# COMPLIANCE VERIFICATION FORM

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

**System \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **Reevaluation for IEP Changes Process** (IEP Team meets to discuss the need for additional data collection/evaluations to determine if changesneed 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.*Notice and Invitation to a Meeting/Consent for Agency Participation*Date Notice Sent:\_\_\_\_\_\_\_\_\_Purpose of meeting indicated: \_\_\_\_\_\_ Required participants invited:\_\_\_\_\_ Results of 1st Attempt:\_\_\_\_\_\_2nd Attempt (date)\_\_\_\_\_\_Action and Results: \_\_\_\_\_\_\_ |  |  |  |  |
|  | B. *Notice of IEP Team’s Decision Regarding Reevaluation* for IEP |  |  |  |  |
|  | C. Appropriate IEP Team Membership - Reevaluation for IEP Changes |  |  |  |  |
|  | D. Date Signed *Notice and Consent for Reevaluation* or two documented attempts1st Attempt (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Attempt (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |

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| **DATE** | **IEP PROCESS** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | A. *Notice and Invitation to a Meeting/Consent for Agency Participation*Date Notice Sent: \_\_\_\_\_\_\_\_Purpose of meeting indicated: \_\_\_\_\_ Required participants invited: \_\_\_\_\_ Student invited to address transition: Other Agencies: Results of 1st attempt: \_\_\_\_\_2nd Attempt (date)\_\_\_\_\_Action and Results:  |  |  |  |  |
|  | B. Initiation/Duration Date/Preschoolers beginning on 3rd birthdayDates: |  |  |  |  |
|  | 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 3rd birthday |  |  |  |  |
|  | D. Special Instructional Factors |  |  |  |  |
|  | E. Transportation |  |  |  |  |
|  | 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, **if** yes is checked for related services |  |  |  |  |
|  | Transportation Needs |  |  |  |  |
|  | F. Nonacademic and Extracurricular Activities |  |  |  |  |
|  | G. Report of Progress IEP:\_\_\_\_ Weeks\_\_\_\_\_ Progress Report:\_\_\_\_\_\_ |  |  |  |  |
|  | H. Transition Services (includes AAS) |  |  |  |  |
|  | Documentation that student was invited |  |  |  |  |
|  | Documentation that transition agency representatives were invited **if** consent was obtained |  |  |  |  |
|  | Transition services based on the student’s strengths, preferences, and interests thatwill 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) |  |  |  |  |

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| **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:**Postsecondary Education/Training** Transition Service(s)\_\_\_ Transition Activities\_\_\_ Person(s) /Agency Involved\_\_\_ |  |  |  |  |
|  | K. Measurable Annual Postsecondary Transition Goal:**Employment/Occupation/Career Goal**: Transition Service(s)\_\_\_ Transition Activities\_\_\_ Person(s) /Agency Involved\_\_\_ |  |  |  |  |
|  | L. Measurable Annual Postsecondary Transition Goal: **Community/Independent Living Goal:** Transition Service(s)\_\_\_Transition Activities\_\_\_ Person(s) /Agency Involved\_\_\_ |  |  |  |  |
|  | M. Area(s) (AAS - Reading, Math, and Functional Performance are required areas) anyother 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 *(Specially Designed Instruction*)Frequency Amt Time B/E Date Location  |  |  |  |  |
|  | S. Related ServicesFrequency Amt Time B/E Date Location  |  |  |  |  |
|  | T. Supplementary/Aids and Services (Classroom Accommodations)Frequency Amt Time B/E Date Location  |  |  |  |  |
|  | U. Program ModificationsFrequency Amt Time B/E Date Location  |  |  |  |  |
|  | V. Accommodations Needed for AssessmentsFrequency Amt Time B/E Date Location  |  |  |  |  |
|  | W. Assistive TechnologyFrequency Amt Time B/E Date Location  |  |  |  |  |
|  | X. Support for School PersonnelFrequency Amt Time B/E Date Location  |  |  |  |  |
|  | Y. Transfer of Rights - date student informed one year prior to 19th 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 *Special Education Rights* was given/sent tothe parents at least once a year |  |  |  |  |
|  | DD. Documentation of *Notice of Proposal or Refusal* given/sent to the parent |  |  |  |  |
|  | EE. Date/Signatures of required IEP Team membersExcusals 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 *ACAP* Alternate Assessment |  |  |  |  |
|  | JJ.  *Persons Responsible for IEP Implementation* |  |  |  |  |
|  | KK. Date signed *Notice and Consent for the Provision of Special Education* *Services* |  |  |  |  |

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| **DATE** | **AMENDMENT PROCESS** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | 1. *Notice and Invitation to a Meeting/Consent for Agency Participation*

 Date Notice Sent:\_\_\_\_\_\_\_\_ Purpose of meeting indicated:\_\_\_\_\_ Required participants invited: \_\_\_\_\_ Student invited to address transition:  Other Agencies:  Results of 1st Attempt:\_\_\_\_\_2nd Attempt (date)\_\_\_\_\_ Action and Results: **or** |  |  |  |  |
|  | 1. Date *Written Agreement between the Parent and the Public Agency to Amend*

*the IEP* was sent/provided **(if necessary)** |  |  |  |  |
|  | 1. *Notice of Proposal or Refusal to Take Action* given/sent to the parent
 |  |  |  |  |
|  | 1. Documentation that a copy of the amended IEP was given/sent to the parent
 |  |  |  |  |