

**SPED STANDARDS RECORD REVIEW**

For Program and Full Time Equivalence (FTE) Compliance

Date of Review: ___/___/___		Reviewer: _____	
School Name: _____		WL#: _____	Regional Ctr: _____
Student Name: _____		ID#: _____	
Grade: _____	Birth Date: ___/___/___	Eligibility: _____	

**Cumulative Folder Organization**

- |  |   |   |  |
|--|---|---|--|
| <b>1. One SPED folder is available for the student in the student's cumulative record folder.</b>  | Y | N |  |
| a. The left side of the SPED folder contains the IEP (with stapled Notification of Meeting form) and additional IEP forms, sequenced from oldest to newest (current on top). | Y | N |  |
| b. The Matrix of Services form is located behind the corresponding IEP (not stapled).  | Y | N |  |
| c. The right side of the SPED folder contains all initial documentation and subsequent CST-R/SST-R forms, sequenced from oldest to newest (current on top).                  | Y | N |  |

**Review of Current IEP**

- |   |   |   |     |
|---|---|---|-----|
| <b>2. There is a current IEP on the date of this review. IEP Date: ___/___/___</b>  | Y | N |     |
| a. A Notification of Meeting form was completed and a minimum of three staff members (LEA, Gen Ed and SPED teacher) were invited to attend. | Y | N | N/A |
| o A minimum of three staff members signed the IEP meeting.  | Y | N |     |
| b. The student, age 14 or above, was invited to attend.   | Y | N | N/A |
| o The student participated in the meeting.  | Y | N |     |
| c. The status reports on IEP goals were completed on the original forms.  | Y | N |     |
| d. A BIP was attached to the IEP, when required.  | Y | N |     |
| Date of FAB: ___/___/___ Date of BIP: ___/___/___   |   |   |     |
| e. The IEP goals are measurable ( <i>goals reflect BIP, if appropriate</i> ).   | Y | N | N/A |
| f. Insert D reflects participation in state/districtwide assessment, e.g., FCAT, SAT 10, or alternate assessment.                           | Y | N |     |
| g. A Notice of Proposal/Refusal form (FM-4877) is stapled to the corresponding IEP, when required.  | Y | N | N/A |

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

**Review of Current Matrix**

- |   |   |   |  |
|---|---|---|--|
| <b>3. There is a Current Matrix of Services form available for review.</b>  | Y | N |  |
| Date of Matrix: ___/___/___; Date(s) reviewed: ___/___/___; ___/___/___; ___/___/___  | Y | N |  |
| a. The Matrix Form is less than 3 years.  | Y | N |  |
| b. If the IEP changes did not lead to a change in the Matrix, and the Matrix is less than three years old, the Matrix review is documented with date and initials.              | Y | N |  |
| c. The Matrix is reviewed (date and initials) with any annual interim IEP and documented if it is less than 3 years old and IEP changes did not lead to a change on the Matrix. | Y | N |  |
| d. IEP program(s) eligibility and the Matrix "Areas of Eligibility" match.  | Y | N |  |
| e. Each Matrix check mark (✓) is linked to a service on the IEP.  | Y | N |  |
| f. There are no changes/cross outs on the Matrix form.  | Y | N |  |
| g. The domain ratings are added correctly, yield the correct cost factor, and include additional points as required under the "Special Consideration" section.                  | Y | N |  |

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

### Review of FTE IEP

<b>4. There was a current IEP during the last FTE survey (October or February).</b> IEP Date: ___/___/___	Y	N	
a. A Notification of Meeting form was completed and a minimum of three staff members (LEA, Gen Ed and SPED teacher) were invited to attend.	Y	N	
◦ A minimum of three staff members signed the IEP meeting.	Y	N	
b. The student, age 14 or above, was invited to attend.	Y	N	
◦ The student participated in the meeting.	Y	N	N/A
c. The status reports on IEP goals were completed on the original forms.	Y	N	N/A
d. A BIP was attached to the IEP, when required.	Y	N	N/A
Date of FAB: ___/___/___ Date of BIP: ___/___/___			
e. The IEP goals are measurable ( <i>goals reflect BIP, if appropriate</i> ).	Y	N	
f. Insert D reflects participation in state/districtwide assessment, e.g., FCAT, SAT 10, or alternate assessment.	Y	N	
g. A Notice of Proposal/Refusal form (FM-4877) is stapled to the corresponding IEP, when required.	Y	N	
<i>Comments:</i> _____			

### Review of FTE Matrix of Services

<b>5. There was a current Matrix form An FTE Matrix of Services form is available for review.</b> Date of Matrix: ___/___/___; Date(s) reviewed: ___/___/___; ___/___/___; ___/___/___	Y	N	
a. A new Matrix Form is completed at least every 3 years.	Y	N	
b. The Matrix is reviewed (date and initials) with any annual interim IEP and documented if it is less than 3 years old and IEP changes did not lead to a change on the Matrix.	Y	N	
c. The IEP program(s) eligibility and the Matrix "Areas of Eligibility" match.	Y	N	
d. Each Matrix check mark (✓) is linked to a service on the IEP.	Y	N	
e. There are no changes/cross outs on the Matrix form.	Y	N	
f. The domain ratings are added correctly, yield correct cost factor, and include additional points as required under the "Special Consideration" section.	Y	N	
<i>Comments:</i> _____			

### Review of Current ISIS Data Verification

<b>6. The data elements in ISIS match the corresponding documentation.</b>	Y	N	
a. The domain rating in ISIS PF17 matches the current Matrix. Domain Rating: _____ Cost Factor: _____	Y	N	
b. The FAB/BIP date is entered in ISIS ___/___/___ and matches the current FAB/BIP.	Y	N	
c. The Student Case Management in ISIS reflects the provision of counseling services.	Y	N	
d. The ISIS screens PF1, PF4, PF17, and PF18 match the IEP.	Y	N	
e. The reevaluation meetings are conducted in a timely manner and updated in PF16.	Y	N	
<i>Comments:</i> _____			

*Additional Comments:*