

COMPLIANCE VERIFICATION FORM

(Use this form to document initial evaluation and eligibility)

Referral, Initial Evaluation and Eligibility Determination

System _____ Date of Review _____

Student's Name _____ Reviewer _____

Disability _____ Race _____ DOB _____ Age _____ Grade _____

COMMENTS _____

REFERRAL PROCESS					
DATE	REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Record of Access to Student Records.</i>				
	B. Complete <i>Referral for Evaluation</i> form including date Referral received.				
	C. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> - Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Results of 1 st attempt: _____ 2 nd Attempt (date) _____ Action and Results: _____				
	D. IEP Team decision checked.				
	E. Date signed <i>Notice and Consent for Initial Evaluation</i> received – (60-day timeline begins upon receipt by the public agency).				
	F. Date/Signatures of required IEP Team members – Referral.				
	G. <i>Special Education Rights</i> (must be given when the student is initially referred, or parents request an evaluation).				

COMPLETE A DISABILITY AREA CHECKLIST FOR THE DISABILITY AREA(S) THE STUDENT HAS BEEN DETERMINED ELIGIBLE FOR IN ORDER TO RECEIVE SPECIAL EDUCATION SERVICES

ELIGIBILITY PROCESS					
DATE	REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> - Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Results of 1 st attempt: _____ 2 nd Attempt (date) _____ Action and Results: _____				
	B. Copy of Eligibility Report to Parent				
	C. Final completion date of <u>all</u> evaluations				
	D. Timelines met?				
	E. Written Agreement to Waive 60-day timeline				
	F. Documentation that Lack of Appropriate Instruction in Math or Reading including the essential components of reading or the student's Limited English Proficiency is not <u>the</u> determining factor in the decision (documentation must be included in the report). Box Checked Y __ N __ The Special Rule requirements are documented on eligibility report Y __ N __				
	G. Documentation the student meets the AAC criteria for the suspected area of disability Y __ N __				
	H. Documentation the disability has an adverse effect on educational performance Y __ N __				
	I. Documentation the student needs specially designed instruction in order to access and participate in the general education curriculum Y __ N __				
	J. Eligibility decision checked				
	K. Date/Signatures of required IEP Team members – Eligibility IEP Team ___ Eligibility Committee ___				
	L. Area of disability indicated				
	M. Date signed <i>Notice and Consent for the Provision of Special Education Services</i>				
	N. <i>Notice of Proposal or Refusal to Take Action</i> was sent/provided (if necessary)				

COMMENTS _____