

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> Purpose of meeting indicated: _____ Required participants invited: _____ Date sent to parent(s)/student (age 19): _____ 2 nd Attempt (date) _____ (if necessary)				
	B. <i>Notice of IEP Team's Decision Regarding Reevaluation for IEP</i>				
	C. Appropriate IEP Team Membership - Reevaluation for IEP Changes				
	D. Date Signed <i>Notice and Consent for Reevaluation</i> or two documented attempts 1 st Attempt (date) _____ 2 nd Attempt (date) _____				

COMMENTS

DATE	IEP PROCESS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Purpose of meeting indicated: _____ Required participants invited: _____ Student invited to address transition: _____ Other Agencies: _____ Date sent to parent(s)/student (age 19): _____ 2 nd Attempt (date) _____ (if necessary)				
	B. Initiation/Duration Date/Preschoolers beginning on 3 rd birthday Dates _____				
	C. Student Profile				
	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				
	EI Transition Only: Justification if IEP will not be implemented on 3 rd birthday				
	D. Special Instructional Factors				
	E. Transportation				
	Student Mode of Transportation				
	Does student require transportation as a related service				
	Transportation Needs				
	F. Nonacademic and Extracurricular Activities				
	G. Report of Progress IEP <input type="checkbox"/> Progress Report <input type="checkbox"/>				
	H. Transition Services				
	Documentation that student was invited				
	Documentation that transition agency representatives were invited if consent was obtained				
	Transition services based on the students strength, preferences, and interests that will enable the student to meet postsecondary goals are addressed				
	Age Appropriate Transition Assessments				
	Postsecondary Education/Training Goal				
	Age Appropriate Transition Assessment(s)				
	Employment/Occupation/Career Goal				
	Age Appropriate Transition Assessment(s)				
	Community/Independent Living Goal				
	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				
	Program Credits to be Earned				
	I. Transition Present Level of Academic Achievement and Functional Performance				
	J. Measurable Annual Postsecondary Transition Goal: Postsecondary Education/Training <input type="checkbox"/> Transition Service(s) <input type="checkbox"/> Transition Activity(s) <input type="checkbox"/> Person(s) /Agency Involved				
	K. Measurable Annual Postsecondary Transition Goal: Employment/Occupation/Career Goal: <input type="checkbox"/> Transition Service(s) <input type="checkbox"/> Transition Activity(s) <input type="checkbox"/> Person(s) /Agency Involved				
	L. Measurable Annual Postsecondary Transition Community/Independent Living Goal: <input type="checkbox"/> Transition Service(s) <input type="checkbox"/> Transition Activity(s) <input type="checkbox"/> Person(s) /Agency Involved				
	M. Area(s) _____ (AAA – all five areas) Reading <input type="checkbox"/> Math <input type="checkbox"/> English Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/>				
	N. Present Level of Academic Achievement and Functional Performance				
	O. Measureable Annual Goal (Academic goals must be Standard Based)				
	P. Type(s) of Evaluation for annual goal				
	Q. Benchmarks (at least 2 required for students participating in Alabama Alternate Assessment)				
	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 Personnel Frequency _____ Amt Time _____ B/E Date _____ Location _____				
	Y. Transfer of Rights - date student informed one year prior to 19 th birthday				
	Z. ESY Consideration				
	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 that a copy of the amended IEP was given/sent to the parent				
	EE. Date/Signatures of appropriate 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				
	II. State Testing similar to the testing accommodation listed in the IEP				
	JJ. Date <i>Notice of Proposal or Refusal to Take Action</i> was sent/provided				
	KK. Date <i>Written Agreement between the Parent and the Public Agency to Amend the IEP</i> was sent/provided (if necessary)				
	LL. <i>Persons Responsible for IEP Implementation</i>				
	MM. Date signed <i>Notice and Consent for the Provision of Special Education Services</i>				

COMMENTS _____