

IEP FILE REVIEW

STUDENT IDENTIFIER	NOTIFICATION OF CONFERENCE (NOC) DATE	DATE REVIEWED
RESIDENT SCHOOL	INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING DATE	ISBE REVIEWER
SERVING SCHOOL	REEVALUATION DUE DATE	
<p>In accordance with, <a href="#">23 IAC 226.530</a>, the Notification of Conference was provided to the parent/guardian at least 10 Days prior to IEP Meeting?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>If the previous answer was 'No', did the parent agree via signature to waive their rights to the 10-day notification provision?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>Purpose of Conference (Please check all that apply)</b></p> <p> <input type="checkbox"/> IEP Review/Revision      <input type="checkbox"/> Review of Existing Data      <input type="checkbox"/> Reevaluation      <input type="checkbox"/> Functional Behavioral Assessment (FBA) / Behavior Intervention Plan (BIP) </p> <p> <input type="checkbox"/> Initial IEP      <input type="checkbox"/> Secondary Transition      <input type="checkbox"/> Manifestation Determination </p> <p> <input type="checkbox"/> Initial Evaluation/Eligibility      <input type="checkbox"/> Graduation </p>		
<p>Purpose of Notification of Conference AND Conference Summary Report is the same?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
STUDENT'S DATE OF BIRTH	STUDENT'S RACE/ETHNICITY	GENDER
<p>CURRENT GRADE</p> <p> <input type="checkbox"/> PK    <input type="checkbox"/> 2    <input type="checkbox"/> 5    <input type="checkbox"/> 8    <input type="checkbox"/> 11  <input type="checkbox"/> K    <input type="checkbox"/> 3    <input type="checkbox"/> 6    <input type="checkbox"/> 9    <input type="checkbox"/> 12  <input type="checkbox"/> 1    <input type="checkbox"/> 4    <input type="checkbox"/> 7    <input type="checkbox"/> 10 </p>	<p> <input type="checkbox"/> Asian      <input type="checkbox"/> Middle Eastern or North African  <input type="checkbox"/> American Indian or Alaska Native      <input type="checkbox"/> Native Hawaiian or Pacific Islander  <input type="checkbox"/> Black or African American      <input type="checkbox"/> Two or More Races  <input type="checkbox"/> Hispanic/Latino      <input type="checkbox"/> White </p>	<p> <input type="checkbox"/> Female  <input type="checkbox"/> Male  <input type="checkbox"/> Non-Binary </p>

PRIMARY DISABILITY

- Autism
- Deaf and Blind
- Deafness
- Developmental Delay
- Emotional Disorder
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech Language Impairment
- Traumatic Brain Injury
- Visual Impairment

RELATED SERVICES

- Speech Language Therapy
- Physical Therapy
- Occupational Therapy
- Psychological Services
- Social Work Services
- Counseling Services
- Rehabilitation Counseling Services
- Assistive Technology
- Transportation
- Orientation/Mobility
- Interpreting Services
- School Health Services
- School Nurse Services
- Parent Counseling and Training Services
- Other:

SECONDARY DISABILITY

- Autism
- Deaf and Blind
- Deafness
- Developmental Delay
- Emotional Disorder
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech Language Impairment
- Traumatic Brain Injury
- Visual Impairment

EDUCATIONAL ENVIRONMENT

- 01 - 80% or more of the day in Gen Ed
- 02 - 40-79% of the day in Gen Ed
- 03 - Less than 40% of the day in Gen Ed
- 04 or 05 - Full Day Special Education
- 06 - Phillip J Rock
- 07 - County Detention Center, State Correctional Facility or Jail
- 08 - Private Day Program or Out of State Public Program
- 09 - Private Residential Facility-In State
- 10 - Private Residential Facility-Out of State
- 11 - Homebound Instructional Program
- 12 - Hospital Instructional Program
- 13 - Illinois School for the Deaf
- 14 - Illinois School for the Visually Impaired
- 15 - Illinois Center for Rehab and Education
- 16 - IDHS Operated Facility

In accordance with [23 IAC 226.530\(a\)](#), a copy of all written material that was considered by the IEP team, was provided to the parent/guardian at least **three days prior** to the IEP meeting.

- YES    NO

If 'Yes', which method of delivery was utilized?:

- Regular Mail    Picking material up from school    Sent with Student    Email

In accordance with [23 IAC 226.510](#) and [34 CFR 300.504](#), a copy of the notice of procedural safeguards available was provided to the parents at least annually.

YES  NO

In accordance with [105 ILCS 5/14-6.10](#), the district provided the parent/guardian notification, in writing, of the *Transfer of Rights* during the school year in which the student turned 17 years old.

YES  NO  N/A

In accordance with [105 ILCS 5/2-3.163\(c-5\)\(d\)](#), information regarding *Understanding PUNS: A Guide to Prioritization for Urgency of Need for Services* was provided to the parent/guardian at the annual IEP meeting. **(required for every student with an IEP).**

YES  NO

In accordance with [105 ILCS 5/14-8.02i](#) and [15 ILCS 505/16.6](#), information regarding *Achieving a Better Life Experience (ABLE) Accounts* was provided to the parent/guardian at the annual IEP meeting. **(required for every student with an IEP).**

YES  NO

In accordance, [105 ILCS 5/14-8.05](#), the district provided the parent/guardian with *District Behavior Intervention Policy* annually at the IEP meeting. **(required for every student with an IEP).**

YES  NO

In accordance, [105 ILCS 5/14-8.05](#), the district provided the parent/guardian with the districts *Behavior Intervention Policy* at the **Initial** Evaluation.

YES  NO  N/A

In accordance with [34 CFR 300.324\(b\)\(1\)\(i\)](#), there was evidence that the IEP was reviewed and revised at least annually.

YES  NO  N/A

COMMENTS: If corrections are needed, specify the error(s)

**Instructions:** This document includes columns for documenting two independent reviews, Local Education Agencies (LEAs) are only expected to conduct one review for each IEP that is selected. LEAs should only complete the column highlighted in blue and provide comments as applicable. The columns highlighted in green, are for ISBE use only.

<b>IEP 1. Language and Interpreter Needs for Parents</b> <input type="checkbox"/> <b>N/A</b>					
<b>LEA</b>		<b>ISBE</b>		<b>Authority:</b> 34 CFR 300.322; 34 CFR 300.324; 23 IAC 226.210; IAC 226.530; 23 IAC 226.800	
<b>Response</b>		<b>Response</b>		<b>Response Criteria:</b> The IEP addressed the considerations of the language needs of the parent. Needs must be noted and accommodated.	
<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>a. On the Conference Summary Report,</b> the district recorded the following information.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The parent uses a language/mode of communication other than English;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The parent had a need for an interpreter, and a qualified interpreter was present at the IEP meeting;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If the parent had a need for an interpreter, the language for interpretation was noted; <input type="checkbox"/> <b>N/A</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Whether a parent requested that the interpreter serve no other role in the IEP meeting and, if so, did the school district granted that request, and <input type="checkbox"/> <b>N/A</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Whether all documents were provided in preferred language (e.g., consent, IEP, and evaluation).	
COMMENTS: If corrections are needed, specify the error(s)					

IEP 2. Parent/Guardian Notification of Conference and IEP Team				
LEA		ISBE		Authority: 34 CFR 300.320322; 34 CFR 300.503; 23 IAC 226.210; 23 IAC 226.530
Response		Response		Response Criteria: An appropriate Parent/Guardian Notification of Conference was completed, and the required team members were present at the IEP meeting, as verified in the Conference Summary Report.
Y	N	Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. A copy of the Parent/Guardian Notification of Conference was in the file and included the date, time, and location of the meeting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The parent/guardian was invited and attended, or there was evidence of documented attempts to ensure parent participation, or alternative meeting/method was offered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. A contact person was listed for the parent to bring other individuals to the IEP meeting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. A contact person was listed for the parent to request or ask questions/express complaints about interpretation services (parent concerns/complaints should be in notes sections).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. A contact person was listed for the parent to request an interpreter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. The names and/or titles of individuals invited to the IEP meeting were listed on the Notification of Conference.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Required team members, as listed on the NOC, and the IEP meeting attendees are the same: <ul style="list-style-type: none"> <li>• General educator (of the student), special educator, local education agency (LEA) representatives, and other members (school psychologist, social worker, occupational therapist, audiologist, physical therapist, bilingual specialist, etc.), as required.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. If applicable, a signed excusal and written report were included, in the file, for required team members who were not in attendance at the meeting. <input type="checkbox"/> N/A
COMMENTS: If corrections are needed, specify the error(s)				

IEP 3. Present Levels of Academic Achievement and Functional Performance (PLAAPF)				
LEA		ISBE		Authority: 34 CFR 300.320(a)(1); 34 CFR 300.324(a); 23 IAC 226.230
Response		Response		Response Criteria: The IEP includes a statement of the student's present levels of academic achievement and functional performance.
Y	N	Y	N	
<input type="checkbox"/>	<input type="checkbox"/>			a. The student's strengths included information regarding academic and functional strengths as it relates to the student's disability.
				b. Parental educational concerns/input are documented.
				c. The <b>academic performance</b> included assessment results (e.g., baseline/assessment scores vs. expected grade level performance, progress in the general education curriculum) that were impacted by the student's disability. This may include strengths and weaknesses identified in the most recent formative and summative evaluations.
				d. The <b>functional performance</b> included developmental areas impacted by the student's disability, such as social/emotional status, independent functioning, vocational, motor skills, and speech and language communication. This may include strengths and weaknesses identified in the most recent formative and summative evaluations.
				e. The results of the initial or most recent evaluation for the student were included.
				f. The IEP included a statement of <b>how the disability affects</b> :
				1. The student's involvement in appropriate activities <input type="checkbox"/> <b>N/A (for a preschool child only)</b>
				2. The student's pursuit of postsecondary expectations: employment, education, and independent living <b>for students 14 ½ and older only</b> <input type="checkbox"/> <b>N/A (for students not turning 14 ½ during IEP year)</b>
				3. The student's involvement and progress in the general education curriculum and the functional implications of the student's skills.

COMMENTS: If corrections are needed, specify the error(s)

IEP 4. Behavior Intervention Plan					<input type="checkbox"/> N/A
LEA		ISBE		Authority: 34 CFR 300.324(a)(2)(i); 23 IAC 226.230(b); 105 ILCS 5/14 8.02(b)	
Response		Response		Response Criteria: The IEP of a student who requires a Behavior Intervention Plan includes all required components.	
Y	N	Y	N		
				a. Documentation of the summary of findings of the Functional Behavioral Assessment (FBA) is included.	
				b. Documentation of the summary of prior, current, and planned interventions to be used, including those aimed at developing or strengthening alternative or more appropriate behaviors is included.	
				c. Measurable behavior changes expected, method of evaluation, and a schedule to review the interventions' effectiveness is documented.	
				d. Provisions for communicating with the parents about their child's behavior and coordinating school based and home based support services program services.	
				e. Documentation of parental consent if the FBA was completed apart from an evaluation. <input type="checkbox"/> N/A if FBA was completed with evaluation.	
COMMENTS: If corrections are needed, specify the error(s)					

IEP 5. Annual Goals and Short term Objectives/Benchmarks					
LEA		ISBE		Authority: 34 CFR 300.320(a)(2); 34 CFR 300.324(b)(1)(ii)(A); 23 IAC 226.230(a)(1)	
Response		Response		Response Criteria: The measurable annual goals and short term objectives/benchmarks are designed to meet each of the student's educational needs, that result from the student's disability, to enable the child to be involved in and make progress in the general education curriculum.	
Y	N	Y	N		
				a. The method of reporting a student's progress on annual goals (IEP review/revision, progress reports, parent conferences, or other) was documented quarterly or in accordance with the grading periods for non IEP students.	
				b. Results of the most recent state, district wide and/or classroom assessments relevant to the goals were documented.	
				c. Annual goals and short-term objectives/benchmarks reflect consideration of the Illinois Learning Standards and/or Essential Elements.	
				d. Goals were specific, observable, measurable, and included evaluation criteria. (Measurable goals include criterion, condition, behavior, and timeline)	
				e. Short-term objectives were specific, observable, measurable and included evaluation criteria. (Measurable short-term objectives include criterion, condition, behavior, and timeline)	
				f. The IEP addressed any sustained lack of progress on goals and benchmarks. <input type="checkbox"/> N/A if IEP was an initial IEP	
COMMENTS: If corrections are needed, specify the error(s)					

IEP 6. Consideration of Special Factors				
LEA		ISBE		Authority: 34 CFR 300.324(a)(2)
Response		Response		Response Criteria: The IEP documented the consideration of assistive technology, (AT); English learner status/language needs; communication needs; support for blind/visually impaired (including the provision of braille instruction); positive behavioral interventions and supports, and other strategies to address behaviors that impedes the learning of the student or others.
Y	N	Y	N	
				a. Each consideration of special factors was identified as “yes,” or “no”.
				b. Any consideration identified as “yes” contained a statement of supports needed or all considerations were identified as “no”.
COMMENTS: If corrections are needed, specify the error(s)				

IEP 7. Linguistic Accommodations (including Deaf, Hard of Hearing, Blind, and Deaf-Blind Accommodations). <input type="checkbox"/> N/A Proceed to the next section				
LEA		ISBE		Authority: 34 CFR 300.324(a)(2); 23 IAC 226.140; 23 IAC226.230(a)(3)
Response		Response		Response Criteria: If the IEP documented that the student has linguistic or cultural needs, accommodations should be provided for the provision of special education and related services in a language or mode of communication other than, or in addition to, English.
Y	N	Y	N	
				a. Accommodations to meet linguistic and/or cultural needs were identified as needed and a statement of accommodations was included in the IEP;
				b. The IEP stated that the student would be provided special education and related services in a language or mode of communication other than, or in addition to, English and a statement of accommodations was included in the IEP.
				c. Deaf, Hard of Hearing, and Deaf-Blind only: <input type="checkbox"/> N/A Proceed to the next section
				1. Language and communication needs were identified.
				2. Opportunities for direct communication/interaction with peers/staff in student’s language/communication mode were documented.
				3. There was identification of the student’s mode of communication that was accessible in instruction, school services, and extracurriculars.
COMMENTS: If corrections are needed, specify the error(s)				

IEP 8. Supplementary Aids, Accommodations, and Modifications				
LEA		ISBE		Authority: 34 CFR 300.320(a)(4)
Response		Response		Response Criteria: The IEP contained a statement of the supplementary aids, accommodations, and program modifications that will be provided to enable the student to advance appropriately toward attaining annual goal, be involved in and make progress in the general education curriculum and be educated and participate with other students (with and without disabilities).
Y	N	Y	N	
				Supplementary aids, accommodations, and/or program modifications were needed and listed on the IEP, or there was a statement indicating that supplementary aids, accommodations, and/or program modifications were not needed.
COMMENTS: If corrections are needed, specify the error(s)				

IEP 9. Supports for School Personnel and Parent Training				
LEA		ISBE		Authority: 34 CFR 300.34c(8)(iii); 34 CFR 300.320(a)(4)
Response		Response		Response Criteria: A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child to advance appropriately toward attaining the annual goals; to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other children with disabilities and nondisabled children.
Y	N	Y	N	
				a. Program supports for school personnel were needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum for age and grade, and be educated and participate with other students in educational activities. <b>If the answer is no, please proceed to part C.</b>
				b. <b>If the answer to the above was yes</b> , a statement was made that supports for school personnel were needed to implement the student's IEP with fidelity, and required supports were listed. (e.g, common planning time, training, equipment, etc.)
				c. Parent counseling and training services are needed to assist parents in understanding the special needs of their child, provide the parent with information about child development, and help parents acquire the necessary skills that will allow them to support the implementation of their child's IEP. <b>If the answer to the question above was yes</b> , the training was listed as a related service.
COMMENTS: If corrections are needed, specify the error(s)				

**IEP 10. Assessment Accommodations**

LEA		ISBE		Authority: 34 CFR 300.160(a); 34 CFR 300.320(a); 34 CFR 300.324(a)(2)(ii)
Response		Response		Response Criteria: A State must ensure that all children with disabilities are included in all general State and district-wide assessment programs, including assessments described under section 1111 of the ESEA, <a href="#">20U.S.C. 6311</a> , with appropriate accommodations and alternate assessments, if necessary, as indicated in their respective IEPs.
Y	N	Y	N	
				For <b>all assessments</b> in which the student will participate with accessibility features and/or accommodations, the accessibility features and/or accommodations were listed, described, and documented. (e.g., classroom based, district wide and/or state assessments if applicable)
COMMENTS: If corrections are needed, specify the error(s)				

**IEP 11. Participation In General Education Classes and Special Education Classes/Services**

LEA		ISBE		Authority: 34 CFR 300.320(a)(7)
Response		Response		Response Criteria: The term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with §§ <a href="#">300.320</a> through <a href="#">300.324</a> , and that must include—The projected date for the beginning of the services and modifications described in paragraph (a)(4) of this section, and the anticipated frequency, location, and duration of those services and modifications.
Y	N	Y	N	
				The IEP included the projected date for the beginning of the special education and related services and the anticipated frequency, location, and duration of those services.
				a. Initiation date was provided and began no later than 10 school days after the date of the IEP (unless IEP occurs less than 10 days prior to winter or summer break).
				b. Frequency and location were specified for all services listed.
				c. Duration was provided and did not continue past the expiration of the IEP.
COMMENTS: If corrections are needed, specify the error(s).				

**IEP 12. Educational Placement in Alignment with IEP**

LEA		ISBE		Authority: 34 CFR 300.116(b)(2); 34 CFR 300.324(a)(1); 105 ILCS 5/147.02
Response		Response		Response Criteria: When determining the educational placement of a student with a disability, the IEP team ensured that the information in the academic, developmental, and functional performance and educational services were aligned with the placement decision.
Y	N	Y	N	
				a. The student receives special education services (either inside or outside of the general education setting) in response to documented areas of need, and
				b. The student <b>does not</b> receive special education services (either inside or outside of the general education setting) where there were no documented areas of need.
				c. If the student might be eligible to receive services from the Illinois School for the Deaf, the Illinois School for the Visually Impaired, or the Illinois Center for Rehabilitation and Education-Roosevelt, the school district notified the parents, in writing, of the existence of these schools and the services they provide and made a reasonable effort to inform the parents of the existence of other, local schools that provide similar services and the services that these other schools provide. This notification shall include without limitation information on school services, school admissions criteria, and school contact information. <input type="checkbox"/> <b>N/A</b>
				d. For a student who is placed in an out of state special education residential facility, prior to the placement, the school district provided the student and/or the parent/guardian the option to consider a special education residential facility located within this state, if any, that provides treatment and services comparable to those provided by the out of state special education residential facility. <input type="checkbox"/> <b>N/A</b>

COMMENTS: If corrections are needed, specify the error(s)

IEP 13. Educational Environment Considerations				
LEA		ISBE		Authority: 34 CFR 300.114(a)(2); 34 CFR 300.117; 34 CFR 300.320(a)(5)
Response		Response		Response Criteria: To the maximum extent appropriate, all students with IEPs shall be educated and participate in extracurricular activities with students who are nondisabled.
Y	N	Y	N	
				a. The IEP contained an explanation of the extent, if any, to which the student <b>will not</b> participate with nondisabled students in the <b>general education curriculum</b> .
				b. The IEP contained an explanation of the extent, if any, to which the student <b>will not</b> participate with nondisabled students in <b>extracurricular</b> and <b>other nonacademic activities</b> .
				c. Special education classes, separate schooling, or removal from the regular education environment was documented as required due to the severity of the student's disability, which would affect that student's progress in the general education setting even with the use of supplementary aids and services.
COMMENTS: If corrections are needed, specify the error(s)				

IEP 14. Potential Harmful Effects				
LEA		ISBE		Authority: 34 CFR 300.116(d)
Response		Response		Response Criteria: In selecting the least restrictive environment (LRE), consideration was given to any potential harmful effects on the student or on the quality of services they need.
Y	N	Y	N	
				The consideration of potential harmful effects was documented for each placement considered.
COMMENTS: If corrections are needed, specify the error(s)				

IEP 15. Transportation				
LEA		ISBE		Authority: 34 CFR 300.34(c)(16); 34 CFR 300.107; 34 CFR 300.320(a)(7); 23 IAC 226.750(b)
Response		Response		Response Criteria: The team documented the consideration/provision of transportation services.
Y	N	Y	N	
				The IEP documented consideration of the student's need for transportation (travel to and from school and between schools, travel in and around school buildings, and/or with specialized equipment (such as special or adapted buses, lifts, and ramps).
COMMENTS: If corrections are needed, specify the error(s)				

IEP 16. Extended School Year				
LEA		ISBE		Authority: 34 CFR 300.106(a); 34 CFR 300.320(a)(7); 23 IAC 226.220(a)
Response		Response		Response Criteria: Each public agency must ensure that extended school year services are available as necessary to provide FAPE.
Y	N	Y	N	
				The IEP team documented the <b>consideration/provision</b> of extended school year services. <b>If ESY services were found to not be necessary, please proceed to section IEP 17.</b>
				If extended school year services were determined (via data review) to be needed by the student, the type, location, frequency/amount, initiation of services, duration, transportation, and number of goals of extended school year services were documented in the IEP.
COMMENTS: If corrections are needed, specify the error(s)				

<b>IEP 17. Autism Considerations</b>				<input type="checkbox"/> <b>N/A-Mark only if child does not have an autism spectrum disorder disability.</b>
<b>LEA</b>		<b>ISBE</b>		<b>Authority:</b> 23 IAC 226.220(c)
<b>Response</b>		<b>Response</b>		<b>Response Criteria:</b> The IEP documented autism considerations, for any student who has a disability on the autism spectrum.
<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	For students with a disability on the autism spectrum, the IEP team considered and documented that the student had needs in the following areas:
				a. Verbal and nonverbal communication needs.
				b. Social interaction skills and proficiencies.
				c. Needs resulting from unusual responses to sensory experience.
				d. Needs resulting from resistance to environmental change or change in daily routines.
				e. Needs resulting from engagement in repetitive activities and stereotyped movements.
				f. Needs for any positive behavioral interventions, strategies, and supports.
				g. Other needs that impact progress in general curriculum, including social and emotional development.
COMMENTS: If corrections are needed, specify the error(s)				

<b>IEP 18. POSTSECONDARY TRANSITION (FOR STUDENTS 14½ OR OLDER)</b>				<input type="checkbox"/> <b>N/A</b>
<b>1. Measurable Postsecondary Goals (for employment, education and/or training, and independent living)</b>				
<b>LEA</b>		<b>ISBE</b>		<b>Authority:</b> 34 CFR 300.320(b); 23 IAC 226.230(c)(1)
<b>Response</b>		<b>Response</b>		<b>Response Criteria:</b> Measurable post secondary outcomes/goals were created for after high school. <ul style="list-style-type: none"> <li>Goals that are measurable include objective words, such as "will" (not subjective words - "want," "wish," or "would like").</li> <li>It should be clear that the goals will be achieved after high school or aging out, and not an activity that the student is currently doing (e.g., job while in high school)</li> </ul>
<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	
				a. There area measured postsecondary outcomes/goals in the area of <b>employment</b> to occur after high school/aging out.
				b. There are measurable postsecondary outcomes/goals in the area of <b>education and /or training</b> to occur after high school/aging out.
				c. There are measurable postsecondary outcomes/goals in the area of <b>independent living</b> to occur after high school/aging out.
COMMENTS: If corrections are needed, specify the error(s)				

2. Postsecondary Goals Updated Annually in Conjunction with the Development of the Current IEP				
LEA		ISBE		Authority: 34 CFR 300.320(b); 23 IAC 226.230(c)(1)
Response		Response		Response Criteria: The postsecondary goals were addressed/updated in conjunction with the development of the current IEP.
Y	N	Y	N	
				a. The post secondary goals for <b>employment</b> were addressed/updated in conjunction with the development of the current IEP.
				b. The post secondary goals for <b>education and/or training</b> were addressed/updated in conjunction with the development of the current IEP.
				c. The post secondary goals for <b>independent living</b> were addressed/updated in conjunction with the development of the current IEP.
COMMENTS: If corrections are needed, specify the error(s)				

3. Age Appropriate Transition Assessments				
LEA		ISBE		Authority: 34 CFR 300.320(b); 23 IAC 226.230(c)(1)
Response		Response		Response Criteria: For each of the postsecondary goal areas, there is evidence that at least one age appropriate transition assessment was used to provide information on the student's needs, strengths, preferences, and interests regarding this postsecondary goal.
Y	N	Y	N	
				a. There was evidence that the measurable postsecondary outcomes/goals were based on age appropriate transition assessments conducted prior to the IEP meeting and addressed for <b>employment</b> .
				b. There was evidence that the measurable postsecondary outcomes/goals were based on age appropriate transition assessments conducted prior to the IEP meeting and addressed for <b>education and/or training</b> .
				c. There was evidence that the measurable postsecondary outcomes/goals were based on age appropriate transition assessments conducted prior to the IEP meeting and addressed for <b>independent living</b> .
COMMENTS: If corrections are needed, specify the error(s)				

4. Transition Services				
LEA		ISBE		Authority: 34 CFR 300.43(a); 34 CFR 300.320(b); 23 IAC 226.230(c); 105 ILCS 5/14 8.03(a 5)
Response		Response		Response Criteria: There are transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s). Transition services are a coordinated set of activities that are based on the students' strengths, needs, preferences, and interests.
Y	N	Y	N	
				a. There is at least one transition service that will occur during and/or after high school, including academic and functional activities, that addresses the <b>postsecondary employment goal</b> and facilitates movement from school to post school.
				b. There is at least one transition service that will occur during and/or after high school, including academic and functional activities, that addresses the <b>postsecondary education and/or training goal</b> and facilitates movement from school to post school.
				c. There is at least one transition service that will occur during and/or after high school, including academic and functional activities, that addresses the <b>postsecondary independent living goal</b> and facilitates movement from school to post school.
				d. Each person responsible for coordinating and delivering transition services was identified (identified position).
				e. The need for home based support services program through PUNS was addressed.
				f. There was evidence of consideration of the student's assistive technology needs related to secondary and postsecondary employment, education and training, and independent living, <b>AND</b> the availability and accessibility of appropriate technology devices and services post high school.
				g. The school provided the student and parent/guardian with information about secondary and postsecondary CTE opportunities, including a list of programming options, the scope and sequence of study, and their locations.
				h. The school provided the student and parent/guardian with information about dual credit courses offered by the district, including options for dual credit and high school credit only, as well as the criteria for enrollment in these courses.
				<ul style="list-style-type: none"> <li>For students enrolled in dual credit courses, the student's participation in the course was included as part of the student's transition IEP activities.</li> </ul>
COMMENTS: If corrections are needed, specify the error(s)				

5. Course of Study				
LEA		ISBE		Authority: 34 CFR 300.320(b)(2); 23 IAC 226.230(c)(2)
Response		Response		Response Criteria: A complete course of study that includes all years of high school, specific titles of courses and courses that ensure progress towards meeting the post-secondary goals is included in the transition plan.
Y	N	Y	N	
				The course of study addresses the student's current and remaining years in school and lists names of classes, rather than a statement of instructional program, that depicts a progression towards meeting the postsecondary goals.

COMMENTS: If corrections are needed, specify the error(s)

6. Annual Goals Related to Transition Service Needs				
LEA		ISBE		Authority: 34 CFR 300.320(b); 23 IAC 226.230(c)(1)
Response		Response		Response Criteria: Annual goals or short-term objectives are related to the student's transition service needs.
Y	N	Y	N	
				a. There is at least one annual goal or short-term objective related to the student's transition service needs in the area of <b>employment</b> .
				b. There is at least one annual goal or short-term objective related to the student's transition service needs in the area of <b>education and/or training</b> .
				c. There is at least one annual goal or short-term objective related to the student's transition service needs in the area of <b>independent living</b> .

COMMENTS: If corrections are needed, specify the error(s)

7. Student Participation in the IEP Meeting				
LEA		ISBE		Authority: 34 CFR 300.321(b)(1); 23 IAC 226.230(c)(1)
Response		Response		Response Criteria: There is evidence that the student was invited to the IEP meeting.
Y	N	Y	N	
				The student was listed on the Notification of Conference.
COMMENTS: If corrections are needed, specify the error(s)				

8. Outside Agencies				
LEA		ISBE		
Response		Response		Response Criteria: With parental consent, outside agencies that are responsible for transition services were invited to the IEP meeting.
Y	N	Y	N	
				a. It is too early to determine if the student will need outside agency involvement, OR no agency representation is needed at this time, OR the parent/age of majority student provided written refusal to invite an outside agency. <b>IF the answer is yes, skip b and c.</b>
				b. The transition services are listed in the transition plan that will be provided or paid by an outside agency AND there is evidence that the agency was listed on the Notification of Conference.
				c. Prior parental/age of majority consent was obtained before inviting an outside agency that will provide or pay for transition services.
COMMENTS: If corrections are needed, specify the error(s)				