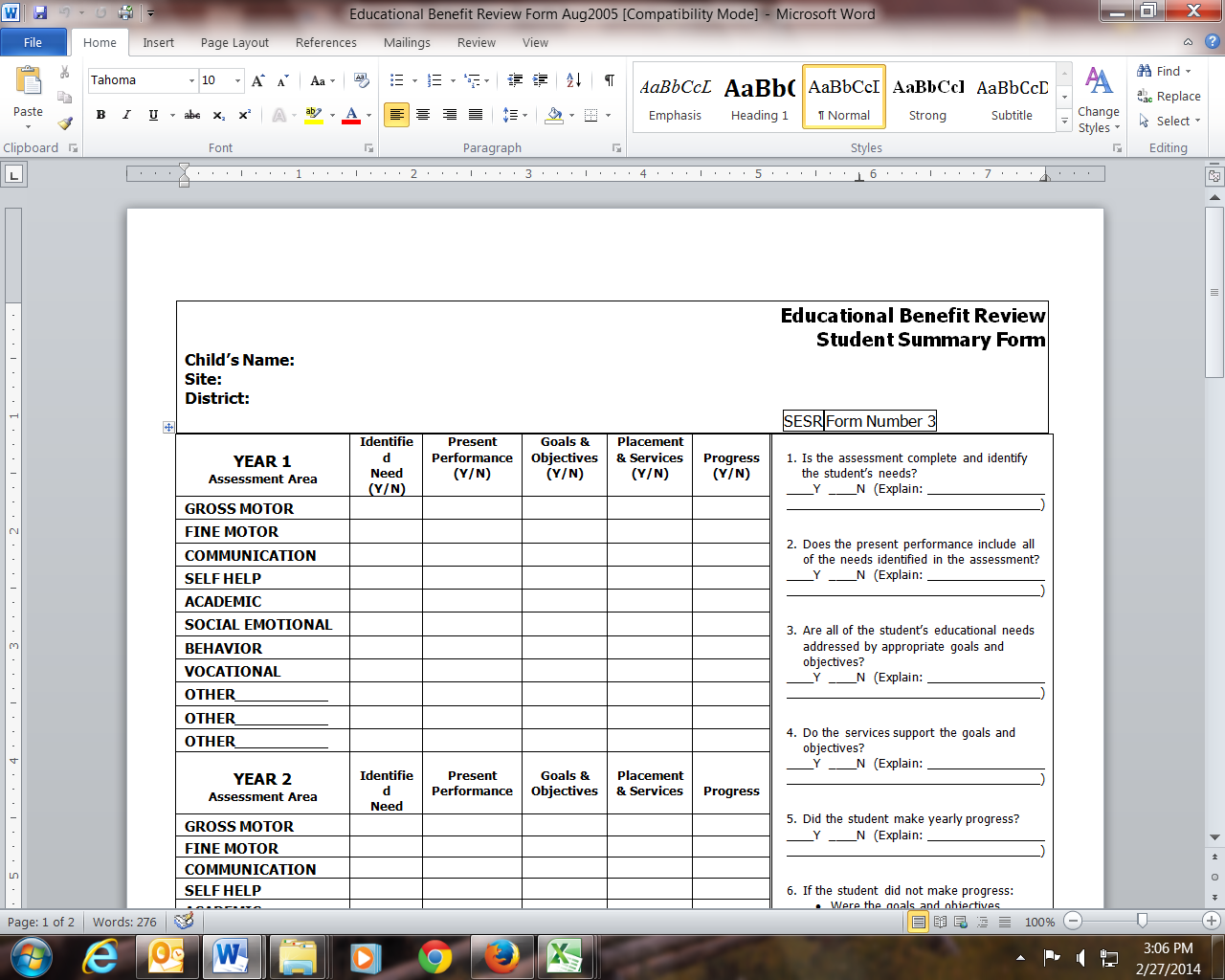
***This form must be kept in the Student’s IEP file***

***that is maintained by the Case manager***

**Child’s Name**: This must be the student’s legal name. 

**Site**: Document the actual site that the student is attending. If the student moves the simply cross the old site off and write the new site.

**District**: The district that the student is attending classes (PSUSD)

**Year 1**: **This year is the year of an Assessment: Initial or Triennial**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR 1**  **Assessment Area** | **Present**  **Performance**  **(Y/N)** | **Identified**  **Need**  **(Y/N)** | **Progress**  **(Y/N)** | **Goals &**  **Objectives**  **(Y/N)** | **Placement**  **& Services**  **(Y/N)** |
| **GROSS MOTOR** |  |  |  |  |  |
| **FINE MOTOR** |  |  |  |  |  |
| **COMMUNICATION** |  |  |  |  |  |
| **SELF HELP** |  |  |  |  |  |
| **ACADEMIC** |  |  |  |  |  |
| **SOCIAL EMOTIONAL** |  |  |  |  |  |
| **BEHAVIOR** |  |  |  |  |  |
| **VOCATIONAL** |  |  |  |  |  |

* Each year the teacher must add their name and the school year (Mrs. Smith 2013/2014)
* Identified need (Y/N): Place a “yes” or “no” in the box under this column for each of the items listed (gross motor, fine motor, communication…etc.). This is an area of qualification based on the assessments given. This information should be taken from the Present Levels of Performance (PLOPs)
* Present Performance: Place a “yes” or “no” in the box under this column for each of the items listed (gross motor, fine motor, communication…etc.). The updated present levels of performance column is completed based on are the PLOPs completed based on the assessments given
* Goals & Objectives: Place a “yes” or “no” in the box under this column for each of the items listed (gross motor, fine motor, communication…etc.). Is there a goal in the area?
* Placement & Service: Place a “yes” or “no” in the box under this column for each of the items listed (gross motor, fine motor, communication…etc.). Is the student placed in a program or service and is there a ‘service’ for this placement?
* Progress: Place a “yes” or “no” in the box under this column for each of the items listed (gross motor, fine motor, communication…etc.). Has there been progress based on the present levels and any assessments given.

**Year 2: This section is to be completed the *first* year AFTER the Initial or Triennial**

* This section is to be completed the same way as Year 1 with the addition of any progress monitoring and work samples used.
* Each year the teacher must add their name and the school year (Mrs. Smith 2013/2014)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR 2**  **Assessment Area** | **Updated Present**  **Performance**  **(Y/N)** | **Identified**  **Need**  **(Y/N)** | **Progress**  **(Y/N)** | **Goals &**  **Objectives**  **(Y/N)** | **Placement**  **& Services**  **(Y/N)** |
| **GROSS MOTOR** |  |  |  |  |  |
| **FINE MOTOR** |  |  |  |  |  |
| **COMMUNICATION** |  |  |  |  |  |
| **SELF HELP** |  |  |  |  |  |
| **ACADEMIC** |  |  |  |  |  |
| **SOCIAL EMOTIONAL** |  |  |  |  |  |
| **BEHAVIOR** |  |  |  |  |  |
| **VOCATIONAL** |  |  |  |  |  |

**Year 3: This section is to be completed the *second* year AFTER the Initial or Triennial**

* This section is to be completed the same way as Year 1 with the addition of any progress monitoring and work samples used.
* Each year the teacher must add their name and the school year (Mrs. Smith 2013/2014)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR 3**  **Assessment Area** | **Updated Present**  **Performance**  **(Y/N)** | **Identified**  **Need**  **(Y/N)** | **Progress**  **(Y/N)** | **Goals &**  **Objectives**  **(Y/N)** | **Placement**  **& Services**  **(Y/N)** |
| **GROSS MOTOR** |  |  |  |  |  |
| **FINE MOTOR** |  |  |  |  |  |
| **COMMUNICATION** |  |  |  |  |  |
| **SELF HELP** |  |  |  |  |  |
| **ACADEMIC** |  |  |  |  |  |
| **SOCIAL EMOTIONAL** |  |  |  |  |  |
| **BEHAVIOR** |  |  |  |  |  |
| **VOCATIONAL** |  |  |  |  |  |

**Year 3 also includes the 8 Questions that confirm Educational Benefit *PRIOR* to the Triennial**

1. Review the assessments that were given in Year 1 and determine if the response is “Yes” or “No” then explain your answer.

*1. Is the assessment complete and identify the student’s needs?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

2. Review all of the Present Levels of Performance on all IEPs. Do they identify the needs based on the assessments given in Year 1? Determine if the response is “Yes” or “No” then explain your answer.

*2. Does the present performance include all of the needs identified in the assessment?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

3. Review the IEPs and determine all of the areas of need that are noted (most will be in the PLOPs). Based on the areas of need, is there a goal and two objectives written for that need (as a minimum)? Determine if the response is “Yes” or “No” then explain your answer.

*3. Are all of the student’s educational needs addressed by appropriate goals and objectives?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

4. Review the goals and objectives that have been written. Are the goals and objectives supported by the services written in the IEP? Determine if the response is “Yes” or “No” then explain your answer.

*4. Do the services support the goals and objectives?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

5. Review the progress on goals section of the IEP and the present levels from each year’s IEP. Has the student made progress on the goals written? Determine if the response is “Yes” or “No” then explain your answer.

*5. Did the student make yearly progress?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

6. Review all three years’ worth of IEPs. Check to make sure that if the goal was not met that is has been adjusted or rewritten to better assist the student make progress. Determine if the response is “Yes” or “No” then explain your answer.

Review all three years’ worth of IEPs services. Check to make sure that the services provided were appropriate to assist the student to make growth in the area. Determine if the response is “Yes” or “No” then explain your answer.

*6. If the student did not make progress:*

* *Were the goals and objectives changed in the next IEP to assist the student to make progress?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

* *Were the services changed in the next IEP to assist the student to make progress?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

7. Review all of the services on the IEPs and determine if enough services were provided to the student and in the correct areas. Determine if the response is “Yes” or “No” then explain your answer.

*7. Were enough services provided to ensure that the student would make progress?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

8. Review the above questions and based on the evidence over a 3 year period of time, has the student made reasonable progress? Determine if the response is “Yes” or “No” then explain your answer.

*8. To assess for overall compliance – Considering the answers to each of the above, was the IEP reasonably calculated to result in educational benefit?*

*\_\_\_\_Y \_\_\_\_N (Explain:*

*)*

**When the form has been completed for 3 years please start a new form for the next Triennial IEP.**