**COMPLIANCE VERIFICATION FORM**

(Use this form to document initial evaluation and eligibility)

**Referral, Initial Evaluation and Eligibility Determination**

|  |  |  |  |
| --- | --- | --- | --- |
| **System** |  | **Date of Review** |  |
| **Student’s Name** |  | **Reviewer** |  |
| **Disability** |  | **Race** |  | **DOB** |  | **Age** |  | **Grade** |  |
| **COMMENTS** |  |
|  |
| **REFERRAL PROCESS**  |
| **DATE** | **REVIEW REQUIREMENTS** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | 1. *Record of Access to Student Records*.
 |  |  |  |  |
|  | 1. Complete *Referral for Evaluation* form including date Referral received.
 |  |  |  |  |
|  | 1. *Notice and Invitation to a Meeting/Consent for Agency Participation* -

Date Notice Sent: \_\_\_\_\_\_\_\_Purpose of meeting indicated: \_\_\_\_\_\_\_ Required participants invited: \_\_\_\_\_\_\_ Results of 1st attempt: \_\_\_\_\_\_\_ 2nd Attempt (date) \_\_\_\_\_\_\_  Action and Results: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  | 1. IEP Team decision checked.
 |  |  |  |  |
|  | 1. Date signed *Notice and Consent for Initial Evaluation* received – (60-day timeline begins upon receipt by the public agency).
 |  |  |  |  |
|  | 1. Date/Signatures of required IEP Team members – Referral.
 |  |  |  |  |
|  | 1. *Special Education Rights* (must be given when the student is initially referred, or parents request an evaluation).
 |  |  |  |  |
| **COMPLETE A DISABILITY AREA CHECKLIST FOR THE DISABILITY AREA(S) THE STUDENT HAS BEEN DETERMINED ELIGIBLE FOR IN ORDER TO RECEIVE SPECIAL EDUCATION SERVICES** |
| **ELIGIBILITY PROCESS**  |
| **DATE** | **REVIEW REQUIREMENTS**  | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | 1. *Notice and Invitation to a Meeting/Consent for Agency Participation* -

Date Notice Sent: \_\_\_\_\_\_\_\_Purpose of meeting indicated: \_\_\_\_\_\_\_ Required participants invited: \_\_\_\_\_\_\_Results of 1st attempt: \_\_\_\_\_\_\_ 2nd Attempt (date) \_\_\_\_\_\_\_ Action and Results: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  | 1. Copy of Eligibility Report to Parent
 |  |  |  |  |
|  | 1. Final completion date of all evaluations
 |  |  |  |  |
|  | 1. Timelines met?
 |  |  |  |  |
|  | 1. Written Agreement to Waive 60-day timeline
 |  |  |  |  |
|  | 1. Documentation that Lack of Appropriate Instruction in Math or Reading including the essential components of reading or the student’s Limited English Proficiency is not the determining factor in the decision (documentation must be included in the report). Box Checked Y \_\_ N \_\_ The Special Rule requirements are documented on eligibility report Y \_\_ N \_\_
 |  |  |  |  |
|  | 1. Documentation the student meets the AAC criteria for the suspected area of disability Y \_\_ N\_\_
 |  |  |  |  |
|  | 1. Documentation the disability has an adverse effect on educational performance Y \_\_ N \_\_
 |  |  |  |  |
|  | 1. Documentation the student needs specially designed instruction in order to access and participate in the general education curriculum Y \_\_ N\_\_
 |  |  |  |  |
|  | 1. Eligibility decision checked
 |  |  |  |  |
|  | 1. Date/Signatures of required IEP Team members – Eligibility

IEP Team \_\_\_ Eligibility Committee \_\_\_ |  |  |  |  |
|  | 1. Area of disability indicated
 |  |  |  |  |
|  | 1. Date signed *Notice and Consent for the Provision of Special Education Services*
 |  |  |  |  |
|  | 1. *Notice of Proposal or Refusal to Take Action* was sent/provided (if necessary)
 |  |  |  |  |
| **COMMENTS** |  |
|  |