**Record Review Comment Form**

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| **Record** |  | **Student Name:** |  | **Disability:** |  | **DOB:** |  | **Grade:** |  |

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| **[x]  Reevaluation** **[ ]  Initial Evaluation** | **ETR Date:** |  | **IEP Date:** |  |

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| **DOR:** |  | **Reviewers:** |  | **Date Reviewed:** |  | **Date Corrected:** |  |

| RR # | Item Reviewed | Compliant | IC | Comments/Notes |
| --- | --- | --- | --- | --- |
| CF-1 | ETR-Interventions provided |  |  |  |
| CF-2 | Parents afforded opportunity to participate |  |  |  |
| CF-3 | Informed parental consent for evaluation |  |  |  |
| CF-4 | ETR addresses all areas related to disability |  |  |  |
| CF-5 | ETR clearly states summary of assessment results |  |  |  |
| CF-6 | ETR contains clear description of educational needs |  |  |  |
| CF-7 | Qualified group of professionals determine eligibility |  |  |  |
| CF-8 | Justification for the eligibility determination decision |  |  |  |
| DS-1 | Transition Plan |  |  |  |
| DS-2 | Present Levels of Performance  |  |  |  |
| DS-3 | Measurable goals  |  |  |  |
| DS-4 | Goals address academic needs  |  |  |  |
| DS-5 | Goals address functional needs |  |  |  |
| DS-6 | Statement of SDI and Related Services |  |  |  |
| DS-7 | SDI and Related Services Location |  |  |  |
| DS-8 | SDI and Related Services Amount & frequency |  |  |  |
| DS-9 | Identify assistive technology |  |  |  |
| DS-10 | Identify accommodations |  |  |  |
| DS-11 | Identify modifications |  |  |  |
| DS-12 | Supports for school personnel |  |  |  |
| DS-13 | Alternate assessment justification |  |  |  |
| DS-14 | Data collected and analyzed to inform instruction |  |  |  |
| DS-15 | Revisions to IEP made based on data |  |  |  |
| DS-16 | IEP Meeting-Qualified team |  |  |  |
| LRE-1 | Justification for removal from general education classroom |  |  |  |

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| **Additional Comments** |
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| **Transition Plan (Indicator 13 Checklist)** |
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| Item Reviewed | Compliant | IC | Comments/Notes |
| 1. Measurable Goals | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 2. Goals Updated Annually | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 3. Evidence goals were based on AATA | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 4. Transition Services  | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 5. Courses of Study | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 6. IEP Goals related to transition services | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 7. Student was invited to IEP meeting | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |
| 8. Representative of any participating Agency | Education/Training |  |  |  |
| Employment |  |  |  |
| Independent Living |  |  |  |