



Math Proficiency 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"/>		<input type="checkbox"/>	Team determined the student needs special education and related services 60-Day
<input type="checkbox"/>	II.A.4	_____	Eligibility considerations	<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"/>	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) 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	SPED72 matches eligibility
			<input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral	<input type="checkbox"/>		<input type="checkbox"/>	A—documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction
			<input type="checkbox"/> Hearing <input type="checkbox"/> Communications	<input type="checkbox"/>		<input type="checkbox"/>	DD—documents at least 1.5 SD and no more than 3 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"/> Academics <input type="checkbox"/> Assistive tech.	<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a qualified professional 60-Day
			<input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills	<input type="checkbox"/>		<input type="checkbox"/>	HI—verification by a qualified professional 60-Day
			<input type="checkbox"/> Adaptive <input type="checkbox"/> _____	<input type="checkbox"/>		<input type="checkbox"/>	HI—documents the language proficiency of the student
<input type="checkbox"/>		<input type="checkbox"/>	Performance in educational setting and progress in general curriculum	<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"/>	Educational needs to access the general curriculum, including assistive technology	<input type="checkbox"/>		<input type="checkbox"/>	MOID—documents performance on standard measures between 3 and 4 SD below the mean
<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"/>	MD—documents a learning and developmental problem resulting from multiple disabilities 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage	<input type="checkbox"/>		<input type="checkbox"/>	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	The impact of English language learning on progress in the general curriculum	<input type="checkbox"/>		<input type="checkbox"/>	OHI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability 60-Day	<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a qualified professional 60-Day

Comments: _____

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<input type="checkbox"/>		<input type="checkbox"/>	PSD—documents more than 3 SD below the mean in one or more areas
<input type="checkbox"/>		<input type="checkbox"/>	SLI—documents a communication disorder
<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"/>	SLD—certifies that each team member agrees or disagrees
<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents determination of effects of environmental, cultural, or economic disadvantage
<input type="checkbox"/>		<input type="checkbox"/>	SID—documents performance at least 4 SD below the mean
<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a qualified professional 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by a qualified professional 60-Day
<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"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days # of days over: _____ Reason: _____ 60-Day

Individualized Education Program

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no," indicate missing members)
		<input type="checkbox"/>	<input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results <input type="checkbox"/> Special Ed Teacher <input type="checkbox"/> Interpreter

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to Guide Steps)
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP
	IN/OUT		
	Goal 1:	<input type="checkbox"/>	
	Goal 2:	<input type="checkbox"/>	
	Goal 3:	<input type="checkbox"/>	
	Goal 4:	<input type="checkbox"/>	
	Goal 5:	<input type="checkbox"/>	
	Goal 6:	<input type="checkbox"/>	
	Goal 7:	<input type="checkbox"/>	
	Goal 8:	<input type="checkbox"/>	
	Goal 9:	<input type="checkbox"/>	
	Goal 10:	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	For students eligible for alternate assessments only, short-term instructional objectives or benchmarks
<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals
			(If "out," indicate the missing requirement)
		<input type="checkbox"/>	No description of timeline
		<input type="checkbox"/>	Goals not measurable
		<input type="checkbox"/>	Not done in accordance with timeline
		<input type="checkbox"/>	Not reflective of measurement criteria in goal
<input type="checkbox"/>	III.A.4	_____	Individualized services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	Special education services to be provided (If "out," indicate the missing requirement)
		<input type="checkbox"/>	Not specially designed instruction (SDI)
		<input type="checkbox"/>	No documentation of why SDI is provided by other personnel
		<input type="checkbox"/>	No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI
		<input type="checkbox"/>	Special education teacher not certified
		<input type="checkbox"/>	Other provider not certified (district only)
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services

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PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, and program modifications
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>		<input type="checkbox"/>	Location, frequency, and duration of services and modifications (If "out," indicate the missing requirement) <input type="checkbox"/> Location <input type="checkbox"/> Frequency <input type="checkbox"/> Duration
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year
<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with nondisabled peers
<input type="checkbox"/>		<input type="checkbox"/>	SPED72 matches LRE
<input type="checkbox"/>	III.A.5	<input type="checkbox"/>	Other considerations
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of strategies/supports to address behavior that impedes student's learning or that of others
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs
<input type="checkbox"/>		<input type="checkbox"/>	For students who are ELL, consideration of language needs related to the IEP
<input type="checkbox"/>		<input type="checkbox"/>	For students with HI, consideration of the child's language and communication needs

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

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.6	<input type="checkbox"/>	For students 16 years of age or older, documentation of required postsecondary components 60-Day 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
<input type="checkbox"/>	III.A.7	<input type="checkbox"/>	Documentation of additional postsecondary transition components
<input type="checkbox"/>		<input type="checkbox"/>	Progress reporting for services/activities
<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18
<input type="checkbox"/>	III.A.8	<input type="checkbox"/>	IEP reflects student educational needs 60-Day

Comments: _____

