|  |
| --- |
| **NEW HAMPSHIRE DEPARTMENT OF EDUCATION ON-SITE FILE REVIEW**  **PRIVATE PROVIDER INDIVIDUALIZED EDUCATION PROGRAM**  **MONITORING REVIEW SELF-ASSESSMENT DATA COLLECTION FORM**  **2019 – 2020** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District of Liability**: | | | **Student Name**: | | | | | | | | | **Date of Birth**: | | **SASID#**: | | |
| **Private Provider**: | | | | **Disabilities**:  (Please list primary first) | | | | | **Grade**:  (as identified on IEP) | | | | **Begin & End Date of Currently Agreed Upon IEP Reviewed**: | | | |
| **Name of Approved Special Education Program**: | | | | | | | | | | | | | **Amended Date**: (if applicable) | | | |
| **Date of Initial Placement at Private Provider Facility**: | | | | | | | **Date Parental Consent Given for the IEP**: | | | | | | | | | |
| Name of Personnel Completing Form: | | Role: | | | | | | | | Date Completed: | | | Signature: | | | |
| **NHDOE USE ONLY** | Date of Review: | | | | Signature of NHDOE Reviewer: | | | | | | | | | | | |
| Private Provider:  OFFICE | | | | | | SASID:  USE | | | | | Reviewer:  ONLY | | | | Code: | |
| **Currently agreed upon IEP with the signature of the parent or, where appropriate, student, and a representative of the LEA stating approval of the provisions of the IEP** *34CFR 300.321(a)(4); Ed 1109.01(a)(5).* **If a district was unable to obtain written parental consent have they implemented Ed 1120.06?**  **IEP does not have a “DRAFT” watermark on it.** | | | | | | | | **Yes— District has obtained written parental consent or has implemented Ed 1120.06 and authorized LEA representative has signed IEP.**  **No—IEP will be deemed out of compliance or not applicable for the following areas: B(#2), D(#11-17), E(#18-22), F(#23), G(#24-26), H(#27), I(#29), J(#30-31), K(#32-41), L(#42), M(#43-45)** | | | | | | | | |
| **If No, please note reason:** | | | | | | | | | | | | | | | | |
| **GUIDANCE AND NEXT STEPS FOR COMPLETING THE 2019 – 2020 PRIVATE PROVIDER SELF-ASSESSMENT DATA COLLECTION FORM**  **IN PREPARATION FOR THE NEW HAMPSHIRE DEPARTMENT OF EDUCATION SPECIAL EDUCATION MONITORING ON-SITE REVIEW** | | | | | | | | | | | | | | | |

The self-assessment is just one part of the special education on-site monitoring that your program is participating in. At the self-assessment training your program will receive a list of students per program. The number of students on the list will vary depending on the number of New Hampshire special education students at each program. One to three days before the on-site monitoring visit, the New Hampshire Department of Education (NHDOE) Bureau of Student Support (Bureau) monitoring team will randomly pick all but two students from each list at each program to review. The Bureau’s expectation is that the self-assessment will be completed prior to the on-site monitoring visit for all students included on the list.

Private Providers may complete the self-assessment in many ways. Here are a few ways:

* Special education teacher completes the self-assessment.
* Special education teacher completes the self-assessment, and another special education teacher reviews what was identified for evidence.
* Program teams meet together as a group to complete the self-assessment. Teams may be comprised of administration and special education teachers; related service providers; and special education and regular education teachers.

The intent of the monitoring review is to:

1. Improve student outcomes for students with IEPs;
2. Determine compliance;
3. Ensure private providers understand and are implementing special education requirements in accordance with the *New Hampshire Standards for Education of Children with Disabilities*; and
4. Improve special education policies, procedures, and practices.

The self-assessment data collection form includes a cover page withfifteen sections to be completed regarding the student selected for the IEP monitoring on-site file review.

The body of the self-assessment data collection form includes three columns. The first column identifies the rule that is being monitored for compliance along with directions for providing evidence based on the standard. The second column is for private providers to identify the evidence that demonstrates compliance with the standard, and use the space to self-assess (check yes, no or NA) as to whether or not the evidence is compliant with the standards. Private Providers are responsible for documenting the evidence before the on-site monitoring visit. Please be as specific as possible since the self-assessments may be used as evidence in verifying noncompliance. Some programs tab evidence in the student’s file and note the corresponding question number from the data collection form.

The last column of the data collection form will be used by the monitoring team from the NHDOE at the on-site file review. "Yes" responses indicate evidence has been verified as being in compliance with the standard and "No" responses indicate noncompliance. "NA" responses indicate that the standard does not apply to the student and therefore, cannot be monitored.

Do not alter the student’s file and/or make copies of the evidence. The NHDOE monitoring team will only be reviewing private provider’s original student files.

The monitoring team will consist of at least two NHDOE trained personnel, including at least one special education administrator from another private program who has been trained in the process by the NHDOE. Private Provider administrators and personnel are encouraged to participate in the on-site visit as recommended by the private provider administrator. Private providers are strongly encouraged to invite all of their LEAs (or designees) to attend the on-site visit so that if there are any questions, concerns, or information needed, everyone is informed.

On the date(s) of the on-site monitoring visit, the monitoring team will need: a private meeting space, access to the students’ complete files, any additional documents that may be needed to demonstrate evidence, internet access, and electrical outlets. At the end of the visit, each completed self-assessment data collection form will be collected by the monitoring team. Should private providers wish to keep copies of the data collection form, which have the documented evidence of compliance yet to be verified, copies must be made by the private providers prior to the on-site monitoring visit.

Prior to the monitoring visit, the NHDOE will have reviewed the private provider’s application, curriculum, procedures, personnel certification, and any other pertinent documents.

The final step will be a written report citing the program’s specific findings of noncompliance as well as a summary of the review of the private providers’ special education procedures, personnel, curriculum, and special education approved instructional program(s). The private providers will receive the written report within 60 days of the on-site monitoring visit. Thereupon, NHDOE staff will meet with administration, and any of the LEAs or designees to answer questions about the report. Following this meeting, the NHDOE will post the report on the NHDOE website.

The report specifies the corrective actions to address the individual instances of noncompliance and the updated data regarding implementation of the regulations. Student specific findings of noncompliance must be corrected within 2 months of receipt of the written report of findings of noncompliance. NHDOE staff will return to review the evidence and verify correction of individual incidences of noncompliance. Typically within seven to eight months of the written report of findings of noncompliance, NHDOE staff will return to review updated data using newly selected student files regarding implementation of the regulations. Three weeks prior to this follow-up visit, the private provider will be notified of the student files that will be reviewed.

The NHDOE Coordinating Consultant for your program(s) is available for technical assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| **IMPLEMENTATION OF**  **POLICIES, PROCEDURES, AND PRACTICES** | **Evidence Provided by**  **Private Provider**  (Name & description of evidence, location of evidence, page number, date, policy)  **Evidence verifies compliance with NH Standards** | | **Evidence verifies compliance with NH Standards**  **(Gray areas are for NHDOE use only)** |
| 1. **Record of Access; Confidentiality Requirements** | | | |
| ***34 CFR 300.614 Record of access.***  Each participating agency must keep a record of parties obtaining access to education records collected, maintained, or used under Part B of the Act (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.  ***Ed 1119.01(a) Confidentiality Requirements.***  (a) Each participating agency shall comply with 34 CFR 300.610 - 300.627, relative to confidentiality of information, including compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232G, (FERPA) and its implementing regulations in 34 CFR Part 99.   1. Provide the evidence of a record of parties that have obtained access to the education records collected, maintained or used under Part B of the Act.   *Cite where the record of access can be found in the student file.* |  | **Yes**  **No** | **Yes**  **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Individualized Education Program** | | | |
| ***34 CFR 300.323(d)(2)(i),(ii); Ed 1109.03(a) Ed 1109.04(a)***   1. Provide evidence that a copy of the IEP has been provided to each teacher and provider so that they are informed of their specific responsibilities for implementing the IEP and specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.   *Provide the documentation that shows evidence that a copy of the IEP has been provided to each teacher (listed on the student’s schedule) and service provider (listed in the IEP).* |  | **Yes**  **No** | **Yes**  **No** |
| ***34 CFR 300.324(b)(1)(i); Ed 1109.03(d)***   1. Give the dates of the previous IEP that demonstrate evidence that the IEP was reviewed at least annually.   *Provide the location(s) in the file of the current and previous IEP and the dates of those IEPs.*  *If reviewing an amendment to the initial IEP then this amended IEP is the initial IEP.* |  | **Yes**  **No**  **NA – initial IEP or student moved from another district or state** | **Yes**  **No**  **NA – initial IEP or student moved from another district or state** |
| ***34 CFR 300.323(a); Ed 1109.03(d)***   1. Provide the evidence that an IEP was in place at the beginning of the school year.   *Please provide the start date for the 2019 -2020 school year.* |  | **Yes**  **No**  **NA – student was identified after beginning of school year or moved from another district or state** | **Yes**  **No**  **NA – student was identified after beginning of school year or moved from another district or state** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **IEP Team; Participants in the Special Education Process** | | | | |
| ***34 CFR 300.322; Ed 1103.01(a)***   1. Provide the evidence that one or both of the parents are present at the IEP Team meeting or are afforded the opportunity to participate.   *Provide the page of the meeting participants’ form of the currently agreed upon IEP where the parent signed in as a meeting participant. If parent(s) was not present at meeting, provide the other methods to ensure parent participation or record of attempts to arrange a mutually agreed on time and place per 34 CFR 300.322.*  *Check yes, if there is evidence that:*   1. *Parent physically attended* 2. *Parent participated via phone or video conferencing* 3. *Record of attempts (2 or more)* |  | | **Yes**  **No** | **Yes**  **No** |
| ***34 CFR 300.321(a)(2); Ed 1103.01(a)***   1. Provide evidence that not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment) participated in the meeting. If there was no regular education teacher please explain.   **For preschool children the regular education teacher may be:**   * Staff with early childhood certification * A teacher in a regular early childhood program (childcare, Head Start, etc.) * A kindergarten teacher   *Provide the page of the meeting participants’ form of the currently agreed upon IEP where the regular education teacher signed in as a meeting participant.* |  | | **Yes**  **No**  **NA – excused per 34 CFR 300.321(e)**  **NA – student is not and will not participate in the regular education environment** | **Yes**  **No**  **NA – excused per 34 CFR 300.321(e)**  **NA – student is not and will not participate in the regular education environment** |
| ***34 CFR 300.321(a)(3); Ed 1103.01(a)***   1. Provide evidence that not less than one special education teacher or, where appropriate, not less than one special education provider of the child participated in the meeting. If there was no special education teacher or provider, please explain.   *Provide the page of the meeting participants’ form of the currently agreed upon IEP where the special education teacher/provider signed in as a meeting participant.* |  | | **Yes**  **No**  **NA – excused per 34 CFR 300.321(e)** | **Yes**  **No**  **NA – excused per 34 CFR 300.321(e)** |
| ***34 CFR 300.321(a)(4); Ed 1103.01(a)***   1. Provide the evidence that the IEP Team included an LEA representative.   *Provide the page of the meeting participants’ form of the currently agreed upon IEP where the LEA representative signed in as a meeting participant.* |  | | **Yes**  **No** | **Yes**  **No** |
| ***Ed 1103.01(d)***   1. If vocational, career or technical education components are being considered, provide the evidence that the IEP team membership included an individual knowledgeable about the vocational education programs and/or career technical education being considered.   *Provide the page of the meeting participants’ form of the currently agreed upon IEP where the individual knowledgeable about the vocational education program and/or Career and Technical Education Center (CTE) signed in as a meeting participant.* |  | | **Yes**  **No**  **NA – vocational education/CTE not considered** | **Yes**  **No**  **NA – vocational education/CTE not considered** |
| ***34 CFR 300.322(a); Ed 1103.02(a), (c), (d)***   1. Provide the 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. If the parent(s) agrees in writing, the LEA may satisfy this requirement via transmittal by electronic mail. Such an agreement shall be effective until revoked in writing. A notice sent by first class or certified U.S. mail 12 days prior to the meeting shall be deemed received 10 days before an IEP team meeting.   *Provide the date when the written invitation was received by the parent(s) and the IEP meeting date. If less than 10 days, per Ed 1103.02(b), provide evidence of written consent of the parent(s) that the notice requirements were waived. If parent has agreed in writing to receive special education meeting invitations by email, provide location in student file of this written parent consent. In this case, provide documentation of invitation and documentation that the invitation was transmitted by email to the parent.*  ***If Private Providers take responsibility for generating and sending the written invitation the private provider is also responsible for providing evidence that the notice requirements were waived if applicable. If the Private Provider does not take on this responsibility please check NA – responsibility of the LEA.*** |  | **Yes**  **No – less than 10 days with no waiver or, in the case of transmittal by email, no evidence that the parent agreed in writing to receive meeting invitations by email.**  **NA – responsibility of the LEA** | | **Yes**  **No – less than 10 days with no waiver or, in the case of transmittal by email, no evidence that the parent agreed in writing to receive meeting invitations by email.**  **NA –responsibility of the LEA** |
|  | **Written invitation received:** | **IEP meeting date:** | |  |
|  | **If less than 10 days between:** is there evidence of written consent of the parent(s) that the notice requirements were waived?  **Yes  No  NA – more than 10 days** | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Individualized Education Program (Present Levels of Academic Achievement and Functional Performance)** | | | | |
| **34 CFR 300.320 Definition of individualized education program.**   1. General. As used in this part, the term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with §§300.320 through 300.324, and that must include-- 2. A statement of the child’s present levels of academic achievement and functional performance. | | | | |
| ***34 CFR 300.324(a)(1)(i)***   1. Provide the evidence in the currently agreed upon IEP demonstrating that the team considered the strengths of the child.   *Provide the page number in the currently agreed upon IEP where the child’s strengths are included. For example: learner variability. Must contain at least one strength of the student related to learning and must be objective (not subjective).* |  | **Yes**  **No** | | **Yes**  **No** |
| ***34 CFR 300.324(a)(1)(iv); Ed 1109.01(a)(1)***   1. Provide the evidence in the currently agreed upon IEP demonstrating that the team considered the academic, developmental, and functional needs of the child. 2. Academic—level of academic performance when measured against the general education curriculum. 3. Developmental—physical, cognitive, communication, social or emotional, and/or adaptive development. 4. Functional—how the child demonstrates skills and behaviors in cognition, communication, motor, adaptive, social/emotional and sensory areas.   *Provide the page number in the currently agreed upon IEP where the child’s academic, developmental and functional needs are considered.* |  | **Yes**  **No** | | **Yes**  **No** |
| ***34 CFR 300.324(a)(1)(ii); Ed 1109.01(a)(1)***   1. Provide the evidence in the currently agreed upon IEP that documents that the concerns of the parents for enhancing the education of their child were considered.   *Provide the page number in the currently agreed upon IEP where the parents’ concerns for enhancing the education of their child are considered.* |  | **Yes**  **No** | | **Yes**  **No** |
| ***34 CFR 300.324(a)(1)(iii); Ed 1109.01(a)(1)***   1. Provide the evidence in the currently agreed upon IEP that demonstrates that the results of the initial or most recent evaluation of the child were considered.   **For Preschool students** evaluations could include POMS, ESS assessments, Pediatrician reports, arena assessments, etc.  *Provide the page number in the currently agreed upon IEP where the results of the initial or most recent evaluations of the child are included. For example: initial evaluation results, re-evaluation results, curriculum based measures, district wide assessments, classroom assessments.* |  | | **Yes**  **No** | **Yes**  **No** |
| ***34 CFR 300.320(a)(1)(i); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement in the IEP that describes how the student’s disability affects the student’s involvement and progress in the general education curriculum.   *Provide the page number in the currently agreed upon IEP where the*  ***description*** *of how the student’s disability affects progress in the general*  *education curriculum is included. Any classes with a curriculum are academic classes, including music, art, computer, physical education, etc.*  **For preschool age children, please see question #17.** |  | | **Yes**  **No**  **NA – preschool age child** | **Yes**  **No**  **NA – preschool age child** |
| ***34 CFR 300.320(a)(4)(ii); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement in the IEP that describes how the student’s disability affects non-academic areas.   *Provide the page number in the currently agreed upon IEP where the*  ***description*** *of how the student’s disability affects non-academic areas is included. Non-academic activities would include lunch, recess, transition times, etc.* |  | | **Yes**  **No** | **Yes**  **No** |
| ***34 CFR 300.320(a)(1)(ii); Ed 1109.01(a)(1)***   1. For preschool children, as appropriate, provide the evidence of a statement in the IEP that describes how the disability affects the child’s participation in appropriate activities.   *Provide the page number in the currently agreed upon IEP where the* ***description*** *of how the disability affects the child’s participation in appropriate activities is included.* |  | | **Yes**  **No**  **NA – not preschool** | **Yes**  **No**  **NA – not preschool** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Consideration of Special Factors** | | | |
| ***34 CFR 300.324(a)(2)(i); Ed 1109.03(h)***   1. In the case of a child whose behavior impedes the child’s learning or that of others, provide the evidence that the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior.   *Provide the page number in the currently agreed upon IEP where special factors are considered by the team.*  **If the IEP is left blank, then the answer would be “No” for this question.** |  | **Yes**  **No – left blank**  **Child’s behavior does not impede his/her learning or the learning of others** | **Yes**  **No – left blank**  **NA – Child’s behavior does not impede his/her learning or the learning of others** |
| ***34 CFR 300.324(a)(2)(ii); Ed 1109.03(h)***   1. In the case of a child with limited English proficiency, provide the evidence that the team considered the language needs of the child as those needs relate to the child’s IEP.   *Provide the page number in the currently agreed upon IEP where special factors are considered by the team.*  **If the IEP is left blank, then the answer would be “No” for this question.** |  | **Yes**  **No – left blank**  **Child does not have limited English proficiency** | **Yes**  **No – left blank**  **NA – Child does not have limited English proficiency** |
| ***34 CFR 300.324(a)(2)(iii); Ed 1109.03(h)***   1. In the case of a child who is blind or visually impaired, provide the evidence that the 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.   *Provide the page number in the currently agreed upon IEP where special factors are considered by the team.*  **If the IEP is left blank, then the answer would be “No” for this question.** |  | **Yes**  **No – left blank**  **Child is not blind or visually impaired or the child is blind or visually impaired but is not in need or instruction in Braille and/or the use of Braille is not appropriate for the child.** | **Yes**  **No – left blank**  **NA – Child is not blind or visually impaired or the child is blind or visually impaired but is not in need or instruction in Braille and/or the use of Braille is not appropriate for the child.** |
| ***34 CFR 300.324(a)(2)(iv); Ed 1109.03(h)***   1. Provide the evidence that the IEP Team considered the communication needs of the child, and in the case of a child who is deaf or hard of hearing, considered 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.   *Provide the page number in the currently agreed upon IEP where special factors are considered by the team.*  **If the IEP is left blank, then the answer would be “No” for this question.** |  | **Yes**  **No – left blank** | **Yes**  **No – left blank** |
| ***34 CFR 300.324(a)(2)(v); Ed 1109.03(h)***   1. Provide the evidence that the IEP Team considered whether the child needs assistive technology devices and services.   *Provide the page number in the currently agreed upon IEP where special factors are considered by the team.*  **If the IEP is left blank, then the answer would be “No” for this question.** |  | **Yes**  **No – left blank**  **Child does not need assistive technology** | **Yes**  **No – left blank**  **NA – Child does not need assistive technology** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Courses of Study** |  | | |
| ***Ed 1109.01(a)(10)***   1. For each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, provide the 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, or career technical education.   *Provide the page number in the currently agreed upon IEP where the courses of study are listed. This should be written as a projected transcript for grade levels beyond the student’s current grade and specific courses taken should be listed for current and previous years.* |  | **Yes**  **No**  **NA – student is age 13 or younger and no evidence that the IEP team determined this is necessary** | **Yes**  **No**  **NA – student is age 13 or younger and no evidence that the IEP team determined this is necessary** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Measurable Annual Goals; Short-term Objectives or Benchmarks** | | | | | | | | | | | | |
| ***34 CFR 300.320(a)(2)(i); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement of measurable annual goals, including academic and functional goals.   *Provide the page number in the currently agreed upon IEP where the goals are located.* | | | | | |  | | | **Yes**  **No** | | **Yes**  **No** | |
| ***Measurable annual goals contain the following criteria. (The section below is for private providers and reviewers to note which goals are measurable and which are not. All goals must contain all the criteria for the reviewers to check the “Yes” box above. Reviewers will choose two goals to review unless the IEP contains just one or two goals.)*** | | | | | | | | | | | | |
| **Present Level of Academic Achievement and Functional Performance**  (Current level from which goal will be measured\*) | **Goal Number** | **Time Frame** | **Condition/ Situation** (Materials, settings, accommodations for student to perform behavior) | **Student’s Name** | **Clearly Defined/ Observable Behavior** (Terms using CCSS or district curriculum) | | **Performance Criteria** | | | | | |
| **How Well** (Level to demonstrate mastery) | **How Consistently** (Number of times to demonstrate mastery) | | **Evaluation Schedule** | | |
| **How Often** | | **How Measured** |
| ***Format:*** | ***By…,*** | ***given…,*** | ***Student’s name*** | ***will do this*** | | ***this well*** | ***this many days/times*** | | ***as measured this often*** | | ***using this….*** |
| **\*BASELINE DATA** can be in the goal and/or part of the present levels above the goal in EasyIEP | | | | | | | | | | | | |
| **Private Provider Use Below:** | | | | | | | | | | | | |
| **Yes  No** |  | **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | **Yes  No** | **Yes  No** | | **Yes  No** | | **Yes  No** |
| **Yes  No** |  | **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | **Yes  No** | **Yes  No** | | **Yes  No** | | **Yes  No** |
| **NHDOE Use Only Below:** | | | | | | | | | | | | |
| **Yes  No** |  | **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | **Yes  No** | **Yes  No** | | **Yes  No** | | **Yes  No** |
| **Yes  No** |  | **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | **Yes  No** | **Yes  No** | | **Yes  No** | | **Yes  No** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***34 CFR 300.320(a)(2)(i)(A),(B); Ed 1109.01(a)(1)***   1. Provide the 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 as well as the child’s other educational needs that results from the child’s disability.   *Provide evidence that the goals are based on the student’s identified needs*  *as stated in the present levels section of the IEP.* |  | **Yes**  **No** | **Yes**  **No** |
| ***For the question below, please note that short-term objectives break the skills described in the annual goal down into discrete components and that benchmarks describe the amount of progress the child is expected to make within specified segments of the year…benchmarks establish expected performance levels that allow for regular checks of progress within specified segments of the year. (Retrieved from*** [***www.fetaweb.com***](http://www.fetaweb.com/) ***on August 15, 2012)*** | | | |
| ***Ed 1109.01(a)(6)***   1. Provide the 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.   All students who are taking DLM assessments must have short-term objectives or benchmark.  *Provide the page number in the currently agreed upon IEP, or provide the document noting the evidence that the parent determined them unnecessary.* |  | **Yes**  **No** | **Yes**  **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Review and Revision of IEPs (Measuring Progress)** | | | |
| ***34 CFR 300.320(a)(3)(ii); Ed 1109.01(a)(8)***   1. Provide the evidence that the IEP includes a description of when periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided.   *Provide the page number in the currently agreed upon IEP where this information is located. NHSEIS dropdown options that* ***do not comply*** *with Ed 1109.01(a)(8) include: As Needed, End of Unit, and Oral Report.* |  | **Yes**  **No** | **Yes**  **No** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Responsibilities of Private Providers of Special Education or other Non-LEA Programs in the Implementation of IEPs**   ***Ed 1114.06(b)***  *The private provider of special education or other non-LEA program shall provide all facilities, equipment, and materials necessary for the implementation of any IEP or portion thereof which the program has agreed to implement. The private provider or special education or other non-LEA program shall implement all components of each child’s IEP in the amount and for the duration so specified.* | | | | | | | | |
| ***34 CFR 300.325(b); Ed 1109.05; Ed 1114.06(a)***   1. For all matters concerning possible changes and/or modification in the identification, evaluation, development and/or revision of an IEP, or changes in placement of a child with a disability, the private provider has contacted the sending school district for the purpose of initiating the process for changing any of the above in compliance with Ed 1109.05.   *Provide the documentation that the private provider has contacted the sending school district.* | | | | |  | **Yes**  **No**  **NA – no changes in the child’s identification, evaluation, development or revision of the IEP or placement** | | **Yes**  **No**  **NA – no changes in the child’s identification, evaluation, development or revision of the IEP or placement** |
| **Ed 1114.06(i)** Each private provider of special education or other non-LEA program shall complete a minimum of 3 comprehensive reports per year on each child with a disability enrolled in the program.  **Ed 1114.06(j)** The reports in Ed 1114.06(i) shall: (1) Describe the child’s progress toward meeting the IEP goals; (2) Include a record of attendance; (3) Be Written in terminology understandable to the parent; and (4) Be Provided to the sending LEA and the parent of the child.  ***The 3 comprehensive reports per year that are completed on each child with a disability enrolled in the program need to include the following criteria (the section below is for reviewers to note which components are included for each of the three reports. If there are more than 3 reports, reviewers will choose 3 to review. Each of the reports must contain all the criteria for the reviewers to check the “Yes” box for #30 below).*** | | | | | | | | |
| ***Ed 1114.06(i), (j), (k)***   1. Provide the evidence that a minimum of 3 comprehensive reports per year are completed on each child with a disability enrolled in the program.   Reviewers will look for up to 3 reports within the current IEP start and end dates.  *Provide the location in the file where the comprehensive reports can be found.* | | | |  | | **Yes**  **No** | **Yes**  **No** | |
| **Ed 1114.06(j)(1)**  **Description of the child’s progress toward meeting the IEP goals** | **Ed 1114.06(j)(2)**  **Includes a record of attendance** | **Ed 1114.06(j)(3)**  **Written in terminology understandable to the parent** | **Ed 1114.06(j)(4)**  **Report was provided to the sending LEA and the parent** | | | **Ed 1114.06(k)**  **Reports provided to parents shall be in the native language or other mode of communication used by the parent** | | |
| **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | | **Yes  No** | | |
| **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | | **Yes  No** | | |
| **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | | **Yes  No** | | |
| **NHDOE Use Only Below:** | | | | | | | | |
| **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | | **Yes  No** | | |
| **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | | **Yes  No** | | |
| **Yes  No** | **Yes  No** | **Yes  No** | **Yes  No** | | | **Yes  No** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Accessibility of Child’s IEP to Teachers and Others (General Accommodations and General Modifications)** | | | |
| ***Ed 1102.01(b)***   1. If accommodations are included, are the accommodations changes in instruction or evaluation determined necessary by the IEP team that **do not impact** the rigor, validity, or both of the subject matter being taught or assessed?   *Provide the page number in the currently agreed upon IEP where the accommodations are located. Accommodations address specific student needs that are above and beyond what is provided to all students and* ***do not impact*** *the rigor, validity or both of the subject matter.* |  | **Yes**  **No**  **NA – no accommodations** | **Yes**  **No**  **NA – no accommodations** |
| ***Ed 1102.03(v)***   1. If modifications are included, are the modifications changes in instruction or evaluation determined necessary by the IEP team **that impact** the rigor, validity, or both of the subject matter being taught or assessed?   *Provide the page number in the currently agreed upon IEP where the modifications are located. Modifications address specific student needs that* ***do impact*** *the rigor, validity or both of the subject matter.* |  | **Yes**  **No**  **NA – no modifications** | **Yes**  **No**  **NA – no modifications** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Definition of Individualized Education Program (Special Education and Related Services, Supplementary Aids and Services, and Program Modifications or Supports for School Personnel)** | | | | | |
| ***34 CFR 300.320(a)(4); Ed 1109.01(a)(1)***  *34 CFR 300.320(a)(4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—*  *(i) To advance appropriately toward attaining the annual goals;*  *(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and*  *(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section;*  In order to enable the child to advance appropriately toward attaining the annual goals; to be involved in and make progress in the general education and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other children with disabilities and nondisabled children… | | | | | |
| ***34 CFR 300.320(a)(4); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement of special education.   *Provide the page number where the special education service is in the currently agreed upon IEP that includes the specially designed instruction that relates to the students disability area(s) and needs. The provider of this service must be a certified teacher or specialist.*  34 CFR 300.39 Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including—  (i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (ii) Instruction in physical education. |  | | | **Yes**  **No** | **Yes**  **No** |
| **For Question #34 below additional documents to the student file for evidence of implementation will be required which may include progress reports, logs, checklists, and student work.** | | | | | |
| ***Ed 1109.04(b)(1)***   1. Provide the written evidence **documenting implementation** of the IEP with regards to special education services provided.   *Provide the evidence that special education services have been implemented****.***  *Examples of evidence may include detailed progress notes specifically*  *referencing the special education services, logs that document the special*  *education service being provided to the child, work samples from the child demonstrating participation in the service, student schedule, etc.* |  | | | **Yes**  **No** | **Yes**  **No** |
| ***34 CFR 300.320(a)(4); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement of related services.   *Provide the page number of the related services in the currently agreed upon IEP. The provider of this service must be a licensed related service provider.*  **If N/A, question #35 must also be N/A because there is no statement of related services in the IEP.** |  | | **Yes**  **No**  **NA – no evidence that IEP Team determined this is necessary** | | **Yes**  **No**  **NA – no evidence that IEP Team determined this is necessary** |
| **For Question #35 below additional documents to the student file for evidence of implementation will be required which may include progress reports, logs, checklists, and student work.** | | | | | |
| ***Ed 1109.04(b)(1)***   1. Provide the written evidence **documenting implementation** of the IEP with regards to related services provided.   *Provide the evidence that related services have been implemented. Examples*  *of evidence may include detailed progress notes specifically referencing the*  *related service, logs that document the related service being provided to the*  *child, work samples from the child demonstrating participation in the service, student schedule, etc.*  **If N/A, question #34 must also be N/A because there is no statement of related services in the IEP.** |  | | **Yes**  **No**  **NA –**  **no related services in IEP** | | **Yes**  **No**  **NA – no related services in IEP** |
| ***34 CFR 300.320(a)(4); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement of supplementary aids and services.   *Provide the page number of the supplementary aids services in the currently agreed upon IEP.*  *34 CFR 300.42 Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with 34 CFR 300.114 through 300.116.*  **If N/A, question #37 must also be N/A because there is no statement of supplementary aids and services in the IEP.** |  | | **Yes**  **No**  **NA – no evidence that IEP Team determined this is necessary** | | **Yes**  **No**  **NA – no evidence that IEP Team determined this is necessary** |
| **For Question #37 below additional documents to the student file for evidence of implementation will be required which may include progress reports, logs, checklists, and student work.** | | | | | |
| ***Ed 1109.04(b)(2)***   1. Provide the written evidence **documenting implementation** of the IEP with regards to supplementary aids and services provided.   *Provide the evidence that supplementary aids and services have been*  *implemented. Examples of evidence may include detailed notes specifically*  *referencing the supplementary aids and services, logs that document the*  *supplementary aids and services being provided, etc.*  **If N/A, question #36 must also be N/A because there is no statement of supplementary aids and services in the IEP.** |  | | | **Yes**  **No**  **NA – no supplementary aids and services in IEP** | **Yes**  **No**  **NA – no supplementary aids and services in IEP** |
| ***34 CFR 300.320(a)(4); Ed 1109.01(a)(1)***   1. Provide the evidence of a statement of the supports for school personnel.   *Provide the page number of the supports for school personnel in the*  *currently agreed upon IEP.*  **If N/A, question #39 must also be N/A because there is no statement of the supports for school personnel in the IEP.** |  | **Yes**  **No**  **NA – no evidence that IEP Team determined this is necessary** | | | **Yes**  **No**  **NA – no evidence that IEP Team determined this is necessary** |
| **For Question #39 below additional documents to the student file for evidence of implementation will be required which may include progress reports, logs, checklists, and student work.** | | | | | |
| ***Ed 1109.04(b)(4)***   1. Provide the written evidence **documenting implementation** of the IEP with regards to supports for school personnel.   *Provide the evidence that supports for personnel have been implemented.*  *Examples of evidence may include detailed notes specifically referencing the*  *supports that have been provided for school personnel, logs that document*  *the supports being provided, etc.*  **If N/A, question #38 must also be N/A because there is no statement of the supports for school personnel in the IEP.** |  | **Yes**  **No**  **NA –**  **no supports for personnel in IEP** | | | **Yes**  **No**  **NA – no supports for personnel in IEP** |
| ***34 CFR 300.320(a)(7); Ed 1109.01(a)(1)***   1. Provide the evidence of a projected date for the beginning of the services and modifications described in the supports and services section of the IEP.   *Provide the page number in the currently agreed upon IEP where the dates are located.* |  | **Yes**  **No** | | | **Yes**  **No** |
| ***34 CFR 300.320(a)(7); Ed 1109.01(a)(1)***   1. Provide the evidence of the anticipated frequency, location, and duration of those services and modifications described in the supports and services section of the IEP.   *Provide the page number in the currently agreed upon IEP where the frequency, duration, and location of services can be found.* |  | **Yes**  **No** | | | **Yes**  **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Definition of Individualized Education Program (Justification for Non-Participation)** | | | |
| ***34 CFR 300.320(a)(5); Ed 1109.01(a)(1)***   1. Provide the 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.   *Provide the page number of the currently agreed upon IEP where this* ***explanation*** *of the extent is located.*  **For preschool children**, the regular class may include a Head Start classroom, childcare classroom, public or private preschool or kindergarten or other regular early childhood setting. It **does not** include preschool special education programs. |  | **Yes**  **No** | **Yes**  **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Definition of Individualized Education Program (State and District Wide Assessments)** | | | |
| ***34 CFR 300.320(a)(6)(i); Ed 1109.01(a)(1)***   1. Provide the 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.   *Provide the page number in the currently agreed upon IEP in which this statement can be found.* |  | **Yes**  **No**  **NA—no state or district wide assessment for the student’s age/grade level** | **Yes**  **No**  **NA—no state or district wide assessment for the student’s age/grade level** |
| For students participating in the Smarter Balanced state assessment **accommodations** are changes in procedures or materials that increase equitable access for students, which are documented on the student’s IEP. Please note that **universal tools** are available to all students and **designated supports** are available for any student for whom the need has been indicated by an educator or team of educators. | | | |
| ***34 CFR 300.320(a)(6)(ii)(A); Ed 1109.01(a)(1)***   1. If 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, provide the evidence of a statement of why the child cannot participate in the regular assessment.   *Provide the documentation or location in the file of the documentation of a statement of why the child cannot participate in the regular assessment.* |  | **Yes**  **No**  **NA – not taking an alternate assessment** | **Yes**  **No**  **NA – not taking an alternate assessment** |
| ***34 CFR 300.320(a)(6)(ii)(B); Ed 1109.01(a)(1)***   1. If the child is taking an alternate assessment, provide the evidence describing why the particular alternate assessment selected is appropriate for the child.   *Provide the documentation or location in the file of the documentation of why the particular alternate assessment that was selected is appropriate for the child.* |  | **Yes**  **No**  **NA – not taking an alternate assessment** | **Yes**  **No**  **NA – not taking an alternate assessment** |