

# Nebo District Special Education File Compliance Checklist

School: \_\_\_\_\_ File Manager: \_\_\_\_\_  
 Initial: \_\_\_\_\_ Three year Re-Evaluation \_\_\_\_\_  
 Student: \_\_\_\_\_ SpEd classification: \_\_\_\_\_

**Date compliance team will return:** \_\_\_\_\_

## ESL Information

\_\_\_\_yes \_\_\_\_no Primary English speaker? (for English language learning students)  
 \_\_\_\_yes \_\_\_\_no ESL representative on the IEP?  
 Interpreter: \_\_\_\_\_  
 \_\_\_\_yes \_\_\_\_no Has student continued to be evaluated in native language until English proficiency is documented?  
 \_\_\_\_yes \_\_\_\_no Is Language marked on Special Factors?  
 \_\_\_\_yes \_\_\_\_no Is there a measurable language acquisition goal?  
 \_\_\_\_yes \_\_\_\_no Are ESL services listed? Implemented by? \_\_\_\_\_

## SCRAM

\_\_\_\_yes \_\_\_\_no SCRAM codes consistent with IEP services?  
 \_\_\_\_yes \_\_\_\_no SCRAM input document missing?  
 SCRAM code \_\_\_\_\_ Number of minutes daily? \_\_\_\_\_  
 \_\_\_\_yes \_\_\_\_no Date consistent with initial IEP, change of placement, or entering Nebo District?  
 \_\_\_\_yes \_\_\_\_no Transfer into district? Date: \_\_\_\_\_ Transfer from \_\_\_\_\_

## IEP

Prior IEP date: \_\_\_\_\_ Current IEP date: \_\_\_\_\_  
 \_\_\_\_yes \_\_\_\_no IEP includes PLAAFP's with current data, and statement of how disability affects involvement in the general curriculum?  
 \_\_\_\_yes \_\_\_\_no PLAAFP's missing  
 \_\_\_\_yes \_\_\_\_no Current data missing  
 \_\_\_\_yes \_\_\_\_no IEP contains measurable annual goals  
 \_\_\_\_yes \_\_\_\_no Goals not measurable  
 \_\_\_\_yes \_\_\_\_no Goals missing  
 \_\_\_\_yes \_\_\_\_no Some areas measurable  
 Which areas are not measurable \_\_\_\_\_  
 \_\_\_\_yes \_\_\_\_no IEP goals address area of disability?  
 \_\_\_\_yes \_\_\_\_no All areas addressed  
 \_\_\_\_yes \_\_\_\_no Some areas addressed  
 \_\_\_\_yes \_\_\_\_no Transition PLAAFPS for students age 16 and older  
 \_\_\_\_yes \_\_\_\_no Measurable annual goal address' transition

## Signatures of team members participating in IEP

____yes ____no	Parents	____yes ____no	OT
____yes ____no	Participated by alternate means	____yes ____no	Speech
____yes ____no	Three notices of meeting provided	____yes ____no	PT
____yes ____no	If 16, student participated	____yes ____no	Vision
____yes ____no	Audiologist	____yes ____no	LEA
____yes ____no	Regular Education Teacher	____yes ____no	ESL

yes no Special Education Teacher  
yes no Individual qualified to interpret testing (School Psychologist)

**Behavioral Intervention Plan – for file containing BIP**

yes no BIP reviewed at least annually  
Date of previous BIP \_\_\_\_\_ Date of most recent review \_\_\_\_\_

yes no FUBA included with BIP  
yes no Manifestation Determination Date: \_\_\_\_\_

**Notice of Meeting**

yes no Notice of Meeting for annual IEP  
yes no Reason for meeting stated:  
Placement \_\_\_ Develop IEP \_\_\_ Discuss Eligibility\_\_\_ Other \_\_\_

For Students 16 and older

yes no Transition plan included in IEP  
yes no Statement of needed transition services  
yes no Student participated in transition meeting  
yes no Assessment conducted Date Conducted: \_\_\_\_\_

Age of Majority (Before age of 17) Progress

yes no Current progress report contained in file

**Current Classification**

Date of most recent Eligibility Determination Form: \_\_\_\_\_

Date of prior Eligibility Determination Form: \_\_\_\_\_

yes no Interval \_\_\_\_\_ (days) within 3 years

**Notice of Meeting**

yes no All required areas addressed (including placement and eligibility)  
yes no Form present, some items blank  
yes no Form missing

Participants invited:

yes no Parent yes no Special Ed Teacher  
yes no LEA yes no Regular Ed Teacher  
yes no ESL (if needed) yes no Interpreter (if needed)

Other: \_\_\_\_\_

Related service providers as indicated by IEP:

yes no School Psychologist yes no Speech  
yes no OT yes no PT  
yes no Vision Specialist yes no Audiologist  
yes no Hearing Consultant

**Procedural Safeguards**

yes no Procedural Safeguards Provided to Parent/Guardian at least yearly.

**Evaluation Report**

yes no Parents given copy Evaluation Report  
yes no Report in File

**Eligibility Determination**

yes no Parents given copy of Eligibility Determination Documentation  
yes no Report in File

**Parent Input**

yes no (Parent signature indicates opportunity to provide input)

**Continuing Eligibility Items**

yes no A group of qualified professionals and parents (IEP team) determined eligibility of student after completion of evaluation procedures.

**Missing Items - Eligibility**

- yes no Parent Signature
- yes no Required team member's signature
- yes no ESL signature
- yes no Interpreter signature (if needed)
- yes no Other requirements missing

**Primary Language**

- yes no If primary home language is other than English, student's proficiency in English or other language assessed?
- yes no Documentation contained in file

**Data Review**

- Date Conducted \_\_\_\_\_ Date Due \_\_\_\_\_ #Days Exceeded \_\_\_\_\_
- yes no Signatures of team members including parent
- yes no If parent signature is missing, documentation of parent participation in data review?
- yes no ESL (if needed)
- yes no Interpreter (if needed)
- yes no Data review needed but form is missing
- yes no Student re-evaluated every 3 years or if there is a parent request
- yes no Academic, Cognitive, Vision, Hearing etc.
- yes no Additional data needed
- yes no Timeline exceeded

**Consent for Re-Evaluation (if needed)**

Date: \_\_\_\_\_

- yes no Form missing
- yes no Signature

**Regular Education Intervention**

- yes no Documentation of failed classroom interventions
- yes no Parent referral

**Primary Language**

- yes no If primary language in the home is other than English, student's proficiency in English and/or other language was assessed?
- yes no Documentation of ESL assessment is in the file
- yes no The primary language in the home is English

**Referral Information**

- yes no Present in the file
- yes no Signed by LEA
- yes no Dated before permission to test

**Initial referral**

Date: \_\_\_\_\_

- yes no Permission to Evaluate signed by parent
- Date permission received for testing: \_\_\_\_\_

**Student is assessed in all areas related to suspected disability.**

**Areas of concern from existing data or referral:**

- Intellectual/Cognitive
- Motor
- Academic
- Communication
- Psychomotor
- Adaptive
- Social/Behavior
- Hearing
- Vision
- Vocational/Transition
- ESL

**Areas Assessed:**

- Intellectual/Cognitive
- Motor
- Academic
- Communication
- Psychomotor
- Adaptive
- Social/Behavior
- Hearing
- Vision
- Vocational/Transition
- ESL

**Areas of concern from At Risk document:**

**Academic**

- Language Arts
- Math
- Reading
- Pre-Academics
- Study Skills

**Social/Emotional**

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships

**Communication**

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills

**Sensory/Motor**

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive

Other \_\_\_\_\_

**Initial Placement**

- yes  no Consent for Initial Placement included in the file
- yes  no Date consistent with IEP
- yes  no Form missing
- yes  no Signature included

**Change of Placement**

If student's placement was changed:

- yes  no Form contained in file
- yes  no Date consistent with IEP
- yes  no Copy provided to parents

**Additional comments:**