

Name of Student (Last, First): _____

Individual Student General Supervision File Review Checklist SDE Rubric Version 2015

District _____	Reviewed by _____
Date of Birth _____	School _____
Category of Eligibility _____	Grade _____
Race/Ethnicity _____	Age _____
Student's Primary Language _____	LEP <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Eligibility Report Date _____	Current Annual IEP Date _____
Secondary Transition Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Preschool Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Please refer to the Directions for Use training resources for more guidance on each item.

Item	Yes	No	NA
EVALUATION/ELIGIBILITY			
1. Written Notice or Parental Consent for Assessment was obtained prior to administrating assessments or evaluation on initial evaluation. Documentation of consent OR reasonable attempts and input sought is present for 3-year re-evaluation. OR Documentation of written notice for a reevaluation consisting <u>only</u> of a review of existing new data.			
Comments: _____			
2. The Eligibility team included all required team members, including the parent(s). Each participant indicating agreement by signature, check mark, or both.			
Comments: _____			
3. There is evidence that a comprehensive evaluation was conducted and each of the state eligibility criteria were met for the specific disability category. <input type="checkbox"/> Check box for SLD eligibility and complete SLD checklist			
Comments: _____			
4. If the student's Native Language (first language or home language) is not English: A language proficiency score was obtained and appropriate assessments were selected based on the student's level of proficiency.			
Comments: _____			
5. Eligibility Report appropriately addresses adverse effect.			
Comments: _____			
6. Eligibility Report appropriately addresses need for specially designed instruction.			

Name of Student (Last, First): _____

Item	Yes	No	NA
------	-----	----	----

Comments:

IEP

7. The IEP team included all required team members, including the parents. Each participant indicating attendance by signature, check mark, or both. For preschool-age students, the general education teacher may be the kindergarten teacher or an appropriate designee. Designees at the preschool level may include a care provider, Head Start teacher, or community preschool teacher if that person meets state and/or national licensing standards.

Comments:

8. IEP includes appropriate Present Levels of Performance (PLOP). **Please see criteria checklist below:**

Skill area 1:	<input type="checkbox"/> Description of Strengths and Needs	<input type="checkbox"/> Baseline Data which leads to the Goal	<input type="checkbox"/> How Disability Impacts progress in gen. education curriculum (<i>comparison</i>)	<input type="checkbox"/> References an acceptable Idaho standard.
Skill area 2:	<input type="checkbox"/> Description of Strengths and Needs	<input type="checkbox"/> Baseline Data which leads to the Goal	<input type="checkbox"/> How Disability Impacts progress in gen. education curriculum (<i>comparison</i>)	<input type="checkbox"/> References an acceptable Idaho standard.
Skill area 3:	<input type="checkbox"/> Description of Strengths and Needs	<input type="checkbox"/> Baseline Data which leads to the Goal	<input type="checkbox"/> How Disability Impacts progress in gen. education curriculum (<i>comparison</i>)	<input type="checkbox"/> References an acceptable Idaho standard.
Skill area 4:	<input type="checkbox"/> Description of Strengths and Needs	<input type="checkbox"/> Baseline Data which leads to the Goal	<input type="checkbox"/> How Disability Impacts progress in gen. education curriculum (<i>comparison</i>)	<input type="checkbox"/> References an acceptable Idaho standard.
Skill area 5:	<input type="checkbox"/> Description of Strengths and Needs	<input type="checkbox"/> Baseline Data which leads to the Goal	<input type="checkbox"/> How Disability Impacts progress in gen. education curriculum (<i>comparison</i>)	<input type="checkbox"/> References an acceptable Idaho standard.
Skill area 6:	<input type="checkbox"/> Description of Strengths and Needs	<input type="checkbox"/> Baseline Data which leads to the Goal	<input type="checkbox"/> How Disability Impacts progress in gen. education curriculum (<i>comparison</i>)	<input type="checkbox"/> References an acceptable Idaho standard.

Comments:

9. IEP includes appropriate Goals. **Please see criteria checklist below:**

Skill area 1:	<input type="checkbox"/> Condition e.g. When given ..., or During ...	<input type="checkbox"/> Targeted Skill or performance	<input type="checkbox"/> Criteria or Level of Performance	<input type="checkbox"/> Procedure e.g. On a probe, as observed, as charted, on a rubric	<input type="checkbox"/> Schedule – daily, weekly, monthly
Skill area 2:	<input type="checkbox"/> Condition e.g. When given ..., or During ...	<input type="checkbox"/> Targeted Skill or performance	<input type="checkbox"/> Criteria or Level of Performance	<input type="checkbox"/> Procedure e.g. On a probe, as observed, as charted, on a rubric	<input type="checkbox"/> Schedule – daily, weekly, monthly
Skill area 3:	<input type="checkbox"/> Condition e.g. When given ..., or During ...	<input type="checkbox"/> Targeted Skill or performance	<input type="checkbox"/> Criteria or Level of Performance	<input type="checkbox"/> Procedure e.g. On a probe, as observed, as charted, on a rubric	<input type="checkbox"/> Schedule – daily, weekly, monthly
Skill area 4:	<input type="checkbox"/> Condition e.g. When given, or During ...	<input type="checkbox"/> Targeted Skill or performance	<input type="checkbox"/> Criteria or Level of Performance	<input type="checkbox"/> Procedure e.g. On a probe, as observed, as charted, on a rubric	<input type="checkbox"/> Schedule – daily, weekly, monthly
Skill area 5:	<input type="checkbox"/> Condition e.g. When given, or During ...	<input type="checkbox"/> Targeted Skill or performance	<input type="checkbox"/> Criteria or Level of Performance	<input type="checkbox"/> Procedure e.g. On a probe, as observed, as charted, on a rubric	<input type="checkbox"/> Schedule – daily, weekly, monthly
Skill area 6:	<input type="checkbox"/> Condition e.g. When given, or During ...	<input type="checkbox"/> Targeted Skill or performance	<input type="checkbox"/> Criteria or Level of Performance	<input type="checkbox"/> Procedure e.g. On a probe, as observed, as charted, on a rubric	<input type="checkbox"/> Schedule – daily, weekly, monthly

Comments:

Name of Student (Last, First): _____

Item							Yes	No	NA
10.	IEP includes a statement about sending Written Progress Reports to parents.								
Comments:									
11.	The IEP includes a description of the special education and related services being provided to the student: Please see criteria checklist below:								
Service 1	<input type="checkbox"/> Service and Certified Provider	<input type="checkbox"/> location	<input type="checkbox"/> duration	<input type="checkbox"/> frequency	<input type="checkbox"/> start date	<input type="checkbox"/> end date			
Service 2	<input type="checkbox"/> Service and Certified Provider	<input type="checkbox"/> location	<input type="checkbox"/> duration	<input type="checkbox"/> frequency	<input type="checkbox"/> start date	<input type="checkbox"/> end date			
Service 3	<input type="checkbox"/> Service and Certified Provider	<input type="checkbox"/> location	<input type="checkbox"/> duration	<input type="checkbox"/> frequency	<input type="checkbox"/> start date	<input type="checkbox"/> end date			
Service 4	<input type="checkbox"/> Service and Certified Provider	<input type="checkbox"/> location	<input type="checkbox"/> duration	<input type="checkbox"/> frequency	<input type="checkbox"/> start date	<input type="checkbox"/> end date			
Service 5	<input type="checkbox"/> Service and Certified Provider	<input type="checkbox"/> location	<input type="checkbox"/> duration	<input type="checkbox"/> frequency	<input type="checkbox"/> start date	<input type="checkbox"/> end date			
Service 6	<input type="checkbox"/> Service and Certified Provider	<input type="checkbox"/> location	<input type="checkbox"/> duration	<input type="checkbox"/> frequency	<input type="checkbox"/> start date	<input type="checkbox"/> end date			
Comments:									
12.	Each PLAAFP/PLOP has a Goal and each Goal is linked to a Service .								
Comments:									
13.	IEP lists accommodations/adaptations to be used in the general education classroom for daily work or classroom testing.								
Comments:									
14.	Participation is addressed for each individual statewide assessment with specific accommodations listed for each separate test which are same or nearly the same as those used in the classroom.								
Comments:									
15.	When applicable, ESY is addressed as a consideration and services are identified in the IEP.								
Comments:									
16.	The IEP team has explained the extent, if any, to which a student will not participate in general education.								
Comments:									
17.	When behavior is a concern it is addressed in the IEP. (positive behavior interventions or strategies, goals, or an attached BIP)								
Comments:									
18.	Written Notice was given to the parent when required and includes an explanation for all required components.								
Comments:									

Required information for the Present Level of Performance (PLOP) statement:

Present level for SPECIFIC goal – document the present level of performance, with data (formal and/or informal) that relates to how the student is currently performing the goal. *(This statement describes the student’s strengths and needs and becomes the baseline for the annual goal).*

(Other relevant information – if necessary, additional information to explain how the student is doing in the goal area – ie. Attention, behavior, pertinent information for parents) – *this is an optional statement.*

Comparison – a statement of what the general education peers are doing related to the specific goal. *(This statement meets part of the requirement to refer to the general education standards for the specific goal)*

Summary – document the educational impact of the student’s difficulty with the goal and why they need to continue to receive specially designed instruction in this goal area. *(This statement meets the requirement to how the disability impacts progress in the general education curriculum).*

Example:

Sally is a 3rd grade student at XX Elementary School. She is receiving instruction in her general education class and in the Resource Room (RR) program. She is currently working on basic reading skills in order to build her reading skills. On the most recent AIMS web probe (2/18/15), Sally was able to read 25 correct words per minute (cwpm) on a 1st grade probe.

Optional – Sally has difficulty focusing during reading instruction and her reading instruction is often broken up with several, usually 5, 1 minute breaks to help her remain on task during the instruction.

Comparison – Third grade peers are able to read 3rd grade material at a rate of approximately 120 cwpm fluently and comprehend the text.

Summary – Sally’s difficulty in reading fluently make it difficult for her to read and comprehend grade level material. She needs to continue to work on increasing her reading rate in order to help her comprehend grade level texts.

Annual Goal:

Given passages at a 1st grade level, Sally will orally read 75 correct words per minute (cwpm) on 2 out of 3 consecutive probes.

ALSO:

You **MUST** complete the schedule (in the Measurement & Monitoring section of Plan Goals in Exceed) for the goal – call your supervisor if you need instructions on how to do this.

4. Evaluation Procedure:

Procedure	Schedule
Data Collection	Every Other Week Th
Probes	Every Other Week Th