

OSES IEP Implementation Review Form

OSES Reviewer*

Student Name*

Excent (Local) ID #*

State ID #*

School*

DOB*

Date of IEP*

Type of IEP*

Date of on-site visit*

1. Is there evidence that the LEA is providing specialized instruction and related services as delineated in the student's IEP?*

- Yes
 No

If no, what is not being provided in accordance with the IEP?

- Specialized instruction Occupational therapy Physical therapy Speech and language therapy Transportation Counseling Supplementary aids and services
 Other:

Comments



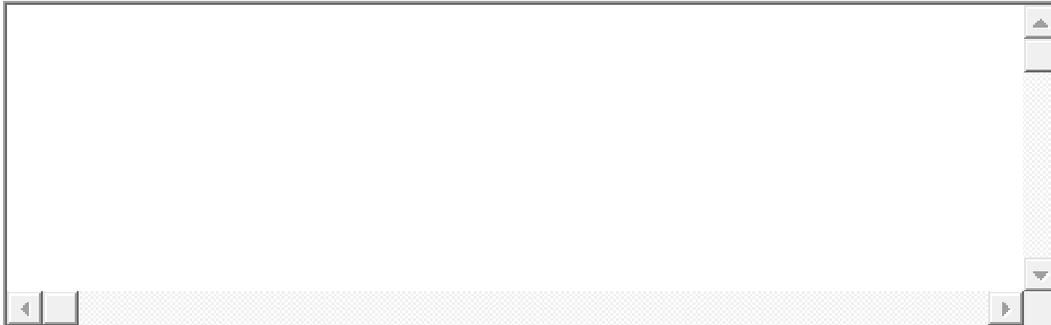
2. Is the LEA providing appropriate reports to parents on the student's progress towards meeting IEP goals with the frequency set forth in the IEP?*

- Yes
- No

If no, what is the deficiency with respect to the progress reports?

- Not provided with frequency in IEP
- No evidence that report sent to parent
- Report does not address all IEP goals
- Report does not provide sufficient progress information
- Other:

Comments



3. Is the student participating in educational activities with non-disabled peers for the amount of time designated in the IEP?*

- Yes
- No

Comments

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4. Is there evidence that the student's teachers received notice of, and have a system in place to implement, the accommodations listed on the IEP?*

- Yes
- No
- Not Applicable

Comments

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5. Is there evidence that the school site administrators and the student's teachers are familiar with, and are prepared to utilize when necessary, the student's behavioral intervention plan (BIP)?*

- Yes
- No
- Not Applicable

Comments

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Corrective Actions

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