***For use with - Self Assessment: Child Find/Evaluation/ Reevaluation/Assessment***

**INSTRUCTIONS:**

***The purpose***: Individual Student Records Review Worksheet is used to review individual student records, to ensure compliance with rules for individual evaluation and the eligibility determinations.

**Directions:** Individual Student Records Review Worksheet consists of a sampling of compliance data related to individual evaluation and eligibility determination.

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| *Column 1* - | Information to review for each student |
| *Column 2* - | * Put “Y” (yes) if the student’s record review shows evidence that the requirement is met. * Put “N” (no) in the column if the student’s record review lacks evidence that the requirement is met. * Put “NA” (not applicable) in the column if the item is not applicable to this student. An item should be noted as NA if it clearly does not pertain to the individual student. |
|  | *Examples:* |
|  | Documentation for the individual evaluation procedure that “materials and procedures used to assess a student with limited English proficiency are selected and administered to ensure they measure the extent to which the student has a disability and needs special education, rather than measure the student’s English language skills” (§200.4(b)(6)(xvi)). Enter “NA” if the student does not fit into the category of English Learner. |
|  | Documentation for the eligibility procedure that “the district provided a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent” would be “yes” if there is documentation of parent receipt. |
| *Column 3* - | Indicate the specific record information used to make a determination. Provide comments such as “the evaluation should have been in the native language, other than English, but was not.” |

**The number of student records selected should be determined as follows using the most current December 1 Child Count:**

|  |  |
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| 1-25 students | **Review minimum of 6 students** within identified disproportionate race. These folders should be reviewed for initial evaluation conducted by the district. If you do not have 6 folders, then select reevaluation. |
| 26-150 students | **Randomly select 10 students** within identified disproportionate race. These folders should be reviewed for initial evaluation conducted by the district. If you do not have 6 folders, then select reevaluation. |
| 150-300 students | **Randomly select 15 students** within identified disproportionate race. These folders should be reviewed for initial evaluation conducted by the district. If you do not have 6 folders, then select reevaluation. |

**Child Find/Evaluation/ Reevaluation/Assessment: Guiding Questions Worksheet**

1. Is staff prepared to work with students from diverse cultural backgrounds?
2. Are assessment tools and protocols unbiased and nondiscriminatory?
3. Does staff facilitate the participation of parents from diverse cultural backgrounds to attend school activities, meetings, etc.?
4. Does the district have a system that routinely and regularly screens all students for academic and behavioral risk factors that might require early intervention or targeted supports?

**Part 1: Evaluation**

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name/ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Disability Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Record Review: \_\_\_\_\_\_\_\_\_\_\_\_\_

**This information will be used to complete the Summary Table on page 4.**

| ***Evaluation*** | ***Y/N/NA*** | ***Source of Data/Comments*** |
| --- | --- | --- |
| **Assessments and other evaluation materials used to assess a student under this section:**   1. are provided and administered in the student's native language or other mode of communication and in the form most likely to yield accurate information on what the student knows and can do academically, developmentally and functionally, unless it is clearly not feasible to provide or administer; |  |  |
| 1. are used for purposes for which the assessments or measures are valid and reliable; |  |  |
| 1. are administered by trained and knowledgeable personnel in accordance with the instruction provided by those who develop such assessments; and |  |  |
| 1. are selected and administered so as not to be discriminatory on a racial or cultural basis. |  |  |
| 1. are administered in manner such that no single measure or assessment is used as the sole criterion for determining whether a student is a student with a disability or for determining an appropriate educational program for a student. |  |  |
| 1. address all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. |  |  |
| 1. are selected and administered to ensure that they measure the extent to which a student with limited English proficiency has a disability and needs special education and related services, rather than measuring the student's English language skills. |  |  |

**Part 2: Eligibility Determination**

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name/ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_

Disability Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Record Review: \_\_\_\_\_\_\_\_\_\_\_\_\_

**This information will be used to complete the Summary Table on page 4.**

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| ***Eligibility Determinations*** | ***Y/N/NA*** | ***Source of Data/Comments*** |
| 1. Upon completing the administration of tests and other evaluation materials, the Eligibility Team determined whether the student is a student with a disability. |  |  |
| 1. When determining eligibility there was appropriate consideration of determinant factors: lack of appropriate instruction in reading; lack of instruction in math; or limited English proficiency. |  |  |
| 1. In interpreting the evaluation data, the district used a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations as well as information about the child’s physical condition, social or cultural background, and adaptive behavior. |  |  |
| 1. An eligibility report that documents the area of disability was completed and is present in each child’s special education folder. |  |  |
| 1. The district provided a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent. |  |  |

**Evaluation and Eligibility: SUMMARY TABLE**

Complete the Summary Table by transferring your answers from the Evaluation and Eligibility Determination Individual Student Record Review Checklist Worksheets to the corresponding spaces.

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Student Name*** | ***Individual***  ***Evaluation Items*** | | | | | | | | ***Eligibility***  ***Determination***  ***Items*** | | | | |
|  | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***1*** | | ***2*** | ***3*** | ***4*** | ***5*** |
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***Make Additional Copies as Needed***

**Part 3: Educational Placement**

**Directions:** Review your written procedures for Placement. Determine if students from specific racial/ethnic groups or disability categories are placed in more restrictive settings**.** Complete the following checklist pertaining to placement procedures.

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name/ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_

Disability Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Record Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This information will be used to complete the Summary Table on page 6.**

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| ***Educational Placement*** | ***Evidence that Requirement has been met Y/N/NA*** | ***Source of Data/Comments*** |
| 1. The district considered a continuum of services to meet the needs of the child with a disability. |  |  |
| 1. The LRE decision was made by a group of persons (IEP team), including the parents, and other persons knowledgeable about the child. |  |  |
| 1. The child's placement was determined at least annually, based on the child's IEP, and as close as possible to the child's home. |  |  |
| 1. The student received supplementary aids and services that provided an equitable opportunity to participate in nonacademic and extracurricular activities with nondisabled peers. |  |  |
| 1. The IEP team’s rationale for placement describes the student need for a more restrictive setting. |  |  |

***Make Additional Copies as Needed***

**Educational Placement: SUMMARY TABLE**

Complete the Summary Table by transferring your answers from the Educational Placement Individual Student Records Review Checklist Worksheets to the corresponding spaces.

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Student Name** | **1** | **2** | **3** | **4** | **5**  **Rationale for Educational Placement** |
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