

DUE PROCESS CHECKLIST

System/Agency:		Date:
Student:	Birthdate:	Grade:
Student's Disability Area(s):		School:
Notes:		

Student Record Information	Y	N	NA
1. Access Sheet (Includes name, date, and purpose of review)			
2. Vision and Hearing Screening (Documentation for most recent evaluation) Date: __/__/__			
3. Parental Consent for Evaluation (Includes areas to be tested) Date: __/__/__ Documentation that Parents' Rights were given			
4. Eligibility or Redetermination Date: __/__/__ Summary of pre-referral evidence based interventions and results, includes SST Parent Input Exclusionary Factors Student meets all of the criteria requirements for identified eligibility If no, reasons for noncompliant eligibility: Documentation of Parent Notification/Participation in Eligibility Determination			
5. Parental Consent for Placement Date: __/__/__			
6. Parent Notification of IEP Meeting (Includes time, purpose, location) At age 18, student and parent gets the Notice. Date: __/__/__ Required participants invited Student invited to IEP meeting when transition is discussed Other agency personnel are invited with written consent of the parents, as appropriate			
7. Individualized Education Program (IEP) (Reviewed annually) Date: __/__/__ A. Required participants at the IEP Meeting Parent(s) LEA Representative Child's special education teacher Child's general education teacher Student, if applicable Individual who can interpret the instructional implications of evaluation results Other agency personnel, as appropriate Excusal letter, if applicable			
B. Present Levels of Academic Achievement and Functional Performance Results of most recent evaluation Results of state and district assessments Description of academic, developmental, and/or functional strengths of the child Description of academic, developmental, and/or functional needs of the child Parental concerns regarding their child's education Impact of the disability on involvement and progress in the general education curriculum (for preschool, how the disability affects participation in appropriate activities)			

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Student Record Information	Y	N	NA
C. Consideration of Special Factors Student's behavior impedes learning (BIP, goals)			

Limited English Proficiency (Language needs)			
Blind or visual impairment needs			
Communication needs			
Deaf/hard of hearing needs			
Assistive technology devices or services			
Alternative formats for instructional materials			
D. Measurable Annual Goals and/or Short-term Objectives/Benchmarks			
Relate to child's needs (identified in the present levels)			
Criteria for mastery and evaluation methods specified for <u>each</u> goal/objective/benchmark			
A statement regarding when student progress on IEP goals will be reported to parent			
E. Student Supports for Academic and Nonacademic Activities			
Instructional accommodations			
Classroom testing accommodations			
Supplemental aids and services			
Supports for school personnel			
F. Statewide and district wide assessments determination			
Accommodations specific for each subtest and assessment			
-Relate to student's needs			
-Used as an instructional accommodation			
For GAA , statement of why the child cannot participate in the regular assessment			
G. Transition Services Plan			
By ninth grade or age 16, whichever comes first			
Postsecondary outcome goal for Education/Training			
Postsecondary outcome goal for Employment			
Postsecondary outcome goal for Independent Living, as appropriate			
Transition IEP goals to meet postsecondary goals (minimum one each for Education/Training; Employment; Independent Living, as appropriate)			
Postsecondary goals based on transition assessments			
Transition services- Activities - academic and functional to facilitate movement to postsecondary outcomes			
Course of study to facilitate movement to post-school			
H. Transfer of all Due Process Rights to Student			
Notice at age 17			
Transferred at age 18			
I. Behavioral Intervention Plan (As needed)			
Target behaviors			
Positive behavioral intervention strategies and supports			
J. Special Education/Related Services			
Options considered, options selected			
Frequency of services (Indicates either hours, minutes, segments per day, week, or month)			
Dates for initiation and duration of services (month/day/year)			
Location of services (special education or general education)			
An explanation of the extent, if any, to which the child will not participate with peers without disabilities in the regular class and/or in nonacademic and extracurricular activities			
K. Extended School Year (Considered at least annually)			
If yes, goals and service information explained (Services and Hours; Frequency; Date of initiation of Services; Duration of Services; Provider Title; Transportation; and Location)			
8. Prior Notice to Parent(s) (IEP/placement/proposed special education services)			
Parent(s) did not attend or parents did attend and IEP was not given to parents at meeting/all documents provided with reasonable notice prior to initiation of services			
9. Parent Rights			
Documentation rights are presented annually			
Date: ___/___/___			