

# COMPLIANCE VERIFICATION FORM

Use this form to document the **IEP Process**

System \_\_\_\_\_ Date of Review \_\_\_\_\_

Student's Name \_\_\_\_\_ Reviewer \_\_\_\_\_

Disability \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Reevaluation for IEP Changes Process** (IEP Team meets to discuss the need for additional data collection/evaluations to determine if changes need to be made to the IEP. This does not have to be completed every time an IEP is developed.)

DATE	REEVALUATION FOR IEP CHANGES PROCESS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Results of 1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt (date) _____ Action and Results: _____				
	B. <i>Notice of IEP Team's Decision Regarding Reevaluation for IEP</i>				
	C. <i>Appropriate IEP Team Membership - Reevaluation for IEP Changes</i>				
	D. <i>Date Signed Notice and Consent for Reevaluation or two documented attempts</i> 1 <sup>st</sup> Attempt (date) _____ 2 <sup>nd</sup> Attempt (date) _____				

DATE	IEP PROCESS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Student invited to address transition: _____ Other Agencies: _____ Results of 1 <sup>st</sup> attempt: _____ 2 <sup>nd</sup> Attempt (date) _____ Action and Results: _____				
	B. <i>Initiation/Duration Date/Preschoolers beginning on 3<sup>rd</sup> birthday</i> Dates: _____				
	C. <i>Student Profile</i>				
	Strengths of the Student				
	Parental Concerns				
	Student Preferences and/or Interests				
	Results of the Most Recent Evaluations				
	The Academic, Developmental and Functional Needs of the Student				
	Other				
	El Transition Only: Justification if IEP will not be implemented on 3rd birthday				
	D. <i>Special Instructional Factors</i>				
	E. <i>Transportation</i>				
	Student Mode of Transportation				
	Does student require transportation as a related service				
	Documentation that transportation department representative was included in the meeting or prior discussion held, <b>if</b> yes is checked for related services				
	Transportation Needs				
	F. <i>Nonacademic and Extracurricular Activities</i>				
	G. <i>Report of Progress IEP: _____ Weeks _____ Progress Report: _____</i>				
	H. <i>Transition Services (includes AAS)</i>				
	Documentation that student was invited				
	Documentation that transition agency representatives were invited <b>if</b> consent was obtained				
	Transition services based on the student's strengths, preferences, and interests that will enable the student to meet postsecondary goals are addressed				
	Age Appropriate Transition Assessments				
	<b>Postsecondary Education/Training Goal</b>				
	Age Appropriate Transition Assessment(s)				
	<b>Employment/Occupation/Career Goal</b>				
	Age Appropriate Transition Assessment(s)				
	<b>Community/Independent Living Goal</b>				
	Age Appropriate Transition Assessment(s)				

DATE	IEP PROCESS	YES	NO	N/A	COMMENTS
	Middle School Course of Study				
	Anticipated Date of Exit				
	Selected Pathway to the Alabama High School Diploma: General Pathway___ Essential Pathway___ Alternate Achievement Standard Pathway___				
	Program Credits to be Earned				
	I. Transition Present Level of Academic Achievement and Functional Performance				
	J. Measurable Annual Postsecondary Transition Goal: <b>Postsecondary Education/Training</b> Transition Service(s)___ Transition Activities___ Person(s) /Agency Involved___				
	K. Measurable Annual Postsecondary Transition Goal: <b>Employment/Occupation/Career Goal:</b> Transition Service(s)___ Transition Activities___ Person(s) /Agency Involved___				
	L. Measurable Annual Postsecondary Transition Goal: <b>Community/Independent Living Goal:</b> Transition Service(s)___ Transition Activities___ Person(s) /Agency Involved___				
	M. Area(s) __ (AAS - Reading, Math, and Functional Performance are required areas) any other academic needs and Transition can be addressed if appropriate) Reading___ Math___ English___ Language Arts___ Science___ Social Studies___ Behavior___ Transition___ Functional Performance___				
	N. Present Level of Academic Achievement and Functional Performance				
	O. Measurable Annual Goal (Academic goals must be Standard Based)				
	P. Type(s) of Evaluation for annual goal				
	Q. Benchmarks (at least 2 required for students receiving instruction based on Alternate Achievement Standards)				
	R. Special Education Services ( <i>Specially Designed Instruction</i> ) Frequency___ Amt Time___ B/E Date___ Location___				
	S. Related Services Frequency___ Amt Time___ B/E Date___ Location___				
	T. Supplementary/Aids and Services (Classroom Accommodations) Frequency___ Amt Time___ B/E Date___ Location___				
	U. Program Modifications Frequency___ Amt Time___ B/E Date___ Location___				
	V. Accommodations Needed for Assessments Frequency___ Amt Time___ B/E Date___ Location___				
	W. Assistive Technology Frequency___ Amt Time___ B/E Date___ Location___				
	X. Support for School Personnel Frequency___ Amt Time___ B/E Date___ Location___				
	Y. Transfer of Rights - date student informed one year prior to 19 <sup>th</sup> birthday				
	Z. Extended School Year Services				
	AA. Least Restrictive Environment Checked: LRE Code___ Explanation (if "no")				
	BB. Copy of IEP given to parents				
	CC. Documentation that a copy of the <i>Special Education Rights</i> was given/sent to the parents at least once a year				
	DD. Documentation of <i>Notice of Proposal or Refusal</i> given/sent to the parent				
	EE. Date/Signatures of required IEP Team members Excusals in writing___ Nonattendance in writing___ Amendments made without IEP Team in writing___				
	FF. Information from people not in attendance				
	GG. If this is an initial IEP Team meeting, was it conducted within 30 days of eligibility determination?				
	HH. State Testing Information • State Testing similar to the testing accommodation(s) listed in the IEP				
	II. Justification for participation in the <i>ACAP</i> Alternate Assessment				
	JJ. <i>Persons Responsible for IEP Implementation</i>				
	KK. Date signed <i>Notice and Consent for the Provision of Special Education Services</i>				

DATE	AMENDMENT PROCESS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Student invited to address transition: _____ Other Agencies: _____ Results of 1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt (date) _____ Action and Results: _____ <p style="text-align: center;"><b>or</b></p>				
	B. <i>Date Written Agreement between the Parent and the Public Agency to Amend the IEP was sent/provided (if necessary)</i>				
	C. <i>Notice of Proposal or Refusal to Take Action given/sent to the parent</i>				
	D. <i>Documentation that a copy of the amended IEP was given/sent to the parent</i>				