

# Student Form Explained



Please fill in the demographic info completely. For "teacher," most people use the special education teacher or case manager. "Monitor" is the person doing the file review. For "ethnicity" and "language," please use a primary source from the parent, such as Home Language Survey (HLS). Please use the "eligibility" from the evaluation (MET) report.

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   | <input type="checkbox"/> | II.A.4    | _____                    | Eligibility considerations  |
| <input type="checkbox"/> | II.A.2    | _____                    | Review of existing   | <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 tim   |                          |           |                          | <b>60-Day</b>   |
| <input type="checkbox"/> |           | <input type="checkbox"/> | Current informatio   |                          |           |                          | <input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral  |
| <input type="checkbox"/> |           | <input type="checkbox"/> | Classroom  |                          |           |                          | <input type="checkbox"/> Hearing <input type="checkbox"/> Communications  |
| <input type="checkbox"/> |           | <input type="checkbox"/> | and relat  |                          |           |                          | <input type="checkbox"/> Academics <input type="checkbox"/> Assistive tech.   |
| <input type="checkbox"/> |           | <input type="checkbox"/> | (s), inc   |                          |           |                          | <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills  |
| <input type="checkbox"/> |           | <input type="checkbox"/> | ssmer  |                          |           |                          | <input type="checkbox"/> Adaptive <input type="checkbox"/> _____  |
| <input type="checkbox"/> | II.A.3    | _____                    | inatio   |                          |           |                          | These are only brief description of line items/components. In order to make accurate calls, you must use the Guide Steps.   |
| <input type="checkbox"/> |           | <input type="checkbox"/> | ained t  |                          |           |                          | student to progress in the general curriculum   |
| <input type="checkbox"/> |           | <input type="checkbox"/> | that ac  |                          |           |                          | The impact of any educational disadvantage  |
| <input type="checkbox"/> |           | <input type="checkbox"/> | For reevaluation o   |                          |           |                          | The impact of English language learning on progress in the general curriculum   |
| <input type="checkbox"/> |           | <input type="checkbox"/> | reason and right to  |                          |           |                          | Team determined the student has a specific category of disability <b>60-Day</b>   |
| <input type="checkbox"/> |           | <input type="checkbox"/> | Obtained informed parental consent or, for reevaluation only, documented efforts to obtain consent |                          |           |                          |   |

The PEA box is for the special education director/other designee to check or initial to indicate that any noncompliance discovered has been corrected prior to resubmitting to PSM specialist for verification.

The line item refers to the corresponding item in the Guide Steps section of the monitoring manual. Most line items have related components listed below.

All line items must have a call of "I" for In, "O" for Out, and "U" for Unreported. All components under a line item must be in compliance for the line-item call to be marked "I". A "U" has no bearing on the line-item call. A "U" is used when a specific component/line item is not relevant to the file being reviewed.

The boxes next to the component are to be marked when it is noncompliant. It is clearer to mark each component with an I, O, or U. For additional clarity, only check or put an "X" in the box for those that are noncompliant. Remember all components must be compliant to mark the line item as "I". If any component is noncompliant, then the line item must be marked "O".

These are only brief description of line items/components. In order to make accurate calls, you must use the Guide Steps.

There must be an explanation of why a line item/component was called out. The explanation must be specific enough so that those tasked with the correction or verification understand the reason(s) for the noncompliance call.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_