

| #REF! | Reviewer: | Staff Reviewed: | Score | Findings/Notes |
|-------|-----------|-----------------|--------|-------------------------------|
| | | | Rating | Record notes and/or findings. |

| | | |
|------------------|------------------|--|
| Student Name: | Date of Birth: | Current IEP Meeting Date: |
| SIMS Numer: | Age/Grade: | Previous IEP Meeting Date: |
| School District: | Disability Code: | Current Eligibility Determination Date: |
| School Name: | Race/Ethnicity: | Previous Eligibility Determination Date: |
| School Year: | Type of Review: | Date of Review: |

| | | | | | |
|---|---|---|---|--|----------------|
| Subsection Title and Corresponding ARSD Links | Yellow boxes are prompts for information. | Use checkboxes to help record findings. | Voided space and/or clarifying information. | "N/A" may be appropriate for certain sections. | Findings/Notes |
| | | | | | |

| Record of Access | | | Findings/Notes |
|--|--|-----|----------------|
| Record of Access (24:05:29:15) | | Yes | |
| | | No | |

| Referral | | | | |
|---|-----------------------------|--|-----|--|
| Referral Document (initial only) (24:05:24:01) | Date of referral: | The top two spaces are available to type in. | Yes | |
| | List all areas of referral: | | | |
| | | | No | |
| | | | | |
| If referral can not be found and is older than three years, N/A is appropriate. | | | | |

| Initial Placement | | | | |
|--|--|--|-----|--|
| Consent Signed for Initial Placement into Special Education (24:05:27:04.01) | Date Signed: | | Yes | |
| | (The Consent Signed for Initial Placement into Special Education form is a separate document. In the past, it may have been found at the end of the IEP. | | No | |
| Determination of Needed Evaluation Data (24:05:25:04.02) | Did the team review existing data before completing the PPWN Consent? | | Yes | |
| | Select | The existing data includes evaluations and information provided by the parents, current classroom-based local or state assessments, and observations by teachers and related services providers. | No | |

| Evaluation | | | | |
|--|--|---------------------------------|-----|--|
| Initial Evaluation (24:05:25:02.01) | PPWN Consent was Sent: | Use the most recent evaluation. | Yes | |
| | Consent was acquired for initial evaluation. | | No | |
| Reevaluation (24:05:25:06.01) | If consent was not given by the parent for reevaluation, evidence of attempts were made to elicit parent. | | | |
| Parent Input into Evaluation (24:05:25:16) | Parent input must be documented in the PPWN Consent on input exiting data and upcoming evaluation. (refer to phone logs, progress notes, prior notice) | | Yes | |
| | | | No | |
| Procedural Safeguards (24:05:30:06.01) | A copy of the procedural safeguards available to the parents of a child with a disability must be given to the parents only one time a school year. | | Yes | |
| | | | No | |
| Extension on 25 Day Timeline (24:05:25:03) | Documented agreement with parent and district on new extension date. Eligibility and IEP developed 30 days after the agreed extension date. | | Yes | |
| | | | No | |

| | | | |
|---|--|-----|-----|
| Content of Prior Written Notice/ Consent for Evaluation (24:05:30:05) | Check the following: | Yes | V46 |
| | PPWN must be individualized to the student, IEP team discussions and situation. | No | |
| | Explanation of why the district proposed or refused to take the action Description of other options considered and why they were rejected Description of evidence used for the proposed or refused action Description of other factors that are relevant to proposal or refusal | | |
| | All components should be completed and have a clear description. | | |

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|--|---|--------------------|---|----------------|-----|
| <u>Timeline of Prior Written Notice/ Consent for Evaluation</u> (24:05:25:03) | Date sent: | | Yes | | |
| | Date signed: | | No | | |
| | Date received: | | | | |
| | 25 school days: | | | | |
| | 30 calendar days: | | | | |
| | Extension on 25 day: | | | | |
| <u>Evaluations to be Completed by the District per Parental Prior Written/Consent for Evaluation</u> (24:05:25:04.02) | List areas: | Test administered: | Test date: | Evaluator: | Yes |
| | | | | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| For more evaluations requested click the [+] | | | | | |
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| <u>Existing Evaluation Data to be Pulled Forward</u> (24:05:25:04.02) | List areas: | Test administered: | Test date: | Evaluator: | Yes |
| | | | | | No |
| | | | | | |
| For more existing data requested click the [+] | | | | | |
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| <u>Skills Based Assessment and Report</u> (24:05:25:04.02) | List areas: | Test administered: | Test date: | Evaluator: | Yes |
| | | | | | No |
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| For more skills based requested click the [+] | | | | | |
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| <u>Consent Received</u> (24:05:25:03) | Consent received date: | | Mark "No" if dates are outside of "consent received" and/or "25 school days". | Yes | |
| | Earliest testing date: | | | No | |
| | Latest testing date: | | | | |
| | Within 25 School Days: | | | | |
| <u>All Evaluations Administered</u> (24:05:25:20) | All evaluations marked on the PWWN/Consent for Evaluation form must be administered. | | | Yes | |
| | | | | No | |
| <u>Consent was Acquired</u> (24:05:25:06.01) | All evaluations administered must be requested on the PWWN/Consent for Evaluation form. | | | Yes | |
| | | | | No | |
| <u>Variety of Sources</u> (24:05:25:04) | Appropriate means to provide evaluations for accurate data were used. | | | Yes | |
| | | | | No | |

| #REF! | Reviewer: | Staff Reviewed: | Score | Findings/Notes |
|---|---|-----------------|-------|----------------|
| Met Requirements for the Disability (24:05:25:04) | Comprehensive Evaluations in all areas required for the disability. | | Yes | |
| | | | No | |
| Eligibility within 30 Calendar Days (24:05:25:03) | Day 26 was on: | | Yes | |
| | Eligibility Determination | | No | |
| | Eligibility meeting date should have been by: | | | |
| Student Eligible for Special Education (24:05:25:04.03) | | | Yes | |
| | | | No | |
| Three Year Re-Evaluation (24:05:25:06) | Current Eligibility Determination Date: | | Yes | |
| | Previous Eligibility Determination Date: | | No | |
| | | | | |
| Evaluated to Dismiss from Services | | | Yes | |
| | | | No | |

| Eligibility Document for Specific Learning Disability | | | | |
|---|--|--|--|--|
|---|--|--|--|--|

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|--|--------------------------------------|-------------------------|--|-----|
| If student is not eligible for Specific Learning Disability, skip this section. Click on the [+] button if section is not visible. | | | | |
| Specific Learning Disabilities (24:05:24.01:19) | Check the following: | | | Yes |
| | Reading Comprehension | Math Calculation | | No |
| | Basic Reading Skills | Math Problem Solving | | |
| | Reading Fluency | Listening Comprehension | | |
| | Written Expression | Oral Expression | | |

| For Initial Determination of Eligibility Only | | | | |
|---|--|--|--|--|
|---|--|--|--|--|

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|--|---|---|--|-----|
| Initial Eligibility (24:05:24.01:19) | Written report must include: | | | Yes |
| | Student achieves adequately | Lack of appropriate instruction | | No |
| | Student exhibits pattern of strengths & weaknesses | Observation of the student | | |
| | Student was provided appropriate instruction in regular education settings by qualified personnel | Relevant medical findings (if any) | | |
| | Repeated assessment of achievement reflecting student progress | Achievement level problem is/is not primarily the result of another factor (e.g. emotional disturbance, cognitive impairment, etc.) | | |
| | Attendance record | Adverse effect on educational performance | | |

Click on the [+] button to expand or the [-] button to collapse.

| For Reevaluation of Eligibility Only | | | | |
|--|--|--|--|--|
|--|--|--|--|--|

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|--|--|---|--|-----|
| Reevaluation of Eligibility (24:05:24.01:19) | Written report must include: | | | Yes |
| | Student achieves adequately | Achievement level problem is/is not primarily the result of another factor (e.g. emotional disturbance, cognitive impairment, etc.) | | No |
| | Student exhibits pattern of strengths & weaknesses | | | |
| | Observation of the student | Adverse effect on educational performance | | |
| | Relevant medical findings (if any) | | | |

Click on the [+] button to expand or the [-] button to collapse.

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| <u>Team Member Signatures</u> (24:05:25:08) | Check the following: | | Yes | |
| | Parent General Education Teacher Special Education Teacher Qualified interpreter of results LEA Representative If disagreed, written input was provided | | No | |
| <u>Group Members to Certify Report in Writing</u> (24:05:25:13) | Each group member shall certify in writing whether the report reflects the group member's conclusion. If it does not reflect the group member's conclusion, the group member must submit the conclusion in a separate statement. | | | |
| | Check PWWN for eligibility decisions. Skip to PPWN . | | Yes | |
| | | | No | |

| Meeting Notice | | | | |
|--|---|-----------------------|---|-----|
| <u>Meeting Notice</u> (24:05:30:02.01) (24:05:25:16) | Date sent: | | From this point on use the current IEP's documentation. | Yes |
| | Meeting date: | | | No |
| <u>Procedural Safeguards</u> (24:05:30:06.01) (24:05:30:06.02) | Must be given to parents annually. | | | Yes |
| | | | | No |
| <u>IEP Team</u> (24:05:25:16) <u>Parent Participation</u> (24:05:25:16) | Complete the following: | | | Yes |
| | The documentation of people attending the IEP meeting on front page of the IEP does not imply agreement, it is for participation purposes only. | | | No |
| | Identified on the meeting notice: | Attended the meeting: | Did not attend the meeting: | |
| | Parent/Guardian | | | |
| | Student | | | |
| | Gen. Ed. Teacher | | | |
| | Sp. Ed. Teacher | | | |
| | Eval Interpreter | | | |
| | LEA Representative | | | |
| | List Others | | | |
| List Others | | | | |
| List Others | | | | |
| <u>IEP Team Attendance</u> (24:05:27:01.05) | A member of the IEP team may be excused from attending, in whole or in part, an IEP team meeting that involves a modification to or discussion of the member's area of the curriculum or related services, if: (1) The parent and school district consent in writing to the excusal; and (2) The member submits, in writing to the parent and the IEP team, input into the development of the IEP before the meeting. | | | Yes |
| | | | | No |
| | | | | |

| Individual Education Plan (Use the most recent IEP.) | | | | |
|--|--|--|--|-----|
| <u>Evaluation Reports Given to Parents</u> (24:05:25:04.03) | Evidence the parent received a copy of the reports (e.g. initials on the front page IEP or other evidence). | | | Yes |
| | | | | No |
| <u>Copy of IEP Given to Parents</u> (24:05:25:19) | Evidence copy of the IEP was given to parents (e.g. initials on the front page, addressed in PPWN, or other evidence). | | | Yes |
| | | | | No |
| <u>Met Annually</u> (24:05:27:08) | Current IEP Meeting Date: | | | Yes |
| | Previous IEP Meeting Date: | | | No |
| | | | | |

| Present Levels of Academic Achievement & Functional Performance | | | | |
|---|---|--|--|-----|
| <u>Progress/Involvement in General Education Curriculum</u> (24:05:27:01.03) | A statement of the student's present levels of academic achievement and functional performance, including: (a) How the student's disability affects the student's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled students); or (b) For preschool student, as appropriate, how the disability affects the student's participation in appropriate activities; is found in the document. | | | Yes |
| | | | | No |
| | | | | |

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| <u>Parent Participation</u> (24:05:25:16) | The purpose of this area for parent to provide IEP team information about how the child's disability is impacted at home. Parents can also provide input on types of strategies and supports they provide at home. | | Yes | |
| | | | No | |
| <u>Present Levels of Academic Achievement & Functional Performance</u> Linked to Annual Goals (24:05:27:01.03) | Skill Area: | Measuarable Goal: | Yes | |
| | Strengths | Condition | How well | |
| | Needs | Performan | How often | |
| | Link to evaluation | | | |
| | Skill Area: | Measuarable Goal: | Yes | |
| | Strengths | Condition | How well | |
| | Needs | Performan | How often | |
| | Link to evaluation | | | |
| | Skill Area: | Measuarable Goal: | Yes | |
| Strengths | Condition | How well | | |
| Needs | Performan | How often | | |
| Link to evaluation | | | | |
| <u>How Progress will be Measured</u> (24:05:27:01.03) | Check the following: | | Yes | |
| | Reporting frequency | Extent of progress | No | |
| <u>Accommodations/Modifications</u> (24:05:27:01.03) | Check the following: | List Instructional Accommodations: | Yes | |
| | Frequency | | No | |
| | Duration | | | |
| | Location | | | |
| | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Are the accommodations appropriate for the skill areas affected by the diability? </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | | | |
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| Special Factors | | | | |
| <u>Considerations</u> (24:05:27:01.02) | Select for each: | Determine if data supports the selection for each special factor; if not addressed, check "N" for score. | Yes | |
| | | Limited English proficient | No | |
| | | Special communication needs | | |
| | | Requires Braille | | |
| | | Behavior impedes learning | | |
| | | Requires assistive technology & services | | |
| | | Physical education | | |
| | Hearing aid maintenance | | | |

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|---|---|--|-------------------|----------------|
| State/District Assessments (24:05:27:01.03) | Students will be taking state and district-wide assessments: | | Yes | |
| | With accommodations | Without accommodations | No | |
| | Testing accommodations must reflect instructional accommodations. | | | |
| | Do the accommodations for the state/district assesment(s) match the instructional accommodations? | | | |
| | Instructional Accommodations | State/District Assessment Accommodations | Select yes or no: | |
| | | | - Select - | |
| | | | - Select - | |
| | | | - Select - | |
| | | | - Select - | |
| | | | | |
| | | | - Select - | |
| | | | - Select - | |
| | | | - Select - | |
| | | | - Select - | |
| | | | - Select - | |
| Were the accommodations for the state assessment identified on the IEP provided according to the assessment data sheet? | | - Select - | | |
| Alternate Assessments (24:05:27:01.03) | The following must be met: | | Yes | |
| | <p>Student meets the significant cognitive disability criteria</p> <p>Explanation for why student cannot participate in the regular assessment</p> <p>Explanation for why the alternate assessment selected is appropriate</p> <p>The alternate assessment is for students working in the alternate achievement standards. Annual goals and short term objectives are required.</p> | | No | |
| | Does the PPWN explain why IEP team decided alternate assessment for the student? | | | |
| | Does the student taking the alternate assessment meet the criteria, has it been documented on the IEP? | <table border="1"> <tr> <td>Yes</td> </tr> <tr> <td>No</td> </tr> </table> | Yes | |
| Yes | | | | |
| No | | | | |
| Transition | | | | |
| Indicator 13 Item 1 | | | | |
| Transition IEP* (24:05:27:01.03) | Transition IEP must be in effect for all students on their 16 birthday or for younger students if it is addressed in the IEP. *This is not on the Indicator 13 checklist, but it is a compliance requirement. | | Yes | |
| | | | No | |

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| Transition Assessments (24:05:27:01.03) | Employment | | Yes | | |
| | Education/Training | | No | | |
| | Independent Living | | | | |
| | The transition assessment must be completed prior to the age of 16 and updated annually. Evidence of transition strengths/ needs are document on the PLAAFPs. | | | | |
| Transition Evaluation Report* | A transition evaluation report is located in the file. *This is not on the Indicator 13 checklist, but it is a compliance requirement. | | Yes | | |
| | | | No | | |
| Indicator 13 Item 2 | | | | | |
| Age-Appropriate Measurable Post-Secondary Goals (24:05:27:01.03) | Employment | | Yes | | |
| | Education/Training | | No | | |
| | Independent Living | | Yes | | |
| | | No | | | |
| | | Yes | | | |
| | | No | | | |
| Indicator 13 Item 3 | | | | | |
| MPSGs Updated Annually | | | Yes | | |
| | | | No | | |
| Indicator 13 Item 4 | | | | | |
| Course of Study Aligns to Post-Secondary Goals (24:05:27:01.03) | Employment | | Yes | | |
| | Education/Training | | No | | |
| | Independent Living | | Yes | | |
| | Completed by age 16, or younger if transition has been addressed in the IEP, and updated annually through graduation or 'age out'. | | | | No |
| | | Yes | | | |
| | | No | | | |
| Indicator 13 Item 5 | | | | | |
| Transition Services/Activities (24:05:27:13.02) | Employment | | Yes | | |
| | Education/Training | | No | | |
| | Independent Living | | Yes | | |
| | Services/activities will reasonably enable the student to meet post-secondary goals and have at least one activity per MPSG addressed. | | | No | |
| | | Yes | | | |
| | | No | | | |
| Indicator 13 Item 6 | | | | | |
| Annual Goal Related to Student's Transition Service needs in (24:05:27:13.02) | Employment | | Yes | | |
| | Education/Training | | No | | |
| | Independent Living | | Yes | | |
| | Annual goals are linked to the MPSGs. | | | | No |
| | | Yes | | | |
| | | No | | | |
| Indicator 13 Item 7 | | | | | |
| Student Invitation/Participation (24:05:25:16.01) | How the student invited? | | Yes | | |
| | Meeting notice Individual student invite | If student was not in attendance at the meeting, the IEP should show evidence that student's preferences and interests were taken into account. * | No | | |
| | | | | | |
| | | | | | |
| Indicator 13 Item 8 | | | | | |
| Consent to Invite Outside Agency (24:05:25:16.01) | <u>Written Consent to invite:</u> | | Yes | | |
| | Invited on Meeting Notice: | | No | | |
| | Meeting Notice Date: | | | | |
| | Date of Current IEP Meeting: | | | | |
| Other Transition Areas * | | | | | |

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| <u>Transfer of Parental Rights:</u> <u>(24:05:30:16.01)</u> | Turned 17 on: | | Yes | | | |
| | Rights reviewed on: | | No | | | |
| <u>Specific Graduation Requirements:</u> <u>(24:05:27:12)</u> | Graduation requirements addressed on: | | Yes | | | |
| | Student is projected to graduate: | | No | | | |
| <u>When Student has Graduated</u> <u>(24:05:27:12)</u> | Written prior notice was sent: | | Yes | | | |
| | <u>When a student graduates, it is a change in placement. It must have a written prior notice sent. If student has "aged-out", a PPWN is required.</u> | | No | | | |
| <u>Summary of Performance was provided to the Student/Parent/Guardian</u> <u>(24:05:27:12)</u> | <u>Summary of Performance (SOP) is required for students who graduated and aged out. A copy of the SOP should remain in the file.</u> | | Yes | | | |
| | | | No | | | |
| Click on the [+] button to expand or the [-] button to collapse. | | | | | | |
| Least Restrictive Environment (Chapter 24:05:28) | | | | | | |
| <u>Least Restrictive Environment</u> <u>(Chapter 24:05:28)</u> | <u>Skill area:</u> | | Yes | | | |
| | Frequency | Duration | Location | | No | |
| | <u>Skill area:</u> | | | | Yes | |
| | Frequency | Duration | Location | | No | |
| | <u>Skill area:</u> | | | | Yes | |
| | Frequency | Duration | Location | | No | |
| <u>Related Services</u> <u>(24:05:27)</u> | <u>Skill area:</u> | | Yes | | | |
| | Frequency | Duration | Location | | | No |
| | Location | Other | | | | |
| | <u>Skill area:</u> | | | | | Yes |
| | Frequency | Duration | Other | | | No |
| | Location | Other | | | | |
| <u>Continuum of Placement</u> <u>(24:05:28:02)</u> | Select: | | Yes | | | |
| | | | No | | | |
| | Select for Early Childhood (Ages 3-5): | | | | | |
| | | | | | | |
| <u>Participation with Non-disabled Peers</u> <u>(24:05:27:01.03)</u> | <u>Document opportunities to participate with non-disabled peers.</u> | | Yes | | | |
| | | | No | | | |
| <u>Justification for Placement</u> <u>(24:05:28:03)</u> | Select from the following: | | Yes | | | |
| | | | No | | | |
| <u>Extended School Year</u> <u>(24:05:25:26)</u> | Check the following: | | Yes | | | |
| | Determination | Beginning/end dates | No | | | |
| | Goals | Amount of service | | | | |
| Prior Parental Written Notice | | | | | | |
| <u>Prior Written Notice Sent to Parent</u> | Date the district sent the PPWN: | | Yes | | | |
| | District proposed at least 5 calendar | | No | | | |
| | | <u>The implementation date documented on the PPWN must be reflected on IEP.</u> | | | | |

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| Regarding IEP Implementation (24:05:30:04) | days to begin implementation: | | | |
| | Was the 5 calendar day notice requirement met? | Yes No | The five-day notice requirement may be waived by the parents. | |
| Content of PPWN (24:05:30:05) | Check the following: | | Yes | |
| | PPWN must be individualized to the student, IEP team discussions and situation. | | No | |
| | Explanation of why the district proposed or refused to take the action Description of other options considered and why they were rejected Description of evidence used for the proposed or refused action Description of other factors that are relevant to proposal or refusal | | | |
| | To skip back to Eligibility section HERE . | | | |
| Amendment to IEP | | | | |
| Amendment to IEP (24:05:27:08.01) (24:05:27:08.02) | | | Yes | |
| | | | No | |
| Prior Notice (24:05:30:04) | Document if the amendment was made with or without a meeting. | | Yes | |
| | | | No | |
| Additional Items | | | | |
| Parent Declined/ Withdrew Consent for Services | Revocation signed: | | (24:05:27:04.02) | Yes |
| | Date prior notice was sent: | | | No |
| Surrogate Parent | | | | Yes |
| | | | | No |
| Transfer Students Provided with FAPE/Comparable Services | Date prior notice was sent: | | In-state (24:05:27:15.01) Out-of-state (24:05:27:15.02) | Yes |
| | | | | No |
| Transfer Students Evaluated for South Dakota Eligibility | Eligibility determination date: | | | Yes |
| | IEP date: | | | No |
| | PPWN Implementing IEP | | | |