movement from school to post-school	Trans-All				
- <b>Agency</b> that may provide services (district, DVR, SWAP, Community Options, N/A)	Trans-All				
- Document age of majority	Trans-All				
<b>Section 9: Annual Goals (all areas completed)</b>	All				
- Progress reports on goals and objectives	A, Tri				
- SMART goals	I, A, Tri				
- Area of Need (related to Needs section)	All				
- Standard/Benchmark/Access Skill	All				
- Evidence that annual measurable goals utilize age appropriate transition assessment (can include inventories) identified strengths and needs	Trans-All				
- Transition Indicators if aged 15 and above	Trans-All				
<b>Section 10: Accommodations &amp; Modifications</b>	All				
<b>Section 11: ESY</b>	All				
- If yes for ESY, must select which goals on Section 9 are most relevant for ESY	All				
<b>Section 12: State/District Assessments and Accommodations (Regular, Alternate, or N/A)</b>	All				
<b>Section 13: Service Delivery Statement</b>	All				
- Holiday/Break Statement	All				
- Types of services provided when/by whom (including aides)/ where	All				
- Instruction area: Reading, Writing, Math, Social Skills, Access Skills, Academics (one row per area)	All				
- Service Provider – Use Titles, not names, no aides unless 1-1 aides	All				
- Frequency, 0.00 of hour, Total minutes in school day, total service time, percent of time in Gen Ed.	All				
<b>Section 14: Recommended Placement –</b>					
- At least 2 LRE options considered, one yes, one no, all 3 discussion items checked, summary of discussion (why yes for 1 and why no for 2)	All				
- Gen Ed Services	ECSE only				
- Educational Environment – select the placement option selected above, be careful to select appropriate age (3-5 or 6-21)	All				
<b>Additional Forms</b>					
<b>Early Childhood Transition</b>					
Is the early childhood transition to kindergarten plan form completed	EC-All 4-yr. olds				
<b>Permission to Invite Agencies Related to Transition</b>	Trans-All				
<b>Evaluation Report</b>	I, Tri, Sig.Change of Placement				
<b>Initial Consent for Services</b>	Initial only				
<b>Supplemental Plans: Behavior Intervention Plan (SIED &amp; as needed), Communication Plan (DHH students), Literacy Modality Plan (Visual Impairments)</b>	As needed				
<b>Eligibility Pages for Disability</b>	I, Tri				
<b>Request to Release Confidential Information</b>	As needed				

### Additional Comments: