

FY08 DUE PROCESS CHECKLIST

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

Student Record Information	Y	N	NA
C. Consideration of Special Factors			
Student's behavior impedes learning (BIP, goals)	<input type="checkbox"/>	<input type="checkbox"/>	
Limited English Proficiency (Language needs)	<input type="checkbox"/>	<input type="checkbox"/>	
Blind or visual impairment needs	<input type="checkbox"/>	<input type="checkbox"/>	
Communication needs	<input type="checkbox"/>	<input type="checkbox"/>	
Deaf/hard of hearing needs	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive technology devices or services	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative formats for instructional materials	<input type="checkbox"/>	<input type="checkbox"/>	
D. Measurable Annual Goals and Short-term Objectives/Benchmarks			
Relate to child's needs (identified in the present levels)	<input type="checkbox"/>	<input type="checkbox"/>	
Criteria for mastery and evaluation methods specified for <u>each</u> objective/benchmark	<input type="checkbox"/>	<input type="checkbox"/>	
A statement regarding when student progress on IEP goals will be reported to parent	<input type="checkbox"/>	<input type="checkbox"/>	
E. Student Supports			
Instructional accommodations	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom testing accommodations	<input type="checkbox"/>	<input type="checkbox"/>	
Supplemental aids and services	<input type="checkbox"/>	<input type="checkbox"/>	
Supports for school personnel	<input type="checkbox"/>	<input type="checkbox"/>	
F. Statewide and district-wide assessments determination			
Accommodations specific for each subtest and assessment	<input type="checkbox"/>	<input type="checkbox"/>	
-Relate to student's needs	<input type="checkbox"/>	<input type="checkbox"/>	
-Used as an instructional accommodation	<input type="checkbox"/>	<input type="checkbox"/>	
For GAA , statement of why the child cannot participate in the regular assessment	<input type="checkbox"/>	<input type="checkbox"/>	
G. Transition Services Plan			
By ninth grade or age 16, whichever comes first	<input type="checkbox"/>	<input type="checkbox"/>	
Student's needs, interests, and preferences considered (if student not in attendance, documentation of input)	<input type="checkbox"/>	<input type="checkbox"/>	
Course of study	<input type="checkbox"/>	<input type="checkbox"/>	
Age appropriate transition assessments (formal or informal)	<input type="checkbox"/>	<input type="checkbox"/>	
Measurable post-secondary goals and services in the following areas, as appropriate: (training or education, employment and, where appropriate, independent living skills)	<input type="checkbox"/>	<input type="checkbox"/>	
Measurable annual goals to meet post-secondary goals	<input type="checkbox"/>	<input type="checkbox"/>	
H. Transfer of all Due Process Rights to Student			
Notice at age 17	<input type="checkbox"/>	<input type="checkbox"/>	
I. Behavioral Intervention Plan (As needed)			
Target behaviors	<input type="checkbox"/>	<input type="checkbox"/>	
Positive behavioral intervention strategies and supports	<input type="checkbox"/>	<input type="checkbox"/>	
J. Special Education/Related Services			
Options considered, options selected	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency of services (Indicates either hours, minutes, segments per day, week, or month)	<input type="checkbox"/>	<input type="checkbox"/>	
Dates for initiation and duration of services (month/day/year)	<input type="checkbox"/>	<input type="checkbox"/>	
Location of services (special education or general education)	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
K. Extended School Year (Considered at least annually)			
If yes, goals and service information explained	<input type="checkbox"/>	<input type="checkbox"/>	
8. Prior Notice to Parent(s) (IEP/placement/proposed special education services)			
Parent(s) did not attend/all documents provided with reasonable notice prior to initiation of services	<input type="checkbox"/>	<input type="checkbox"/>	
9. Parent Rights			
Documentation rights are presented annually	<input type="checkbox"/>	<input type="checkbox"/>	
Date: __/__/__			