

Student Name: _____	Student ID #: _____
Reviewed By: _____	Date Reviewed: _____
IEP Manager: _____	

SPECIAL EDUCATION SELF-MONITORING CHECKLIST
PART C: AGES 0 THROUGH 2 EVALUATION & INDIVIDUALIZED
FAMILY SERVICE PLAN (IFSP)

YES **NO**

EVALUATION PLANNING

- ___ ___ Team notice for evaluation planning meeting, at a mutually agreed upon time
- ___ ___ Minimum legal team (Parent, Administrator, Special Education Teacher – licensed in area of suspected disability, Cultural Advocate if applicable)

EVALUATION PLAN

- ___ ___ Reason for evaluation checked
- ___ ___ Factors needing consideration are listed
- ___ ___ Modifications for evaluation process listed
- ___ ___ Areas of evaluation, instruments/procedures & titles of evaluators listed
- ___ ___ Evaluation performed in all areas related to the suspected disability (vision, health, hearing, social/emotional, intellectual, academic, communication, motor, and functional adaptive behavior) *All areas will need to be addressed in the evaluation report, even if there is no formal evaluation in some areas.
- ___ ___ Evaluation completed in child’s primary language or mode of communication
- ___ ___ Sites where evaluation will be completed are listed
- ___ ___ Initial evaluation: written signature prior to evaluation
- OR
- ___ ___ Re-evaluation: signature or documentation of 2 or more attempts to get consent, if signature not received, did the testing begin prior to expiration of 14 calendar days?

EVALUATION REPORT

- ___ ___ Team meeting notice
- ___ ___ Minimum legal team
- ___ ___ Reason for referral/brief history (initial evaluation qualification if applicable, current services...)
- ___ ___ Information reported by parents
- ___ ___ Special considerations for testing reviewed
- ___ ___ Health Status and Medical History: Includes a review of all pertinent records related to the child’s current health status and medical history
- ___ ___ Levels of Functioning: Includes an evaluation of the child’s level of functioning and unique needs in each of the following developmental areas:
 - ___ Cognitive
 - ___ Physical (Including vision and hearing)
 - ___ Communication
 - ___ Social/Emotional
 - ___ Adaptive
 - ___ Motor

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YES **NO**

EVALUATION REPORT (CONT)

- ___ ___ Summary of results from data sources listed in the evaluation plan (including areas of strength and deficit)
- ___ ___ Assistive technology needs addressed when appropriate
- ___ ___ Specific tests and scores are included
- ___ ___ For initial evaluations the criteria templates are completed as well as a summary describing the student’s eligibility and the need for special education services,
 OR
- ___ ___ For re-evaluation a summary needs to be included which summarizes that the student continues to have a disability and is in need of special education services
- ___ ___ Services needed to meet the child’s unique needs are listed
- ___ ___ Additions or modifications to the special education or related services are noted
- ___ ___ Primary disability is checked on final page of report
- ___ ___ Members of team have signed noting their agreement or disagreement

ADDITIONAL COMPONENTS IF APPLICABLE

- ___ ___ Team Override Documentation ***Special Services Administrator must be part of this decision
- ___ ___ Explanation of invalid results
- ___ ___ Explanation that indicates what objective data were used
- ___ ___ Identification of which data had the greatest relative importance for the eligibility decision
- ___ ___ Signature of team members agreeing to the decision and a signed statement from each team member that disagrees with the decision explaining the reason for disagreement

IFSP

YES **NO**

- ___ ___ Team Meeting Notice
 - ___ ___ Minimum legal team
 - ___ ___ Settings and times were convenient to family
 - ___ ___ In the native language of the family (or other mode of communication) unless clearly not feasible to do so
- ___ ___ IFSP meeting was scheduled within 45 days of the referral

IFSP TEAM MEMBERS

- ___ ___ Parent(s)
- ___ ___ Other family members (per parent request)
- ___ ___ Advocate or person outside of family (per parent request)
- ___ ___ Service coordinator (IFSP includes name of person)
- ___ ___ District representative/administrator (required by MN statute)
- ___ ___ Person(s) directly involved in conducting evaluations
- ___ ___ Person(s) who will be providing service(s) to the family

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YES **NO**

REQUIRED CONTENT OF IFSP

- ___ ___ Present Level of Development (“Description” page of IFSP)
- ___ ___ Family Information: only with family concurrence, a statement of family resources, priorities and concerns (“Family Thoughts” page of IFSP)
- ___ ___ Major Outcomes: major outcomes expected to be achieved by child and family, including evaluation procedures (“Outcomes” page of IFSP)
- ___ ___ Statement of Services needed
- ___ ___ Projected date for initiating services
- ___ ___ Anticipated frequency, duration and location (referencing natural environments) of recommended services
- ___ ___ Transitions to Preschool Services/Other Services (by age 2.9): documentation of steps to be taken to support transition from early intervention services to preschool or other appropriate services, convening at least 90 days prior to child’s birthday
- ___ ___ Statement of payment arrangements
- ___ ___ Authorized signatures for services designated (“Team and Summary” page of IFSP)
- ___ ___ Parents received written notice of special education services prior to the initiation of those services

IFSP NOTICE REQUIREMENTS AND PROCEDURAL SAFEGUARDS

- ___ ___ Description of the action proposed or refused
- ___ ___ Explanation of why the district proposes or refuses to take action
- ___ ___ Description of each evaluation procedure, test, record or report used as a basis for proposed or refused action
- ___ ___ Description of any other relevant factors
- ___ ___ Documentation of procedural safeguards afforded to parents (initials on *Notice of District’s Proposed Action or Denial* page)

OTHER CONSIDERATIONS

- ___ ___ Evaluation/Re-Evaluation and IFSP meetings were completed within 45 of days of referral
- OR
- ___ ___ There was documentation if unable to meet the timeline
- ___ ___ Previous IFSP did not exceed duration of more than 12 months
- ___ ___ Interim IFSP: early intervention services for an eligible child and the child’s family may commence before the completion of the evaluation and assessment if the following conditions are met
 - ___ ___ Parental consent is obtained
 - ___ ___ Interim IFSP is developed that includes the name of the service coordinator and identifies the early intervention services determined to be needed immediately by the child and the child’s family
 - ___ ___ Evaluation and assessment are completed within the required time period