

<b>Special Education Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Special Transportation F/L/D and Initiation Date					
Frequency/Location/Duration of services (Current School Year)					
Frequency/Location/Duration of services (Current School Year)					
Narrative and Anticipated Services Chart match					
<b>Related Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Frequency/Location/Duration of services (Current School Year)					
Frequency/Location/Duration of services (Next School Year)					
Narrative and Anticipated Services Chart match					
<b>Accommodations/Modifications</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Frequency/Location/Duration and Initiation Date					
Checked type of State Assessment					
If Alternate is checked, participation statement completed					
Justification statement completed (2 <sup>nd</sup> box)					
<b>Supplementary Aids and Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Frequency/Location/Duration and Initiation Date					
Narrative and Anticipated Services Chart match					
<b>Supports for School Personnel</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Checked No Supports or Supports Considered					
Frequency/Location/Duration and Initiation Date					
Narrative and Anticipated Services match					
<b>Participation with Non-Disabled Peers</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Narrative of why child will not be participating with general education peers					
Explanation of what student is missing in the general education environment					
Potential Harmful Effects and Justification Statement					
<b>Extended School Year</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Considered					
If yes: Services listed or date to reconvene					
<b>Positive Behavioral and Support Intervention</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
For identified behavioral needs, documentation that the IEP team considered strategies, including positive behavioral interventions and supports to address specified behavior					
<b>Assistive Technology</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>
Frequency/Location/Duration and Initiation Date					
<b>Progress Reporting</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Reviewed</b>

Special Education Services	Yes	No	N/A	Comments	Reviewed
4 reporting periods					
Indicates whether the progress is sufficient to enable the student to meet their annual goal(s)					