

COMPLIANCE VERIFICATION FORM

(Use this form to document initial evaluation and eligibility)

Referral, Initial Evaluation and Eligibility Determination

System _____ Date of Review _____

Student's Name _____ Reviewer _____

Disability _____ Race _____ DOB _____ Age _____ Grade _____

COMMENTS _____

REFERRAL PROCESS REQUIREMENTS					
	REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Record of Access to Student Records.</i>				
	B. <i>Complete Referral for Evaluation form including date Referral received</i>				
	C. <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)				
	D. <i>IEP Team decision checked.</i>				
	E. <i>Date signed Notice and Consent for Initial Evaluation received– (60-day timeline begins upon receipt by the public agency)</i>				
	F. <i>Date/Signatures of appropriate IEP Team Members – Referral.</i>				
	G. <i>Special Education Rights (must be given when the student is initially referred or parents request an evaluation)</i>				

COMPLETE A DISABILITY AREA CHECKLIST FOR THE DISABILITY AREA(S) THE STUDENT HAS BEEN DETERMINED ELIGIBLE FOR IN ORDER TO RECEIVE SPECIAL EDUCATION SERVICES

ELIGIBILITY PROCESS REQUIREMENTS					
DATE	REVIEW REQUIREMENTS	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>Copy of Eligibility Report to Parent</i>				
	C. <i>Final completion date of <u>all</u> evaluations</i>				
	D. <i>Timelines met?</i>				
	E. <i>Written Agreement to Waive 60-day timeline</i>				
	F. <i>Documentation that Lack of Appropriate Instruction in Math or Reading including the essential components of reading or the Student's Limited English Proficiency is not the Determining Factor in the decision (documentation must be included in the report). Box Checked Y __N__</i> <i>The Special Rule requirements are documented on eligibility report Y __ N__</i>				
	G. <i>Documentation the student meets the AAC criteria for the suspected area of disability Y __ N__</i>				
	H. <i>Documentation the disability has an adverse effect on educational performance Y __ N__</i>				
	I. <i>Documentation the student needs specially designed instruction in order to access and participate in the general education curriculum Y __ N__</i>				
	J. <i>Eligibility decision checked</i>				
	K. <i>Date/Signatures of appropriate Team Members – Eligibility</i> IEP Team ___ Eligibility Committee ___				
	L. <i>Area of disability indicated</i>				
	M. <i>Date signed Notice and Consent for the Provision of Special Education Services</i>				
	N. <i>Notice of Proposal or Refusal to Take Action was sent/provided (if necessary)</i>				

COMMENTS _____