

Agency Review Form

Agency: _____ Reviewer: _____ Staff: _____

Interview Portion:

Circle - Y (Yes), N (No), N/A (Not Applicable)		
The agency has a Comprehensive Plan, that has been updated and approved annually	Y	N
Communication between the agency and district is established	Y	N
Who is responsible:	Position:	
Child Count:		
Who is responsible to enter student enrollment into Campus:	Agency	District
Timelines:		
Who is responsible for ensuring timelines are met:	Agency	District
Individual Education Program (IEP):		
Who is responsible for writing the IEP:	Agency	District

Based on information given before the review and the interview above, determine which is the next step (1 or 2) to proceed with:

Step 1 If the agency is responsible for reporting the child on child count and take all responsibility in special education documents, proceed with a file review form (Internal Review Form)

OR

Step 2 If the residential district is responsible for the students, please look at the file in the agency for the following portions:

Agency:	Student Name:	Date of Birth:	SIMS#:
Disability:	Grade:	Date of Current IEP:	Date of Parent Consent:
Name of Staff Completing Review:		Date Completed:	Home District:

Evidence in File at the Agency:

Timelines				
Annual Meeting (ARSD 24:05:27:08) Meeting within 1 year	Previous Meeting:	Current Meeting:	Y	N
Evaluation (ARSD 24:05:25:03)	Date Consent Received in District:	Evaluations completed by:	Y	N
Eligibility Meeting (ARSD 24:05:25:03) Eligibility within 30 calendar days	Day 26 was on:	Meeting date:	Y	N
Reevaluation (ARSD 24:05:25:06)	Previous:	Current:	Y	N

Meeting Notice				
Meeting Notice (ARSD 24:05:30:02.01) (ARSD 24:05:25:16)			Y	N
Procedural Safeguards to Parents Annually (ARSD 24:05:30:06.01)			Y	N
Membership (ARSD 24:05:27:01.01) *Required membership: LEA rep., Gen. Ed., SPED, Parent.	*LEA Representative *Regular Teacher * Special Education Teacher *Parent Student Evaluator District Representative Part C Agency Residential Placement		Y	N
Team Member Excusal (ARSD 24:05:27:01.05)			Y	N
Parental Prior Written Notice				

Prior Written Notice Sent to Parent Regarding IEP Implementation: (ARSD 24:05:30:04)	Date Sent: _____ Date Services Begin: _____ 5 Day Waiver (if applicable):		Y	N
Content of PPWN (ARSD 24:05:30:05)	Explanation of action proposed or refused by the district and why		Y	N
	Description of other options considered and why they were rejected		Y	N
	Description of evidence used for the proposed or refused action		Y	N
	Description of any other factors		Y	N
Amendment to IEP				
Amendment to IEP		NA	Y	N
Prior Notice (ARSD 24:05:25:16 or 24:05:30:04) Document if the amendment was made without a meeting		NA	Y	N
Evaluation				
Initial (ARSD 24:05:25:02.01) - Consent acquired for initial evaluation Reevaluation (24:05:25.06.01) - If consent was not given by the parent, evidence of two attempts were made to elicit parent participation/consent.			Y	N
Extension on 25 Day Timeline(24:05:25:03) - Permission for evaluations to extend past the 25 days			Y	N
Areas from Prior Written/Consent	Area: Test: Test Date: Evaluator		Y	N
Existing Evaluation Data	Area: Test: Test Date: Evaluator:		Y	N

Skill Based Assessment (ARSD 24:05:25:04)	List of Skill Based Assessment Found in all Areas of Suspected Disability:		Y	N
Standardized Assessment Report (ARSD 24:05:25:04)			Y	N
Skill Based Assessment Report (ARSD 24:05:25:04)			Y	N
IEP				
Is there documentation to support collaboration between the district and the agency? Who was involved in the meeting? Parent Student LEA Rep/Admin Special Education Teacher General Education Teacher Agency Rep			Y	N
Present Levels of Academic Achievement and Functional Performance (ARSD 24:05:27:01.03)				
Strengths and Needs (linked back to evaluation reports, observations, etc.)			Y	N
Progress/Involvement in General Curriculum (with nondisabled peer)			Y	N
Parent Input			Y	N
Behavior				
Is behavior addressed under consideration of Special Factors?	NA		Y	N
Is there a behavior plan for the student's file?	NA		Y	N
State and District-wide Assessments				
Does the IEP identify accommodations/modifications and are they used in the student's programming			Y	N
Does the accommodation/modification correlate to the disability area? (ARSD 24:05:27:01) Location Frequency Duration			Y	N
Is the student the age/grade appropriate to be involved in State/District Assessments? With accommodations Without accommodations	NA		Y	N
Will the student be given/has taken the alternate assessment? (This should be identified in the IEP.)	NA		Y	N
Goals				

Does the agency provide services (IEP Goals to the student? If yes, who is responsible for sharing the progress toward the goals with the district?	Y	N
Progress towards the goals are measured	Y	N
Progress reports sent concurrent with report cards	Y	N
Services		
Services related to or linked to the IEP Goals	Y	N
Does the student participate with nondisabled peers?	Y	N
Confidentiality of Information		
Items to be on file at the agency 1. IEP (most current) 2. Psychology Report (most current) 3. Eligibility Document (most current) *If the agency is writing the IEP all required documentation is needed 4. Notices (most current) Meeting notice Parental Prior Written Notice Consent for Evaluation	Y	N
Record of Access (ARSD 24:05:29:05)	Y	N
Transfer of Records Is there a process for Transfer of Student Records?	Y	N