



Child Find Evaluation Timeline Self-Assessment Student Form

SSID Number: _____

DOB: _____

Student: _____

Eligibility: _____

Ethnicity: _____

School: _____

Teacher: _____

Monitor: _____

Primary home language indicated by the parent: _____

Language in which the student is most proficient: _____

Evaluation/Reevaluation

PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.1	_____	Current evaluation 60-Day	<input type="checkbox"/>	II.A.4	_____	Eligibility considerations
<input type="checkbox"/>	II.A.2	_____	Review of existing data	<input type="checkbox"/>		<input type="checkbox"/>	Student assessed in all areas related to the suspected disability (including academic, behavior, current vision and hearing status) and for preschool, a CDA (indicate areas that have not been assessed)
<input type="checkbox"/>		<input type="checkbox"/>	Parent request timeline				60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents				<input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom-based assessments				<input type="checkbox"/> Hearing <input type="checkbox"/> Communications
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service providers observation(s), including pre-referral interventions				<input type="checkbox"/> Academics <input type="checkbox"/> Assistive tech.
<input type="checkbox"/>		<input type="checkbox"/>	Formal assessments				<input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Adaptive <input type="checkbox"/> _____
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data was needed	<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum
<input type="checkbox"/>		<input type="checkbox"/>	For reevaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or, for reevaluation only, documented efforts to obtain consent	<input type="checkbox"/>		<input type="checkbox"/>	For reevaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of English language learning on progress in the general curriculum
				<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability 60-Day

Comments: _____



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<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	PSD—documents more than 3.0 SD below the mean in one or more areas
<input type="checkbox"/>		<input type="checkbox"/>	Assessments and other evaluation materials are administered in a language and form most likely to yield accurate information 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	SLI—documents a communication disorder
<input type="checkbox"/>		<input type="checkbox"/>	SPED72 matches eligibility	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents a significant discrepancy between achievement and ability in one of the identified areas or failure to respond to intervention (RTI)
<input type="checkbox"/>		<input type="checkbox"/>	A—documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>		<input type="checkbox"/>	SLD—certifies that each team member agrees or disagrees
<input type="checkbox"/>		<input type="checkbox"/>	DD—documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for a child who is at least 3 years of age but under 10 years of age	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents determination of effects of environmental, cultural, or economic disadvantage
<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a qualified professional 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	SID—documents performance at least 4 SD below the mean
<input type="checkbox"/>		<input type="checkbox"/>	HI—verification by a qualified professional 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	HI—documents the language proficiency of the student	<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	MIID—documents performance on standard measures between 2 and 3 SD below the mean	<input type="checkbox"/>		<input type="checkbox"/>	VI—documents the results of an individualized Braille assessment for a student who is considered blind
<input type="checkbox"/>		<input type="checkbox"/>	MOID—documents performance on standard measures between 3 and 4 SD below the mean	<input type="checkbox"/>	II.A.5		For initial evaluation, the student was evaluated within 60 calendar days
<input type="checkbox"/>		<input type="checkbox"/>	MD—documents a learning and developmental problem resulting from multiple disabilities 60-Day				# of days over: _____
<input type="checkbox"/>		<input type="checkbox"/>	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI 60-Day				Reason: _____
<input type="checkbox"/>		<input type="checkbox"/>	OHI—verification by a qualified professional 60-Day				60-Day
<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a qualified professional 60-Day				

Comments: _____



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Individualized Education Program

	PEA ✓	Line Item	I-O-U	Description		PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day		<input type="checkbox"/>	III.A.7	_____	Documentation of additional postsecondary transition components
	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	Progress reporting for services/activities
	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18

Secondary Transition Line Items (III.A.6 & III.A.7)

	PEA ✓	Line Item	I-O-U	Description
	<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components 60-Day
	<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals
			<input type="checkbox"/>	No evidence of goals
			<input type="checkbox"/>	Goal content not postsecondary
			<input type="checkbox"/>	Not measurable
			<input type="checkbox"/>	Required goal areas not addressed
	<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals updated annually
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age-appropriate assessment(s)
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support the postsecondary goal(s)
	<input type="checkbox"/>		<input type="checkbox"/>	The student's course of study supports the identified postsecondary goal(s)
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s)
	<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the student was invited to the meeting
	<input type="checkbox"/>		<input type="checkbox"/>	Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting when parent consent has been obtained

Comments: _____
