# **Tier 4 PS IDEA Monitoring Questions Response Form**

**District Name:** Click or tap here to enter text.

**District IRN:** Click or tap here to enter text.

Districts identified for Tier 4 Preschool (PS) Individuals with Disabilities Education Act (IDEA) Monitoring should complete the response form below which corresponds with the PS IDEA Monitoring Questions.

**Steps:**

1. The district establishes a preschool leadership team for review and discussion of the PS IDEA Monitoring Questions.

Identify the members of the preschool leadership team (see ***Tier 4 Preschool IDEA Monitoring Process Guide*** for required team members):

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| --- | --- | --- |
| **NAME** | **DISTRICT TITLE** | **REQUIRED ROLE(S)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
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1. The preschool leadership team reviews the assigned questions, the criteria and district documents to determine whether the district is compliant for each item number.
2. Record the preschool leadership team's determination of compliance with Yes, No or Not Applicable (NA) for each item number in the chart below.
3. If the preschool leadership team determines the district is not compliant, list the criteria not met in the Criteria column.
4. List the title of the evidence document used to meet the criteria for compliance. For evidence contained in multipage documents, identify the page number(s) in which the policy, procedures, practices and/or processes can be found.
5. Send the signed PS IDEA Monitoring Questions Response Form and all evidence documents to the Preschool Special Education team through FileDrop. Directions on using FileDrop can be found in the ***Tier 4 Preschool IDEA Monitoring Process Guide****.*
6. The Preschool Special Education team will review the response form and evidence documents to make the final determination of compliance. Please see the ***Tier 4 Preschool IDEA Monitoring Process Guide*** for details regarding the PSE review process and needed action steps if noncompliance is determined.

**Section 1: Questions for District**

This section is to be completed by **all districts**.

| **Item Number** | **PS IDEA**  **Monitoring Question** | **Compliant** | **Criteria**  (If the preschool leadership team determines  the district is not compliant, list the criteria not met) | **Title of**  **Evidence Document** | **Page Number** |
| --- | --- | --- | --- | --- | --- |
| **WC-1** | *Does the district have written policies and procedures that comply with state and federal rules* ***for determining workload/caseload****?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **WC-2** | *Do all district early childhood intervention specialists and related service personnel workload/caseload’s always meet the district’s requirements for their positions, whether center based and/or itinerant?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SQ-1** | *Does the district have written policies and procedures that address staff qualifications/credential requirements at time of hire?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SQ-2** | *Do all preschool staff currently meet the required qualifications/ credentials necessary for their position?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SQ-3** | *Does the district have a Preschool Special Education Supervisor that meets the qualifications/ credentials necessary for the position?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SQ-4** | *Does the district’s Preschool Special Education Supervisor fulfill the required responsibilities for preschool supervisory services?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **PD-1** | *Does the district have written policies and procedures to ensure preschool staff are appropriately and adequately prepared and trained to provide services to preschool children with disabilities?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **PD-2** | *Does the district implement their policies and procedures to* ***ensure*** *staff are appropriately and adequately prepared and trained to provide services to preschool children with disabilities?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-1** | *Does the district have written policies and procedures that comply with state and federal rules to ensure that children are receiving a free and appropriate public education in the least restrictive environment?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-2** | *Does the district make a full continuum of options available?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-3** | *Do preschool staff receive professional development and/or training regarding the district’s continuum of options and making placement decisions?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-4** | *Does the district use a list of the available preschool education service options in the community to inform discussions and decisions on placement?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-5** | *Does the district use the first option on the Least Restrictive Environment continuum to begin the placement decision-making process with the parent during the Individualized Education Program (IEP) meeting?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-6** | *Does the district document the number of required hours of general education instruction and special education based upon the setting that the Individualized Education Program (IEP) team determined for each child?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-7** | *Does the district ensure early childhood intervention specialists or related service personnel support lead teachers in general education classrooms?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-8** | *Does the district have written procedures in place to ensure data regarding preschool educational environments are accurately entered into Education Management Information System (EMIS)?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DS/**  **LRE-9** | *If the Individualized Education Program (IEP) team determines transportation is necessary for preschool special education children to access a free and appropriate education, is it provided at no cost to the parent or guardian?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **CO-1** | *Does the district have written policies and procedures that comply with the state Child Outcomes Policy?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **CO-2** | *Does the Preschool supervisor complete all Child Outcomes Summary supervisor responsibilities?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **C/B-1** | *Does the district have written policies and procedures that meet state and federal compliance about transitioning from Part C Early Intervention?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **C/B-2** | *Does the district have an Interagency Agreement?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **C/B-3** | *Do partners meet annually to review and revise the interagency agreement?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **C/B-4** | *Does the district have written procedures in place to ensure data regarding Part C Early Intervention to Part B Preschool Special Education transitions are accurately entered into Education Management Information System (EMIS)?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ETR/ IEP-1** | *Does the district have written policies and procedures that comply with state and federal rules regarding Child Find, Evaluations, Individualized education program (IEP), and Delivery of Services for preschool students with disabilities?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ETR/ IEP-2** | *Does the district have an internal system to ensure compliant preschool Evaluation Team Reports (ETRs) and Individualized Education Programs (IEPs)?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ETR/ IEP-3** | *Does the district use data from their internal system of reviewing Evaluation Team Reports (ETRs) and Individualized Education Programs (IEPs) for compliance to make policy/procedures/process changes?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ETR/ IEP-4** | *Do all necessary preschool staff receive professional development on writing compliant preschool Evaluation Team Reports (ETRs) and Individualized Education Programs (IEPs)?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ETR/ IEP-5** | *Does the district review preschool Evaluation Team Reports (ETRs) and Individualized Education Programs (IEPs) for compliance?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ETR/ IEP-6** | *Based on results of data does the district have targeted professional development to support staff on writing compliant preschool Evaluation Team Reports (ETRs) and Individualized Education Programs (IEPs)?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **PP-1** | *Does the district provide its preschool staff access to all its written preschool special education policies and procedures?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Section 1: Questions for District** |

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| **Superintendent (or authorized representative)** | |
| Click or tap here to enter text. | |
| **Signature of Superintendent (or authorized representative)** | **Date of Signature** |
| [sign name) | Click or tap to enter a date. |

**Section 2: Questions for District When Contracting Services**

Section 2 must also be completed by the District of Residence (DOR) when they purchase special education and/or related services for preschool children with disabilities.

Please list below all agencies the district is contracting with for preschool special education and/or related services:

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| **NAME OF AGENCY** |
| Click or tap here to enter text. |
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| Click or tap here to enter text. |

| **Item Number** | **PS IDEA Monitoring**  **Question** | **Compliant** | **Criteria**  (If the preschool leadership team determines the district is not compliant, list the criteria not met) | **Title of Evidence Document** | **Page Number** |
| --- | --- | --- | --- | --- | --- |
| **1** | ***When contracting for special education and/or related services, does the district of residence assure that*** *the service providers have enough time to provide specially designed instruction and/or direct related service to all assigned children?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | ***When contracting for special education and/or related services, does the district of residence assure that*** *the service providers meet the required qualifications/credentials necessary for their position?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | 1. ***When contracting for special education and/or related services*** *does the district of residence and the contracted agency(s) communicate with one another regarding how the agreed upon services are being fulfilled?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related service*** *does the district of residence and the contracted agency(s) communicate with one another regarding how the required responsibilities for preschool special education supervisory services are fulfilled?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4** | 1. ***When contracting for special education and/or related services, does the district of residence assure that*** *the service providers are appropriately and adequately prepared and trained to provide special education and related services to preschool children with disabilities.* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services, does the district of residence assure that*** *the service providers who will be attending IEP team meetings, and/or serving as the district’s representative are adequately prepared and trained regarding the provision of FAPE, least restrictive environment and making placement decisions based upon the district’s continuum of options.* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **5** | 1. ***When contracting for special education and/or related services does the district of residence assure that*** *the contracted agency(s) has the district’s list of available preschool educational options located in the community to inform the IEP team’s discussions and decisions regarding the child’s placement?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure that*** *the contracted agency(s) staff acting as the district representative is considering the first option on the least restrictive environment continuum to begin the placement decision-making process with the parent?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure that*** *the contracted agency(s) ensures that the early childhood intervention specialist and/or related service personnel are supporting the lead teacher in the general education classroom, when required?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure that*** *the contracted agency(s) is making available and documenting the number of required hours of general education instruction and special education based upon the child’s setting, which was determined by the IEP team?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure that*** *the contracted agency(s) staff acting as the district representative during the IEP team meeting determines if transportation is necessary so that the preschool child with a disability can access a free appropriate public education, at no cost to the parent?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **6** | ***When contracting for special education and/or related services, does the district of residence assure that*** *preschool special education data for Indicators 6, 7 and 12 are accurately entered into EMIS?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **7** | ***When contracting for special education and/or related services does the district of residence assure that*** *responsibilities regarding the Child Outcomes Summary process are carried out?* | YES  NO | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **8** | 1. ***When contracting for special education and/or related services does the district of residence assure that*** *the contracted agency(s), when acting on behalf of the district of residence, is compliant with state and federal rules and regulations regarding the:*  * *Child Find activities* * *Evaluation process to determine whether a preschool child is a child with a disability* * *Development of the preschool child’s Individualized Education Program (IEP)* * *Delivery of Services will be provided in the child’s Least Restrictive Environment (LRE)* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure that*** *ETRs and IEPs are reviewed for compliance and implemented as written?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure that*** *data from the review of ETRs and IEPs written and implemented by the contracted agency(s) is used to make corrections and/or changes to policy or procedure?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure******that*** *the contracted agency(s) agrees with the district in how ETR and IEP compliance is determined?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. ***When contracting for special education and/or related services does the district of residence assure******that*** *the contracted agency(s) ensures that their staff receive professional development on writing compliant ETRs and IEPs?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | 1. ***When contracting for special education and/or related services does the district of residence assure******that*** *the contracted agency(s) ensures that their staff receive targeted professional development on writing compliant ETRs and IEPs based upon the results of a review of ETRs and IEPs and tailored to meet the individual needs of staff?* | YES  NO  NA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Section 2: Questions for District When Contracting Services** |
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| **Name of Superintendent (or authorized representative):** |
| Click or tap here to enter text. |
| **Signature of Superintendent (or authorized representative):** |
|  |
| **Date of Signature:** |
| Click or tap to enter a date. |