

**GEORGIA DEPARTMENT OF EDUCATION
DIVISION FOR SPECIAL EDUCATION SERVICES AND SUPPORTS**

DUE PROCESS CHECKLIST FOR STUDENT FOLDER REVIEW

Date: _____ LEA: _____ Reviewer(1): _____ Reviewer (2) _____

Student Last Name _____ First Name _____ Grade _____

IEP Meeting Date _____ IEP Amendment Date _____

Note: LEA receives "Y" if the data is present and meets compliance. LEA receives "N" if the data is missing or noncompliant and "N/A" if the question is not applicable.

		YES	NO	N/A
A.	ACCESS SHEET 34. C.F.R. 300.614			
1.	Name(s) of persons accessing student file			
2.	Date & Purpose for accessing file			
B.	PARENTAL CONSENT FOR EVALUATION 34 C.F.R. 300.300 34 C.F.R. 300.503, 34 C.F.R 300.504			
3.	Obtained from parent prior to evaluation			
4.	Areas to be evaluated listed on parent consent			
5.	Parent rights provided			
C.	Initial Evaluation 34. C.F.R. 300.301			
6.	Variety of assessment tools used to gather relevant data			
7.	Assessments selected to assess all needs of the student			
D.	Initial Eligibility 34.C.F.R. 300.306 34.C.F.R. 300.307; 34.C.F.R. 300.311			
8.	Evidence-based interventions & results (including SST) were included in eligibility report (only required for SLD).			
9.	Parent input included			
10.	Exclusionary factors considered			
E.	REEVALUATION PROCESS 34 C.F.R. 300.303, 34 C.F.R. 300.304 34 C.F.R. 300.305, 34 C.F.R. 300.306			
11.	Reevaluation process completed within 3-year timeframe			
F.	IEP ANNUAL REVIEW MEETING NOTIFICATION 34 C.F.R. 300.322			
12.	Includes the time, purpose and location of meeting			
13.	Required participants listed on notification			
G.	IEP ANNUAL REVIEW MEETING 34 C.F.R. 300.321			
14.	Required participants attend the IEP meeting			
15.	Proper excusal procedures followed			
H.	PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP) 34 C.F.R. 300.320, 34 C.F.R. 300.324			
16.	(PLAAFP) results of the initial and/or most recent evaluation included			
17.	Results of recent state and/ or district assessments included			
18.	Describes academic, developmental and/or functional strengths			
19.	Describes academic, developmental and/or functional needs			
20.	Describes how disability affects the student's involvement and progress in general education			
21.	Parental concerns regarding their student's education stated on the IEP			
I	CONSIDERATION OF SPECIAL FACTORS 34 C.F.R. 300.324			
22.	All special factors that may influence the student's ed. programs addressed			
23.	BIP includes target behavior and positive behavior interventions and supports			

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J.	TRANSITION SERVICES PLAN	34 C.F.R. 300.320, 34 C.F.R. 300.43			
24.	Postsecondary outcome goal for Employment				
25.	Postsecondary outcome goal for Education/Training				
26.	Postsecondary outcome goal for Independent Living (if appropriate)				
27.	Reflects steps to desired post-secondary outcomes				
28.	Postsecondary goals based on transition assessments				
29.	Transition services and/or activities to facilitate movement to postsecondary outcomes				
30.	Course of study to facilitate movement to post-school outcomes				
31.	Student invited to meeting				
32.	Agency representative invited, if applicable				
33.	Parent consent received prior to inviting agency representative, if applicable				
34.	Informed of the transfer of all due process rights to student at age 17				
35.	All due process rights transferred to the student at age 18				
K.	MEASURABLE ANNUAL GOALS AND/OR SHORT-TERM OBJECTIVES	34 C.F.R. 300.320			
36.	Goals and Objectives align with the needs section of the PLAAFP				
37.	Measurable goals to address areas of deficit are listed				
38.	Statement regarding when progress on goals is reported to parents				
L.	STUDENT SUPPORTS FOR ACADEMIC AND NONACADEMIC ACTIVITIES	34 C.F.R. 300.320			
39.	Instructional accommodations listed				
40.	Accommodations align with needs				
41.	Accommodations necessary for student to participate in classroom assessments				
42.	Statement of special ed. and related services & supplementary aids and services				
43.	Supports for school personnel included				
M.	PARTICIPATION IN ASSESSMENTS/ACCOMMODATIONS	34 C.F.R. 300.320			
44.	Accommodations listed by subtest for district and state assessments (EOC and EOG)				
N.	SPECIAL EDUCATION/RELATED SERVICES	34 C.F.R. 300.116, 34 C.F.R. 300.320			
45.	Considered placement options for the student				
46.	Selected options of services for the student				
47.	Explanation of extent not participating with peers w/o disabilities				
O.	EXTENDED SCHOOL YEAR	34 C.F.R. 300.106			
48.	Extended School Year (ESY) services addressed and considered				
P.	PARENTAL CONSENT FOR SERVICES	34 C.F.R. 300.300			
49.	Parental consent for special education and related services				
			YES	NO	N/A

COMMENTS: