

Division of Special Education
SPECIAL EDUCATION (SPED) PROGRAM STANDARDS REVIEW

Date of Review: ___/___/___	Reviewer: _____	
School Name: _____	WL#: _____	Region: _____
Student Name: _____	ID#: _____	Grade: _____
Current Exceptionality(ies): _____	Birth Date: ___/___/___	Age: ___ yrs ___ mths

I. Cumulative Folder Organization

1. A SPED folder is available in the student's cumulative record folder.	Y	N	
2. The left side of the SPED folder contains the IEP with stapled Notification of Meeting form and additional IEP forms, sequenced from oldest to newest (current on top).	Y	N	
3. The Matrix of Services form is behind the corresponding IEP (not stapled or paper clipped).	Y	N	
4. The right side of the SPED folder contains all initial documentation and subsequent CST-R/SST-R/RT Forms, sequenced from oldest to newest (current on top).	Y	N	

Comments:

II. Review of Current IEP

1. There is a current IEP. IEP Date: ___/___/___ Reviews: ___/___/___, ___/___/___	Y	N	
2. The IEP states the ESE program eligibility(ies). List the eligibility(ies):	Y	N	
3. The IEP reflects current ESOL levels or is checked N/A. ESOL level:	Y	N	
4. If the IEP reflects ESY, consultation, collaboration, counseling, OT, PT, Speech or Language, "logs/documentation of services" will be available for the auditors. (CIRCLE ALL THAT APPLY)	Y	N	N/A
5. If the IEP indicates transportation. List the primary/secondary modes:	Y	N	N/A
6. A Notification of Meeting form was completed and a minimum of three staff members (LEA, Gen Ed. and SPED teacher) were invited to attend. (FOR ANNUAL)	Y	N	
• At least three different staff members signed the IEP.	Y	N	
• The LEA, SPED teacher, Gen. Ed. Teacher, and Evaluation Specialist signed the IEP.	Y	N	
A Notification of Meeting form was completed and a minimum of three staff members (LEA, Gen Ed. and SPED teacher) were invited to attend. (FOR INTERIM REVIEW)	Y	N	
• At least three different staff members signed the IEP.	Y	N	
• The LEA, SPED teacher, Gen. Ed. Teacher, and Evaluation Specialist signed the IEP.	Y	N	
A Notification of Meeting form was completed and a minimum of three staff members (LEA, Gen Ed. and SPED teacher) were invited to attend. (FOR INTERIM REVIEW)	Y	N	
• At least three different staff members signed the IEP.	Y	N	
• The LEA, SPED teacher, Gen. Ed. Teacher, and Evaluation Specialist signed the IEP.	Y	N	
7. The student, age 14 or above, was invited to attend the IEP meeting.	Y	N	N/A
• The notice reflects the purpose of meeting as transition as well as other purposes	Y	N	N/A
• The transition statement is age appropriate and includes required components.	Y	N	N/A
8. The status reports on the IEP goals are completed on original forms. Use the SPED-EMS Progress Report for the SPED-EMS IEPs.	Y	N	N/A
9. A Notice of Proposal/Refusal has been completed if there has been a proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE and is behind the corresponding IEP (not stapled or paper clipped).	Y	N	N/A
10. A BIP was attached to the IEP. Date of FAB: ___/___/___ Date of BIP: ___/___/___	Y	N	N/A
11. The IEP goals are measurable and when appropriate, have at least 2 benchmarks with timelines.	Y	N	
• Each Domain has a strength statement and when appropriate, an affects of the disability statement.	Y	N	
12. The IEP goals reflect the PENS that reflect the affects of the disability statement.	Y	N	
13. The student takes the FCAT/Florida Alternate Assessment and a districtwide assessment or alternate districtwide assessment. Identify assessments:	Y	N	
14. The student is in the following ESE classes:			
15. There are FTE IEPs: Jul. Date: ___/___/___; Oct. Date: ___/___/___; Feb. Date: ___/___/___	Y	N	

Comments:

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III. Review of current Matrix of Services

1. There is a Matrix of Services form that correlates with each IEP. Date of Matrix: ___/___/___; Date(s) reviewed: ___/___/___; ___/___/___; ___/___/___.	Y	N	
2. The current Matrix form is less than 3 years old and is an <i>Annual</i> or <i>Matrix Review after interim</i>	Y	N	
3. The IEP program(s) eligibility and the Matrix "Areas of Eligibility" match. (Refer to Section II #2)	Y	N	
4. Each Matrix check mark (√) is linked to a service on the IEP	Y	N	
5. There are no changes/cross outs on the Matrix form.	Y	N	
6. The domain ratings include "Special Considerations" points (when appropriate), are added correctly, and yield the correct cost factor. Domain Rating:___ Cost Factor:_____	Y	N	
7. There is a Matrix of Services form that correlates with each FTE IEP.	Y	N	

Comments:

IV. Review of Current ISIS Data

1. The exceptionality(ies) on the PF 17 screen match the IEP program eligibility(ies). (Refer to Section II #2)	Y	N	
2. The IEP conference date on the PF 17 screen matches the IEP conference date. (Refer to Section II #1)	Y	N	
3. The domain rating on the PF17 screen matches the current Matrix. Domain Rating ___ (Refer to Section III #6)	Y	N	
4. Consultation/Collaboration on the PF 17 screen matches the IEP. (Refer to Section II #4)	Y	N	
5. Student Case Management on the PF 14 screen matches the current FAB/BIP. (Refer to Section II #10)	Y	N	N/A
6. Student Case Management on the PF 14 screen reflects the provision of counseling. (Refer to Section II #4)	Y	N	N/A
7. The SST (Evaluation Referral) date on the PF16 screen is within 3 years.	Y	N	
8. The Alt. Assessment date on the PF 18 screen matches the the IEP (Refer to Section II #13)	Y	N	N/A
9. If the IEP indicates transportation, there's a "Y" in the ISIS "Q" screen. (Refer to Section II #5)	Y	N	N/A
10. If the IEP indicates ESE/ESOL, the "J" screen corresponds with the IEP. (Refer to Section II #3)	Y	N	N/A

Comments: