

**New Hampshire
Department of Education
Bureau of Special Education**

**SPECIAL EDUCATION COMPLIANCE &
IMPROVEMENT MONITORING REVIEW
REPORT**

**Pinkerton Academy
2016-2017**

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Compliance & Improvement Monitoring Visit
Conducted on February 10, 2017
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Overview of the Special Education Compliance & Improvement Monitoring Process

New Hampshire has a responsibility, under federal law, to have a system of general supervision that monitors the implementation of the Individuals with Disabilities Education Act (IDEA). The general supervision system is accountable for enforcing IDEA, NH Statutes and the New Hampshire Rules for the Education of Children with Disabilities and for ensuring continuous improvement. As stated in section 616 of 2004 amendments to the IDEA, "The primary focus of Federal and State monitoring activities described in paragraph (1) shall be on -

- (A) Improving educational results and functional outcomes for all children with disabilities; and
- (B) Ensuring that States meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities."

There are eight components that comprise NH's general supervision system. It is important to note that although the components are separate, the components connect, interact and articulate requirements to form a comprehensive system. The general supervision system for NH has the following components:

- State Performance Plan (SPP)
- Policies, Procedures, and Effective Implementation
- Data on Processes and Results
- Targeted Technical Assistance and Professional Development
- Effective Dispute Resolution
- Integrated Monitoring Activities
- Improvement , Correction, Incentives and Sanctions
- Fiscal Management

The Special Education Compliance & Improvement Monitoring (CIM) review is one method that the Bureau of Special Education utilizes to implement the general supervision system. The CIM review is comprised of:

- Policies, Procedures, and Effective Implementation
- Special Education Forms and Effective Implementation
- Special Education Personnel
- Special Education Program Visits
- Identification of Recommended Preventive Actions
- Monitoring of Special Education Process
- Improvement, Correction, Assistance, and Enforcement

The intent of the CIM review is to:

- Improve student outcomes for students with IEPs
- Determine compliance

- Ensure sending districts and public academies understand and are implementing special education requirements in accordance with the *New Hampshire Rules for Education of Children with Disabilities*
- Improve special education policies, procedures and practices

In accordance with RSA 194:23, II Public Academy means an independent school which contracts with one or more school districts to provide education services to such districts in compliance with RSA 194:23.

Monitoring is done on a recurring basis for public academies based upon the percentage of findings of noncompliance. During this process, the New Hampshire Department of Education offers professional development to each public academy who is involved in the monitoring process. Professional development opportunities encompass Writing Measurable Annual Goals, Accommodations and Modifications, and Written Prior Notice. Prior to the initial monitoring on-site visit the Bureau of Special Education contacted the public academy to discuss the CIM monitoring review with the school administration. Pinkerton Academy has seven districts that contract with the public academy to send students to Pinkerton Academy. Pinkerton Academy has a grade span of 9-12.

The Bureau of Special Education also provided targeted professional development regarding the CIM review process and completion of the self-assessment data collection form. Pinkerton Academy was provided with a list of 10 students with disabilities representative of the public academy based on grade level, disability, gender, program, and sending school district (Local Education Agency – LEA). During the on-site visit, the monitoring team selected a total of 8 of the 10 student files to review.

The high school fall enrollment for October 1, 2016 showed that there was a total of 3,166 students enrolled in Pinkerton Academy. The October 1, 2015 count indicated that there were 506 students in the Pinkerton Academy who were identified with disabilities.

The monitoring visit conducted on February 17, 2017 consisted of New Hampshire Department of Education (NHDOE) team members verifying the public academy's identified evidence on the self-assessment data collection form. The public academy completed the entire self-assessment for each selected file.

The public academy was encouraged to invite each of their sending school district's LEA representative (or designee), their special education personnel as well as related service providers and regular education personnel, if appropriate, to attend the review. For the personnel who attended the review, this provided another targeted professional development opportunity. Attendees were provided the opportunity to learn about implementing IDEA, NH Statutes and the *New Hampshire Rules for the Education of Children with Disabilities* and to engage in a professional discussion of best practices for ensuring improved outcomes for students with disabilities.

The New Hampshire Department of Education, Bureau of Special Education review members for this compliance & improvement monitoring review included NHDOE Staff: Lori Noordergraaf, Joanne DeBello and Hannah Krajcik.

Policies, Procedures, and Effective Implementation

Each public academy must have policies, procedures, and effective implementation of practices that are aligned and support the implementation of IDEA, NH Statutes and the *New Hampshire Rules for the Education of Children with Disabilities*. As part of the special education compliance & improvement monitoring review, the monitoring team reviewed the public academy's policies and procedures manual for compliance.

The monitoring team reviewed the public academy's policies and procedures manual for the following components.

- Criteria for Approval of Public and Non-Public Programs pursuant to Ed 1126.02(b) & (b)(3)
- Child Find pursuant to Ed 1105.02(d)
- Administration pursuant to Ed 1114.04(b)
- Program Requirements pursuant to Ed 1114.05(a)
- Responsibilities of Private Providers of Special Education or Other Non-LEA programs in the Implementation of IEPs pursuant to Ed 1114.06(a), (f) & (i)
- Continuum of Alternative Placements; Placement of Children with Disabilities pursuant to 34 CFR 300.115(a); Ed 1111.03(e)
- Confidentiality of Information pursuant to 34 CFR 300.610 – 300.627; Ed 1119.02(a); Ed 1114.04(c)
- Behavioral Interventions pursuant to Ed 1114.07(b), (c), (e) & (f)
- Emergency Intervention Procedures pursuant to Ed 1114.08
- Qualification and Requirements for Instructional, Administrative and Support Personnel pursuant to Ed 1114.10(c) & (d)
- Employee and Volunteer Background Investigations pursuant to Ed 1114.11(a)
- Change in Placement or Termination of the Enrollment of a Child with a Disability pursuant to Ed 1114.12(a), (b), (c) & (d)
- Physical Facilities pursuant to Ed 1114.16(d) & (e)
- Health and Medical Care pursuant to Ed 1114.18(a), (c) & (d)
- Photography and Audio or Audio-Visual Recording pursuant to Ed 1114.20(a) & (b)
- Emergency Planning and Preparedness pursuant to Ed 1114.21(a)

Based on the review of Pinkerton Academy's policies and procedures manual, the monitoring team determined there were **no findings of noncompliance**.

Special Education Forms and Effective Implementation

As part of the review of Pinkerton Academy's forms implementing the special education process, the Bureau of Special Education also looked for evidence that the policies and procedures were effectively being implemented. The monitoring team reviewed the following forms provided by the public academy to ensure the implementation of the special education process:

- Record of Access pursuant to 34 CFR 300.614; Ed 1119.02(a)
- Notification of Special Education Team Meeting pursuant to 34 CFR 300.322; Ed 1103.02(a)
- Parental Permission to Waive Time Limits pursuant to Ed 1103.02(b)
- Age of Majority pursuant to 34 CFR 300.320(c); Ed 1120.01(b)
- Procedural Safeguard Notice pursuant to 34 CFR 300.504; Ed 1120.03(b)

Based on the review of Pinkerton Academy's special education forms, the NHDOE determined that there were **no findings of noncompliance**.

Special Education Personnel

The Bureau of Special Education reviewed Pinkerton Academy's special education personnel certifications using the New Hampshire Educator Information System. The review process was for special education staff employed during 2016-2017 school year.

The data for Pinkerton Academy was generated on December 8, 2016. Each special education staff member's endorsement was compared to the subject/assignment. This process was used for special educators who hold Education Intern License 4 (INT4), Beginning Educator Certification (BEC) and Experienced Educator Certification (EEC). If the endorsement was appropriate to the subject/ assignment then the renewal date of the endorsement was verified to ensure that the endorsement was current.

If there was a discrepancy between endorsement and the subject/assignment, the public academy was given an opportunity to verify the data. If the discrepancy could not be resolved a finding of noncompliance was made based on Personnel Standards pursuant to Ed 1113.12, 34 CFR 300.18, and 34 CFR 300.156.

Based on the review of the special education staff certifications, the monitoring team determined there were **no findings of noncompliance**.

Program Visits

The purpose of the program visits is to observe Pinkerton Academy's full range of opportunities for the child with a disability that cannot be met in a regular education setting. Per Ed 1113.03(c), each program maintained by or contracted through a public agency shall provide that children with disabilities are educated with nondisabled children in accordance with the requirements of 34 CFR 300.114. Public Academies shall also comply with the requirements of 34 CFR 300.115, relative to continuum of alternative placements.

Monitoring of Special Education Process

Public academies are responsible for implementing the special education process in accordance with IDEA, NH Statutes and the *New Hampshire Rules for the Education of Children with Disabilities*. The self-assessment data collection form highlights the public academy's understanding of the requirements of IDEA, NH Statutes and the *New Hampshire Rules for the Education of Children with Disabilities* and was reviewed during the monitoring visit. Each area of compliance on the self-assessment data collection form clearly outlines whether the compliance is either a requirement of IDEA, NH Statutes and the *New Hampshire Rules for the Education of Children with Disabilities* or a requirement of solely the *New Hampshire Rules for the Education of Children with Disabilities*. During the monitoring visit, the monitoring team verified the evidence of compliance based on the review of the student file, using the public academy's self-assessment as a resource.

Based on this review, the Bureau of Special Education identified findings of noncompliance with IDEA, NH Statutes and the *New Hampshire Rules for the Education of Children with Disabilities*. The findings include the compliance citation, the area of compliance, the specific component of the regulation, and the required corrective actions, which include timelines for demonstrating correction of noncompliance. Each LEA will also be informed of the specific areas of noncompliance for each of their students, as they will need to work in conjunction with the public academy in order to resolve the findings of noncompliance. Student specific information is not included in the report but will be provided to both the public academy's special education administrator, and the LEA's special education director.

There are two main components to the corrective actions entitled, "*Corrective Action of Individual Instance of Noncompliance*" and "*Corrective Action Regarding the Implementation of the Regulations*". The first component, "corrective action of individual instance of noncompliance," is for any noncompliance concerning a child-specific requirement. There must be evidence that the public academy in conjunction with the LEA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the public academy. These areas must be corrected as soon as possible with state timelines given in the report for each area. The NHDOE will return to the public academy, typically within 3 months of the date of the report, to verify compliance for each individual instance identified in the report. The second component, "corrective action regarding the implementation of the regulations" would typically involve the public academy providing

professional development training to appropriate staff with regards to areas found to be in noncompliance. The NHDOE will review updated data collected after the identification of noncompliance to demonstrate that the public academy is correctly implementing the specific requirement. This involves a follow-up on-site review of new student files, selected typically within one year of the original on-site compliance & improvement monitoring.

Overview of the Student Specific Findings of Noncompliance

The chart below identifies the area of compliance based on student files that were reviewed by the compliance & improvement monitoring team during the onsite visit. The chart is broken down into the **compliance citations** and **area of compliance**. The compliance citations are based on the *CFR* found in the federal regulations of IDEA, NH Statutes and the *Ed* found in the administrative rules of the New Hampshire Rules for the Education of Children with Disabilities. The chart aligns the regulatory components to the numbered questions in the self-assessment. Regulatory components and self-assessment numbers are bolded in instances where noncompliance was noted by the compliance & improvement monitoring team.

The **review status** identifies the **number of files reviewed** for the self-assessment question as well as the number of files that were found to be in compliance. For example “1 out of 3 files demonstrated a record of parties that have obtained access to the education records collected or used under Part B of the Act. For student files A & B, there was insufficient evidence demonstrating compliance with this requirement.” This means that 3 files were reviewed and 1 file was found to be in compliance and students A & B were found to be noncompliant.

In cases where there was a finding of noncompliance for a particular student, the chart identifies the **First Stage Corrective Action of Student Specific Instance(s) of Noncompliance**. In the case of an individual instance of noncompliance, the corrective action would generally involve the IEP team convening to resolve the finding of noncompliance. Timelines for these corrective actions are also noted. For the First Stage Corrective Actions, the NHDOE will return to the public academy within 3 months following the public academy receiving written notification of noncompliance (the report) to review all student files in which there were findings of noncompliance in order to verify compliance with the corrective action stated in the report.

In cases where there was a finding of noncompliance for a particular student, the next section of the chart identifies the **First Stage Corrective Action Regarding the Implementation of the Regulation**. This section will also include a reference to a student file that was used as evidence to support the noncompliance of the regulation, if applicable. This section informs the public academy of any practices or procedures which need to be corrected as well as trainings for staff to inform them of the corrections as a result of the findings of noncompliance. The required corrective action by the public academy in conjunction with the LEA, and a timeline for the corrective action is also provided.

In cases where there was a finding of noncompliance for a particular student, the final section of the chart identifies the **Second Stage Corrective Action Regarding the Implementation of the Regulation**. Identified in this section will be the number of new student files that will be selected at the public academy to demonstrate correct implementation of the regulations for the section of the self-assessment in which noncompliance was found. For the Second Stage Corrective Actions, the NHDOE will verify compliance through a subsequent on-site review of the new files within a year from the date of the report. **The total number of student files selected for the Second Stage Corrective Action Regarding the Implementation of the Regulation will not exceed the original number of files reviewed at the school.**

Student Specific Findings of Noncompliance

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1114.03		A. Governance
Self-Assessment Question Number & Regulatory Component		Review Status
1.	Ed 1114.03(a)	8 out of 8 files demonstrated evidence that the public academy has an agreed upon contract with the sending LEA for the provision of those services in IEPs for which the public academy cannot provide the student with all services detailed in their IEPs.
2.	Ed 1114.03(d)	8 out of 8 files demonstrated evidence that the public academy has appointed a person to act as chief administrator with authority to manage the affairs of the public academy.
3.	Ed 1114.03(g)	8 out of 8 files demonstrated evidence that the public academy has kept on permanent file a current list of the names and addresses of all members of the public academy's board of trustees. The list shall identify the officers of the board and the terms of office of such officers.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.614 Ed 1119.02		B. Record of Access; Confidentiality Requirements
Self-Assessment Question Number & Regulatory Component		Review Status
4.	34 CFR 300.614 Ed 1119.02(a)	8 out of 8 files demonstrated evidence of a record of parties that have obtained access to the education records collected, maintained or used under Part B of the Act.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.323; 34 CFR 300.324 Ed 1109		C. Individualized Education Program
Self-Assessment Question Number & Regulatory Component		Review Status
5.	Ed 1109.04(a)	8 out of 8 IEP files demonstrated evidence that a copy of the IEP has been provided to each teacher and service provider listed as having responsibilities for implementing the IEP.
6.	34 CFR 300.324(b)(1)(i); Ed 1109.03(d)	8 out of 8 IEP files demonstrated evidence that that the IEP was reviewed periodically but not less than annually.

7.	34 CFR 300.323(a); Ed 1109.03(1)	8 out of 8 IEP files demonstrated evidence that that an IEP was in place at the beginning of the school year.
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COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.321(a) Ed 1103.01; Ed 1113.02		D. IEP Team; Participants in the Special Education Process
Self-Assessment Question Number & Regulatory Component		Review Status
8.	34 CFR 300.321(a)(1) Ed 1103.01(a)	8 out of 8 IEP files demonstrated evidence that the IEP Team included the parents of the child. <i>(No student files were of adult students.)</i>
9.	34 CFR 300.321(a)(2) Ed 1103.01(a)	7 out of 7 IEP files demonstrated evidence that the IEP Team included at least one regular education teacher of the child. <i>(One student file was students excused per 34 CFR 300.321(e).)</i>
10.	34 CFR 300.321(a)(3) Ed 1103.01(a)	8 out of 8 IEP files demonstrated evidence that the IEP Team included at least one special education teacher of the child, (or where appropriate), at least one special education provider of the child. <i>(No student files were students excused per 34 CFR 300.321(e).)</i>
11.	34 CFR 300.321(a)(4) Ed 1103.01(a)	8 out of 8 IEP files demonstrated evidence that the IEP Team included an LEA representative and a representative from the public academy.
12.	Ed 1103.02(a)	7 out of 8 IEP files demonstrated evidence that the parent(s) received a written invitation no fewer than 10 days before an IEP meeting which included the purpose, time, location and identification of the participants, or if less than 10 days, written evidence of consent of the parent(s) that the notice requirements were waived per Ed 1103.021(b). For student H there was insufficient evidence demonstrating compliance with this requirement.
<p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide trainings to appropriate staff for ensuring that at least a 10 day notice is given to the parent before an IEP meeting, which includes the purpose, time, location and identification of the participants, and when not possible, that staff follow through with obtaining the written consent of the parent that the notice requirement is waived.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the public academy's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p> <p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Pinkerton Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a); 34 CFR 300.324(a)(1)		E. Individualized Education Program (Present Levels of Academic Achievement and Functional Performance)
Self-Assessment Question Number & Regulatory Component		Review Status
13.	34 CFR 300.324(a)(1)(i)	8 out of 8 IEPs demonstrated evidence of a statement of the child's strengths.
14.	34 CFR 300.324(a)(1)(iv)	8 out of 8 IEPs demonstrated evidence of a statement of the child's academic, developmental, and functional needs.
15.	34 CFR 300.324(a)(1)(ii)	8 out of 8 IEPs demonstrated evidence of a statement of the parent's concerns for improving the student's education in the IEP.
16.	34 CFR 300.324(a)(1)(iii)	8 out of 8 IEPs demonstrated evidence that the results of initial or most recent evaluations of the child were included in the IEP.

17.	34 CFR 300.320(a)(1)(i)	8 out of 8 IEPs demonstrated evidence of a statement in the IEP that describes how the child's disability affects the student's involvement and progress in the general education curriculum.
18.	34 CFR 300.320(a)(4)(ii)	8 out of 8 IEPs demonstrated evidence of a statement that describes how the child's disability affects non-academic areas.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.324(a)(2) Ed 1109.03(h)		F. Consideration of Special Factors
Self-Assessment Question Number & Regulatory Component		Review Status
19.	34 CFR 300.324(a)(2)(i) Ed 1109.03(h)	When a child's behavior impedes the child's learning or that of others, 3 out of 3 IEPs demonstrated evidence that the IEP team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior. <i>(Five student files were not of students whose behavior impedes learning.)</i>
20.	34 CFR 300.324(a)(2)(ii) Ed 1109.03(h)	When a child demonstrates limited English proficiency, 0 out of 0 IEPs demonstrated evidence that the IEP Team considered the language needs of the child as those needs relate to the child's IEP. <i>(Eight student files were not of students who demonstrated limited English proficiency.)</i>
21.	34 CFR 300.324(a)(2)(iii) Ed 1109.03(h)	When a child is blind or visually impaired, 1 out of 1 IEPs demonstrated evidence that the IEP Team provided for instruction in Braille and the use of Braille unless the IEP Team determined, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille was not appropriate for the child. <i>(Seven student files were not of blind or visually impaired students.)</i>
22.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	8 out of 8 IEPs demonstrated evidence that the IEP Team considered the communication needs of the child.
23.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	When a child is deaf or hard of hearing, 1 out of 1 IEPs demonstrated evidence that the IEP Team considered the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. <i>(Seven student files were not of deaf or hard of hearing students.)</i>
24.	34 CFR 300.324(a)(2)(v) Ed 1109.03(h)	8 out of 8 IEPs demonstrated evidence that the IEP Team considered whether the child needed assistive technology devices and services.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.01(a)(10)		G. Courses of Study
Self-Assessment Question Number & Regulatory Component		Review Status
25.	Ed 1109.01(a)(10)	For each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, 8 out of 8 IEPs demonstrated evidence of a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's courses of study such as participation in advanced-placement courses or a vocational education. <i>(No student files were students aged 13 or younger who will not be turning 14 during the IEP period.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(2)(i) Ed 1109.01(a)		H. Measurable Annual Goals; Short-term Objectives or Benchmarks
Self-Assessment Question Number & Regulatory Component		Review Status
26.	34 CFR 300.320(a)(2)(i) Ed 1109.01(a)(1)	8 out of 8 IEPs demonstrated evidence of a statement of measurable annual goals, including academic and functional goals as evidenced by question 26 on the self-assessment.
27.	34 CFR 300.320(a)(2)(i)(A) Ed 1109.01(a)(1)	8 out of 8 IEPs demonstrated evidence that the measurable annual goals meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum.
28.	34 CFR 300.320(a)(2)(i)(B) Ed 1109.01(a)(1)	If there are other educational needs that result from the child's disability, 8 out of 8 IEPs demonstrated evidence that the measurable annual goals meet each of the child's other educational needs.
29.	Ed 1109.01(a)(6)	8 out of 8 IEPs demonstrated evidence of short-term objectives or benchmarks for all children unless the parent determines them unnecessary for all or some of the child's annual goals.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.04(a)(8)		I. Review and Revision of IEPs (Measuring Progress)
Self-Assessment Question Number & Regulatory Component		Review Status
30.	Ed 1109.01(a)(9)	7 out of 8 IEPs demonstrated evidence that the IEP includes a statement of how the child's progress toward meeting the annual goals shall be provided to the parents. For student C there was insufficient evidence demonstrating compliance with this requirement.
<p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months of the date of this report, the public academy in conjunction with the sending district(s) must amend the IEPs to a statement of how the child's progress toward meeting the annual goals shall be provided to the parents.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p>		
<p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that the public academy addresses that IEP's include a statement of how the child's progress toward meeting the annual goals shall be provided to the parents.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the public academy's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p>		
<p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Pinkerton Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.323(d)(2)(ii) Ed 1102; Ed 1109.03(a)		J. Accessibility of Child's IEP to Teachers and Others (General Accommodations and General Modifications)
Self-Assessment Question Number & Regulatory Component		Review Status
31.	34 CFR 300.323(d)(2)(ii) Ed 1109.03(a)	8 out of 8 IEPs demonstrated evidence that each teacher and provider has been informed of the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.
32.	Ed 1102.01(b)	If accommodations are included, 8 out of 8 IEPs demonstrated evidence that the accommodations are changes in instruction or evaluation determined necessary by the IEP team that do not impact the rigor and/or validity of the subject matter being taught or assessed.
33.	Ed 1102.03(v)	If modifications are included, 1 out of 1 IEP demonstrated evidence that the modifications are changes in instruction or evaluation determined necessary by the IEP team that impacts the rigor and validity or rigor or validity, of the subject matter being taught or assessed. <i>(Seven student files were students with no modifications.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a) Ed 1109.01(a)(1); 1109.04(b)		K. Definition of Individualized Education Program (Special Education and Related Services, Supplementary Aids and Services, and Program Modifications or Supports for School Personnel)
Self-Assessment Question Number & Regulatory Component		Review Status
34(a).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	8 out of 8 IEPs demonstrated evidence of a statement of special education.
34(b).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	6 out of 6 IEPs demonstrated evidence of a statement of related services. <i>(Two student files were students for whom there was no evidence that the IEP team determined this is necessary.)</i>
34(c).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	0 out of 0 IEPs demonstrated evidence of a statement of supplementary aids and services. <i>(Eight student files were students for whom there was no evidence that the IEP team determined this was necessary.)</i>
34(d).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	1 out of 1 IEP demonstrated evidence of a statement of the program modifications. <i>(Seven student files were students for whom there was no evidence that the IEP team determined this was necessary.)</i>
34(e).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	3 out of 3 IEPs demonstrated evidence of a statement of the supports for school personnel. <i>(Five student files were students for whom there was no evidence that the IEP team determined this was necessary.)</i>
35.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	8 out of 8 IEPs demonstrated evidence of a projected date for the beginning of the services and modifications described in the supports and services section of the IEP.
36.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	8 out of 8 IEPs demonstrated evidence of the anticipated frequency, location, and duration of those services and modifications described in the supports and services section of the IEP.
37.	Ed 1109.04(b)(1)	8 out of 8 IEP files demonstrated written evidence documenting implementation of the IEP with regards to all special education services provided.
38.	Ed 1109.04(b)(1)	6 out of 6 IEP files demonstrated written evidence documenting implementation of the IEP with regards to all related services provided. <i>(Two student files were students for whom there were no related services in the IEP.)</i>

39.	Ed 1109.04(b)(2)	0 out of 0 IEP files demonstrated written evidence documenting implementation of the IEP with regards to any supplementary aids and services provided. <i>(Eight student files were students for whom there were no supplementary aids and services in the IEP.)</i>
40.	Ed 1109.04(b)(3)	1 out of 1 IEP files demonstrated written evidence documenting implementation of the IEP with regards to program modifications made. <i>(Seven student files were students for whom there were no program modifications in the IEP.)</i>
41.	Ed 1109.04(b)(3)	3 out of 3 IEP files demonstrated written evidence documenting implementation of the IEP with regards to supports provided for school personnel. <i>(Five student files were students for whom there were no supports for personnel in the IEP.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(5) Ed 1109.01(a)(1)		L. Definition of Individualized Education Program (Justification for Non-Participation)
Self-Assessment Question Number & Regulatory Component		Review Status
42.	34 CFR 300.320(a)(5) Ed 1109.01(a)(1)	8 out of 8 IEP demonstrated evidence of an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in the supports and services section of the IEP.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(6)(i) Ed 1109.01(a)(1)		M. Definition of Individualized Education Program (State and District Wide Assessments)
Self-Assessment Question Number & Regulatory Component		Review Status
43.	34 CFR 300.320(a)(6)(i) Ed 1109.01(a)(1)	6 out of 6 IEPs demonstrated evidence of a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district wide assessments. <i>(Two student files were students for whom there were no state or district wide assessments for the student's age/grade level.)</i>
44.	34 CFR 300.320(a)(6)(ii)(A) Ed 1109.01(a)(1)	When the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or district wide assessment of student achievement, 1 out of 1 IEP demonstrated evidence of a statement of why the child cannot participate in the regular assessment. <i>(Seven student files were students not taking an alternate assessment.)</i>
45.	34 CFR 300.320(a)(6)(ii)(B) Ed 1109.01(a)(1)	When the child is taking an alternate assessment, 1 out of 1 IEP demonstrated evidence describing why the particular alternate assessment selected is appropriate for the child. <i>(Seven student files were students not taking an alternate assessment.)</i>