Charter School Corrective Action Verification/Compliance and Improvement Plan - Bureau of Special Education

This form is designed to serve both as a planning tool and as verification of completion of corrective action.

Charter School: **Center for Student Learning CS at Pennsbury**

Chief Executive Officer: **Dr. Charles Bonner**

Special Education Director/Coordinator: **Christen Cartolaro**

BSE Special Education Adviser: **Jill Condo**

Date of Report: **June 17, 2025**

Date Final Report Sent to LEA: **July 25, 2024**

Reminder: The timelines for corrective action of all non-compliance items may not exceed ONE YEAR from the Date Final Report Sent to LEA

First Visit Date: **August 06, 2024**

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						Topical Area 1: Policies, Practices, and Procedures			
Y						1. **FSA-ASSISTIVE TECHNOLOGY AND SERVICES** **Standard:** The Local Education Agency (LEA) observed the requirement that the provision of assistive technology is reflected in the student's IEP			
Y						1A. **FSA-HEARING AIDS** **Standard:** Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. Each public agency must ensure that the external components of surgically implanted medical devices are functioning properly			
Y						2. **FSA-POSITIVE BEHAVIOR SUPPORT** **Standard:** LEA complies with the positive behavior support policy requirements.			
Y						3. **FSA-CHILD FIND** **Standard:** LEA demonstrates compliance with annual public notice requirements.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						4. **FSA-CONFIDENTIALITY** **Standard** The LEA is in compliance with confidentiality requirements.			
		X				5. **FSA-DISPUTE RESOLUTION (DUE PROCESS HEARING DECISION IMPLEMENTATION)** **Standard:** The LEA uses dispute resolution processes for program improvement.			
		X				8. **FSA-PROCEDURAL REQUIREMENTS FOR SUSPENSION** **Standard:** The LEA adheres to procedural requirements in suspending students with disabilities.			
Y						10. **FSA-INDEPENDENT EDUCATIONAL EVALUATION** **Standard:** The LEA documents a procedure for responding to requests made by parents for an independent educational evaluation at public expense.			
Y						11A. **FSA-LEAST RESTRICTIVE ENVIRONMENT** **Standard:** The LEA's continuum of special education services supports the availability of LRE under 34 CFR Part 300.			
	N					12. **FSA-EXTENDED SCHOOL YEAR SERVICES**	The LEA will develop written procedures to ensure that the required information pertaining to Extended School Year (ESY) is included in students' IEPs, and that the timelines for ESY determinations are followed. The LEA will submit a copy of the procedures to the BSE adviser. The BSE adviser will conduct a review of files to verify that the new procedures have resulted in compliance.	07/25/2025 LEA IU PaTTAN BSE Adviser	06/12/2025
Y						13. **FSA-RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING**			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
Y						15. **FSA-PARENT TRAINING** **Standard:** Parent opportunities for training and information sharing address the special knowledge, skills and abilities needed to serve the unique needs of children with disabilities.			
						INTERVIEW RESULTS (Parent)			
						P 62. My school district/charter school makes available training related to the needs of students with disabilities that I could attend.			
					6	Always			
					2	Sometimes			
					0	Rarely			
					0	Never			
					2	Don't Know			
					0	Does not Apply			
						P 63. My school district/charter school invites parents to trainings that are available to school staff regarding research based best practices, supplementary aids and services, differentiating instruction and modifying the general education curriculum.			
					4	Always			
					1	Sometimes			
					0	Rarely			
					2	Never			
					2	Don't Know			
					1	Does not Apply			
Y						18. **FSA-SURROGATE PARENTS (STUDENTS REQUIRING)** **Standard:** The LEA identifies eligible students in need of surrogate parents and recruits, selects, trains, and assigns in a timely manner.			
Y						19. **FSA-PERSONNEL TRAINING** **Standard:** In-service training appropriately and adequately prepares and trains personnel to address the special knowledge, skills, and abilities to serve the unique needs of children with disabilities, including those with low incidence disabilities, when applicable.			
						INTERVIEW RESULTS (General & Special Education Teacher)			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				GE 88.	Do you receive training regarding how to differentiate instruction and modify the curriculum in your classroom?			
10	0	0				GE 89.	Do you receive training regarding how to provide positive behavior supports for students with negative behaviors?			
10	0	0				GE 90.	If you have a student with a behavioral need, have you been trained how to deescalate negative and aggressive student behavior?			
9	1	0				GE 91.	Do you participate in determining the kinds of training and technical assistance needed to support students with IEPs in regular education classrooms?			
7	2	1				GE 94.	If a student has AT included in his/her current IEP, have you received training in AT, and accessing AT resources?			
10	0	0				SE 124.	Do you collaborate with general education teachers and administrators to recommend training needs for personnel within the LEA?			
Y						20.	**FSA-INTENSIVE INTERAGENCY APPROACH** **Standard:** The LEA identifies, reports, and provides for the provision of Free Appropriate Public Education (FAPE) for all students with disabilities including those students needing intensive interagency approaches.			
Y						21.	**FSA-SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE/PROCEDURAL SAFEGUARD REQUIREMENTS FOR GRADUATION** **Standard:** The LEA provides Summary of Academic Achievement and Functional Performance for children whose eligibility terminates due to graduation or aging out. The LEA provides required prior written notice for graduation			
Y						21A.	**TRANSITION REQUIREMENTS** **Standard:** The LEA complies with requirements for transition planning for students.			
						Topical Area 2: Delivery of Service				

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
	N					17. **FSA-PUBLIC SCHOOL ENROLLMENT** **Standard:** The LEA's percentage of children with disabilities served in special education is comparable to state data.	The LEA will submit an improvement plan to address identification rates of students with disabilities. The IEP will include analysis of building level data, patterns and trends. The LEA will submit the improvement plan to the BSE adviser by 1/21/2025	07/25/2025 LEA IU PaTTAN BSE Adviser	01/15/2025
Y						17A. **FSA-PUBLIC SCHOOL ENROLLMENT**			
Y						17B. **FSA-PUBLIC SCHOOL ENROLLMENT** **Standard:** Timely provision of FAPE for students who transfer public agencies within state, and from another state.			
Y						22. **FSA-DISPROPORTIONATE REPRESENTATION THAT IS THE RESULT OF INAPPROPRIATE IDENTIFICATION** **Standard:** LEA does not demonstrate disproportionate representation of racial/ethnic groups receiving special education or by disability group.			
Y						23. **FSA-EDUCATIONAL BENEFIT REVIEW** **Standard:** The IEP meets procedural compliance and is reasonably calculated to enable the child to advance appropriately toward attaining their annual goals.			
						CLASSROOM OBSERVATIONS			
6	0	0		2		CO 1. Is the instruction provided to the student individualized as required by his/her IEP?			
5	0	0		3		CO 2. Is the instruction being provided in accordance with the goals in the student's IEP?			
0	0	8		0		CO 3. If assistive technology is included in the student's IEP and required for the activity observed, is it being used?			
7	0	0		1		CO 4. If the student is in a regular education setting, is he/she participating in the lesson taught by the general education teacher or a co-teacher?			
8	0	0		0		CO 5. If the student is in a regular education setting, is the student appropriately integrated (physically) in the class?			
3	0	3		2		CO 6. If the student's IEP contains supplementary aids and/or services, are they being delivered in the classroom setting as required?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	0	0		0		CO 7. Does this setting coincide with the student's IEP with regard to the extent to which the student is educated with non-disabled peers?			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
						P 55. My child does classroom work in a regular classroom with students without disabilities.			
					9	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					1	Don't Know			
					0	Does not Apply			
						P 56. My child participates or has the opportunity to participate in school activities other than classroom work, including extra-curricular activities, with students without disabilities.			
					9	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					1	Don't Know			
					0	Does not Apply			
						P 56a. My child goes on field trips, attends school functions and/or participates in extracurricular activities with their same age/grade peers who are non-disabled.			
					9	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					1	Don't Know			
					0	Does not Apply			
						P 56b. There are routine opportunities for my child to interact with peers who are non-disabled that are planned and/or facilitated by school personnel.			
					9	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					1	Don't Know			
					0	Does not Apply			
10	0	0				GE 70. Are you familiar with the content of this student's current IEP, including accommodations, supplementary aids and services, and annual goals?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				GE 71. Do you adapt and modify the general education curriculum based on the student's current IEP?			
10	0	0				GE 72. Do you have support from special education personnel to help you modify curriculum, instruction and assessment as required in the student's current IEP?			
10	0	0				GE 73. Are you and the special education personnel working collaboratively to implement this student's program?			
9	0	1				GE 78. Are all the supplementary aids and services necessary for the student's progress in the general education class included in his/her current IEP?			
10	0	0				GE 80. Is the student making progress within the general education curriculum?			
10	0	0				GE 80a. In your opinion, is this student benefiting from participation in your general education classroom?			
0	0	0				GE 80b. If yes, in what ways? Small group size allows for collaboration with peers. Has improved. Progress in social skills in relation to staff. Reaching social skills goals. Improved socialization skills, benefits from listening to peers. Good participation, follows directions more independent, very interested in certain class. Benefits from organization modifications while excelling in curriculum. Making progress socially and academically. Student has gotten better at accepting criticism and working with in groups. Has improved in the areas of reading comprehension, expression of self and confident. Is excelling in comprehension. Self esteem is rising. Confidence improved. Class participation increased. General education curriculum, social with peers. Interactions with peers has improved communication skills.			
0	0	10				GE 80c. If no, what does this student need that he/she is not receiving in your class?			
10	0	0				GE 85. Do you have sufficient time to collaborate with the special education teacher in order to meet this student's needs?			
10	0	0				GE 85a. Have you received sufficient training, technical assistance and other support to teach this student?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				GE 85b. If no, what training or support would assist you?			
10	0	0				GE 93. Do special education personnel work directly with you to help you reduce negative student behaviors?			
10	0	0				SE 95. Is this student participating in the general education class and curriculum with students without disabilities to the maximum extent possible?			
6	0	4				SE 95a. In the most recent IEP meeting for this student, did you discuss whether he/she could be educated in a general education classroom for the entire school day?			
2	4	4				SE 95b. In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	8				SE 95c. If yes, what reasons were discussed for recommending removal? Based on need. Based on need.			
0	0	8				SE 95d. If yes, how was the amount of time that this student would be removed from the general education classroom decided? Determined on an as needed basis. Determined on an as needed basis.			
6	0	4				SE 95e. In the most recent IEP meeting, did the IEP team discuss whether this student could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
10	0	0				SE 96. Has the student been given the opportunity to participate in non-academic and extracurricular activities with children without disabilities?			
10	0	0				SE 97. Have necessary supports been offered and/or provided to enable that participation?			
5	0	5				SE 99. Are you and related services personnel working together toward meeting the measurable annual goals for this student?			
10	0	0				SE 100. Are you and general education personnel working together toward meeting the measurable annual goals for this student?			
9	0	1				SE 115. Did the IEP team have available information regarding use of the Supplementary Aids and Services ToolKit?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	1	0				SE 125. Do you collaborate with general education teachers to identify training needs related to the provision of supplementary aids and services to students with IEPs in the general education classroom?			
						Topical Area 3: Performance Indicators			
		X				5A. **FSA-EFFECTIVE USE OF DISPUTE RESOLUTION** **Standard:** The LEA uses dispute resolution processes for program improvement.			
	N					6. **FSA-GRADUATION RATES (SPP)** **Standard:** The graduation rate of the LEA's students with disabilities is comparable to the state graduation rate.	The LEA will develop a plan to improve graduation rates. The LEA will submit the improvement plan to the BSE adviser by 1/21/2025	07/25/2025 LEA IU PaTTAN BSE Adviser	01/15/2025
	N					7. **FSA-DROPOUT RATES (SPP)** **Standard:** The dropout rate of the LEA's students with disabilities is comparable to the state dropout rate.	The LEA will develop a plan to improve dropout rates. The LEA will submit the improvement plan to the BSE adviser by 1/21/2025	07/25/2025 LEA IU PaTTAN BSE Adviser	01/15/2025
	N					8A. **FSA-SUSPENSION RATES** **Standard:** The LEA's rate of suspensions and expulsions of students with disabilities is comparable to the rate of other LEAs in the state.	The LEA will develop a plan to decrease suspensions/expulsions of students with disabilities. The LEA will submit the improvement plan to the BSE adviser by 1/21/2025	07/25/2025 LEA IU PaTTAN BSE Adviser	01/15/2025
Y						11. **FSA-LEAST RESTRICTIVE ENVIRONMENT (SPP)** **Standard:** Students with disabilities are provided for in the least restrictive environment			
	N					16. **FSA-PARTICIPATION IN PSSA AND PASA (SPP)** **Standard:** The LEA's population of students who participate in state assessment is comparable with the state data.	The School Improvement Plan fulfills this requirement.	07/25/2025 LEA IU PaTTAN BSE Adviser	08/06/2024
Y						16A. **FSA-LOCAL ASSESSMENT**			
						Topical Area 4: Evaluation and Reevaluation Process and Content			
						CONSENT AND WAIVER REQUIREMENTS FOR EVALUATION/REEVALUATION			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						PERMISSION TO EVALUATE (File Reviews)			
0	0	10				FR 153. PTE-Consent Form is present in the student file			
0	0	10				FR 154. Demographic data			
0	0	10				FR 155. Reason(s) for referral for evaluation			
0	0	10				FR 156. Proposed types of tests and assessments			
0	0	10				FR 157. Contact person's name and contact information			
0	0	10				FR 158. Parent signature or documentation of reasonable efforts to obtain consent			
0	0	10				FR 159. Parent has selected a consent option			
						PERMISSION TO REEVALUATE (File Reviews)			
1	0	9				FR 194. PTRE-Consent Form is present in the student file			
1	0	9				FR 195. Demographic data			
1	0	9				FR 196. Reason for reevaluation			
1	0	9				FR 197. Types of assessment tools, tests and procedures to be used			
1	0	9				FR 198. Contact person's name and contact information			
1	0	9				FR 199. Parent has selected a consent option			
1	0	9				FR 200. Parent signature or documentation of reasonable efforts to obtain consent			
						AGREEMENT TO WAIVE REEVALUATION (File Reviews)			
0	0	10				FR 201. Agreement to Waive Reevaluation is present in the student file			
0	0	10				FR 202. Waiver was completed within required timelines (3 years (2 years for any ID student or any student placed in an Approved Private School) from date of ER, prior RR, or Agreement to Waive RR)			
0	0	10				FR 203. Reason reevaluation is not necessary at this time is included			
0	0	10				FR 204. Contact person's name and contact information			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 205. Parent has selected a consent option			
0	0	10				FR 206. Parent signature			
						EVALUATION REPORT (INITIAL) (File Reviews)			
0	0	10				FR 160. ER is present in the student file			
0	0	10				FR 161. Evaluation was completed within timelines			
0	0	10				FR 162. A copy of the ER was disseminated to parents at least 10 school days prior to meeting of the IEP team (unless this requirement is waived by parent in writing)			
0	0	10				FR 163. Demographic data			
0	0	10				FR 164. Date report was provided to parent			
0	0	10				FR 165. Reason(s) for referral			
0	0	10				FR 166. Reason(s) for referral reflect the reason(s) listed on the PTE-Consent Form			
0	0	10				FR 167. Evaluations and information provided by the parents of the student (or documentation of LEA's attempts to obtain parent input)			
0	0	10				FR 168. Teacher observations and observations by related service providers, when appropriate			
0	0	10				FR 169. Recommendations by teachers			
0	0	10				FR 170. The student's physical condition (including health, vision, hearing); social or cultural background; and adaptive behavior relevant to the student's suspected disability and potential need for special education			
0	0	10				FR 171. Assessments, including when appropriate, current classroom based assessments, aptitude and achievement tests; local and/or state assessments; behavioral assessments; vocational technical education assessment results; interests, preferences, aptitudes (for secondary transition); etc.			
0	0	10				FR 172. If an assessment is not conducted under standard conditions, description of the extent to which it varied from standard conditions (including if the assessment was given in the student's native language or other mode of communication)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 173. Lack of appropriate instruction in reading			
0	0	10				FR 174. Lack of appropriate instruction in math			
0	0	10				FR 175. Limited English proficiency			
0	0	10				FR 176. Present levels of academic achievement			
0	0	10				FR 177. Present levels of functional performance			
0	0	10				FR 178. Behavioral information			
0	0	10				FR 179. Conclusions			
0	0	10				FR 180. Disability Category			
0	0	10				FR 181. Recommendations for consideration by the IEP team			
0	0	10				FR 182. Evaluation Team Participants documented			
0	0	10				FR 183. For students evaluated for SLD documentation of Agree/Disagree			
0	0	10				FR 184. Documentation that the student does not achieve adequately for age, etc.			
0	0	10				FR 185. Indication of process(es) used to determine eligibility			
0	0	10				FR 186. Instructional strategies used and student-centered data collected			
0	0	10				FR 187. Educationally relevant medical findings, if any			
0	0	10				FR 188. Effects of the student's environment, culture, or economic background			
0	0	10				FR 189. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
0	0	10				FR 190. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
0	0	10				FR 191. Observation in the student's learning environment			
0	0	10				FR 192. Other data if needed			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 193. Statement for all 6 items indicated to support conclusions of the evaluation team			
						REEVALUATION REPORT (File Reviews)			
10	0	0				FR 207. RR is present in the student file			
10	0	0				FR 208. Reevaluation was completed within timelines (either 60 calendar days from the date of LEA receipt of signed PTRE-Consent Form, excluding summer break, or within 3 years (2 years for any ID student or any student placed in an Approved Private School) of date of ER, prior RR, or Agreement to Waive RR)			
10	0	0				FR 209. A copy of the RR was disseminated to parents at least 10 school days prior to the meeting of the IEP team (unless this requirement was waived by a parent in writing)			
10	0	0				FR 210. Demographic data			
10	0	0				FR 211. Date IEP team reviewed existing evaluation data			
10	0	0				FR 212. Physical condition, social, or cultural background and adaptive behavior relevant to the student's need for special education			
10	0	0				FR 213. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parent input)			
10	0	0				FR 214. Aptitude and achievement tests			
10	0	0				FR 215. Current classroom based assessments and local and/or state assessments			
10	0	0				FR 216. Observations by teacher(s) and related service provider(s) when appropriate			
10	0	0				FR 217. Teacher recommendations			
10	0	0				FR 218. Lack of appropriate instruction in reading			
10	0	0				FR 219. Lack of appropriate instruction in math			
10	0	0				FR 220. Limited English proficiency			
10	0	0				FR 221. Conclusion regarding need for additional data is indicated			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	1				FR 222. Reasons additional data are not needed are included			
10	0	0				FR 223. Determination whether the child has a disability and requires special education			
10	0	0				FR 224. Disability category(ies)			
10	0	0				FR 225. Summary of findings includes student's educational strengths and needs			
10	0	0				FR 226. Summary of findings includes present levels of academic achievement and related developmental needs, including transition needs as appropriate			
10	0	0				FR 227. Summary of findings includes recommendations for consideration by the IEP team regarding additions or modifications to the student's programs			
1	0	9				FR 228. Interpretation of additional data			
1	0	9				FR 229. Documentation that the student does not achieve adequately for age, etc.			
1	0	9				FR 230. Indication of process(es) used to determine eligibility			
1	0	9				FR 231. Instructional strategies used and student-centered data collected			
1	0	9				FR 232. Educationally relevant medical findings, if any			
1	0	9				FR 233. Effects of the student's environment, culture, or economic background			
1	0	9				FR 234. Data demonstrating that regular education instruction was delivered by qualified personnel, including the ESL program, if applicable			
1	0	9				FR 235. Data based documentation of repeated assessments of achievement at reasonable intervals, which was provided to parents			
1	0	9				FR 236. Observation in the student's learning environment			
1	0	9				FR 237. Other data if needed			
1	0	9				FR 238. Statement for all 6 items			
10	0	0				FR 239. Documentation of Evaluation Team Participants			
5	0	5				FR 240. Documentation that team members Agree/Disagree			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
9	0	0	1			P 24. Have you been asked to provide information for your child's evaluation/reevaluation?			
9	0	1	0			P 25. Were you given the opportunity to provide this information in writing or in another way that worked for you?			
9	0	1	0			P 26. Was the information you provided to the school for your child's evaluation considered in your child's Evaluation Report?			
0	0	10	0			P 27. If your child was not reevaluated when required (every 2 years for children with intellectual disability (consent retardation), or any child placed in an Approved Private School, and every 3 years for children with other disabilities) did you agree in writing to waive the reevaluation?			
0	9	0	1			P 51. Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?			
0	0	10	0			P 52. If you have obtained an IEE for your child, were the results of that evaluation considered by the team?			
0	0	10	0			P 53. Were the results of the IEE included in the school's Evaluation Report for your child?			
0	0	10				SE 119. If this student is not making progress, has he/she been reevaluated and/or has the IEP been reviewed?			
						Topical Area 5: IEP Process and Content			
						INVITATION TO PARTICIPATE IN IEP TEAM OR OTHER MEETING (File Reviews)			
10	0	0				FR 241. Invitation is present in the student file			
10	0	0				FR 242. Invitation to Participate in the IEP Meeting was issued prior to the meeting (or documentation that parent signed waiver to move directly to IEP meeting)			
10	0	0				FR 243. Demographic data			
10	0	0				FR 244. Purpose(s) of the meeting			
9	0	1				FR 245. Transition planning and services – Invitation to parents is checked (age 14, younger if determined appropriate)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	0	3				FR 246. Transition planning and services - if appropriate, evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student			
9	0	1				FR 247. Transition planning and services – Invitation to student is checked (age 14, or younger if determined appropriate)			
10	0	0				FR 248. Invited IEP team members			
10	0	0				FR 249. Date/time/location of meeting			
10	0	0				FR 250. Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation			
						PARENT CONSENT TO EXCUSE MEMBERS FROM ATTENDING IEP TEAM MEETING (File Reviews)			
0	0	10				FR 251. Parent Consent to Excuse Members from Attending the IEP Team Meeting is present in the student file			
0	0	10				FR 252. Demographic data			
0	0	10				FR 253. Form designates required IEP team member(s) for whom attendance is not necessary			
0	0	10				FR 254. Form designates which members will submit written input prior to the meeting			
0	0	10				FR 255. Parent written consent is documented			
						FR 256. The team members excused:			
					0	a. General Education Teacher			
					0	b. Special Education Teacher			
					0	c. Local Education Agency Representative			
						IEP CONTENT (File Reviews)			
10	0	0				FR 257. IEP is present in the student file			
10	0	0				FR 258. IEP was completed within timelines			
10	0	0				FR 259. Demographic data			
10	0	0				FR 260. IEP implementation date			
10	0	0				FR 261. Anticipated duration of services and programs			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
3	0	7				FR 262. If appropriate, LEA and parent agreement to make changes to IEP without convening an IEP meeting			
						DOCUMENTATION OF IEP TEAM PARTICIPATION (File Reviews)			
10	0	0				FR 263. Parents			
9	0	1				FR 264. Student			
10	0	0				FR 265. General Education Teacher			
10	0	0				FR 266. Special Education Teacher			
10	0	0				FR 267. Local Education Agency Representative			
7	0	3				FR 270. Community Agency Representative			
0	0	10				FR 271. Teacher of the Gifted			
0	0	10				FR 272. Written input provided by IEP team member(s) excused from participating in the IEP meeting if the invitation stated they were to provide written input			
10	0	0				FR 273. Copy of Procedural Safeguards Notice was given to parent during the school year			
						SPECIAL CONSIDERATIONS (File Reviews)			
0	0	10				FR 274. If the student is blind or visually impaired, a description of the instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate			
0	0	10				FR 275. If the student is deaf or hard of hearing, a communication plan			
1	0	9				FR 276. If the student has communication needs, needs must be addressed in the IEP			
1	0	9				FR 277. If the student requires assistive technology devices and/or services, needs must be addressed in the IEP			
1	0	9				FR 278. If the student has limited English proficiency, the IEP team must consider English as Second Language for provision of FAPE			
2	0	8				FR 279. If the student has behaviors that impede his/her learning or that of others, the IEP includes a Positive Behavior Support Plan based on a functional assessment of behavior utilizing positive behavior techniques			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				FR 280. If the student has other special considerations, these are addressed in the IEP			
						PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (File Reviews)			
10	0	0				FR 281. Student's present levels of academic achievement			
10	0	0				FR 282. Student's present levels of functional performance			
9	0	1				FR 283. Present levels related to current postsecondary transition goals (if student is 14, or younger if determined by IEP team)			
10	0	0				FR 284. Parental concerns for enhancing the education of the student (if provided by parent to the LEA)			
10	0	0				FR 285. How the student's disability affects involvement and progress in the general education curriculum			
10	0	0				FR 286. Strengths			
10	0	0				FR 287. Academic, developmental, and functional needs related to student's disability			
						TRANSITION SERVICES (File Reviews)			
9	0	1				FR 289. Evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment			
9	0	1				FR 290. An appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living			
9	0	1				FR 291. Evidence that the postsecondary goal or goals that covers education or training, employment, and, as needed, independent living are updated annually			
9	0	1				FR 292. Location, Frequency, Projected Beginning Date, Anticipated Duration, and Person(s)/Agency Responsible for Activity/Service			
9	0	1				FR 292a. Transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)			
9	0	1				FR 292b. Transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)			
9	0	1				FR 292c. Annual goals are related to the student's transition services			
						PARTICIPATION IN STATE AND LOCAL ASSESSMENTS (File Review)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 293. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLS, Alternate ACCESS for ELLS or PASA)			
7	0	3				FR 294. If the student will participate in the PSSA, documentation of IEP team decision regarding participation with or without accommodations			
0	0	10				FR 295. If the student will participate in the PASA, an explanation of why the student cannot participate in the PSSA/Keystone Exams			
0	0	10				FR 296. If the student will participate in the PASA, explanation of why PASA is appropriate			
0	0	10				FR 297. If the student will participate in the PASA, how student's performance will be documented			
10	0	0				FR 298. Indication of IEP team decision regarding participation in local assessments (local or alternate local)			
9	0	1				FR 299. If the student will participate in local assessments, indication of IEP team decision regarding participation with or without accommodations			
0	0	10				FR 300. If the IEP indicates the student will participate in an alternate local assessment, explanation of why the student cannot participate in the regular assessment			
0	0	10				FR 301. If the student will participate in an alternate local assessment, explanation of why the alternate assessment is appropriate			
						ANNUAL GOALS AND OBJECTIVES (INCLUDING ACADEMIC AND FUNCTIONAL GOALS) (File Reviews)			
10	0	0				FR 302. Measurable Annual Goals			
10	0	0				FR 303. Description of how student progress toward meeting goals will be measured			
10	0	0				FR 304. Description of when periodic reports on progress will be provided to parents			
10	0	0				FR 305. Documentation of progress reporting on Annual Goals			
0	0	10				FR 306. Short Term Objectives			
						SPECIAL EDUCATION/RELATED SERVICES/SUPPLEMENTARY AIDS AND SERVICES/PROGRAMS MODIFICATIONS (File Reviews)			
10	0	0				FR 307. Program Modifications and Specially-Designed Instruction			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 308. If the student's most recent Evaluation Report contained recommendations for modifications and accommodations, did the IEP team address those recommendations in development of this IEP			
10	0	0				FR 309. If Program Modifications and Specially Designed Instruction are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
0	0	10				FR 310. If a student attends a Career or Vocational Technical School, evidence that the specially designed instruction addresses the student's needs in Career and Vocational Technical School			
6	0	4				FR 311. If Related Services are included on the IEP, the location, frequency, projected beginning date and anticipated duration of services			
9	0	1				FR 312. If the student's most recent Evaluation Report contained recommendations for the provision of related services, including psychological counseling, did the IEP team address those recommendations in development of this IEP			
10	0	0				FR 313. If Supports for school personnel are included on the IEP, the personnel to receive support, support, location, frequency, projected beginning date and anticipated duration of services			
10	0	0				FR 314. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel provided for the student, did the IEP team address those recommendations in development of this IEP			
0	0	10				FR 315. Support services, if the student is identified as gifted and also is identified as a student with a disability			
10	0	0				FR 316. A conclusion regarding student eligibility for ESY			
10	0	0				FR 317. Information or data reviewed by the IEP team to support the ESY eligibility determination			
0	0	10				FR 318. Where ESY services were deemed appropriate, annual goals and when appropriate, short term objectives that are to be addressed in the child's ESY program			
0	0	10				FR 319. Where ESY was determined to be appropriate, ESY service to be provided, location, frequency, projected beginning date and anticipated duration of services			
						EDUCATIONAL PLACEMENT (File Reviews)			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				FR 320. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class			
10	0	0				FR 321. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum			
10	0	0				FR 322. Type of support, by amount (itinerant, supplemental, full-time)			
10	0	0				FR 323. Type of special education supports, e.g. autistic support, emotional support, learning support, etc.			
10	0	0				FR 324. Location of student's program (name of LEA where the IEP will be implemented)			
10	0	0				FR 325. Location of student's program (name of School Building where the IEP will be implemented)			
9	0	1				FR 326. If child will not be attending his/her neighborhood school, reason why not			
						PENNDATA REPORTING FOR EDUCATIONAL ENVIRONMENT (File Reviews)			
10	0	0				FR 327. Completed Section A or Section B			
						IEP DEVELOPMENT			
						INTERVIEW RESULTS (Parent & General Education Teacher)			
10	0	0	0			P 28. Were you invited to participate in your child's most recent IEP team meeting?			
5	5	0	0			P 29. Did you participate in developing the current IEP for your child?			
8	1	1	0			P 30. Was the meeting held at a time and location that was convenient for you?			
4	1	5	0			P 31. If you were unable to participate in person, did the school offer other arrangements for you to participate by phone or through other methods?			
8	0	2	0			P 32. Was the input you provided considered in the development of your child's current IEP?			
7	1	0	2			P 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?			
0	0	9	0			P 32b. If no, what training or support would assist you? Not sure.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
9	0	1	0			P 33. Were the services you requested for your child considered by the IEP team in the development of your child's current IEP?			
5	1	0	4			P 35. Was the current IEP developed at the IEP meeting?			
6	1	0	3			P 36. If there was a draft IEP developed prior to the IEP meeting were you provided a copy of the draft either before or at the meeting?			
7	0	0	3			P 37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?			
0	0	10	0			P 38. If required IEP team members (special education teacher, general education teacher, or LEA) did not attend the meeting, did you agree in writing to them not being there?			
0	0	10	0			P 39. Was written input from the excused IEP team member(s) available to you before the meeting?			
		5	1		 1 4	P 65. If you did not participate in your child's IEP meeting, what kept you from participating? c. not enough notice given g. other			
7	3	0				GE 74. Did you attend the most recent IEP meeting for this student or have the opportunity to provide input?			
3	7	0				GE 75. Did you recommend any needed supports to implement the current IEP for this student?			
3	0	7				GE 76. Were those recommendations considered by the IEP team?			
10	0	0				GE 86. When a student with a disability is included in your class do you have the opportunity to provide information to the IEP team?			
8	2	0				GE 87. Do you provide progress monitoring data as part of the IEP development process?			
						IEP CONTENT			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
7	0	0	3			P 40.	Did the IEP team consider the recommendations that were made in your child's most recent evaluation, including all recommendations that were made by the evaluation team for special education, related services, and supports for school personnel?			
8	0	0	2			P 41.	Did the IEP team accept or reject the evaluation team's recommendations for special education, related services, and supports for school personnel for appropriate educational reasons.			
10	0	0				GE 81.	Are this student's goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
10	0	0				GE 82.	Is the specially designed instruction in this student's current IEP appropriate to meet his/her educational needs?			
10	0	0				GE 83.	Is the current IEP appropriate to meet this student's educational needs?			
10	0	0				SE 98.	Unless otherwise specified in the student's IEP, is the length of this student's instructional day the same as nondisabled students?			
10	0	0				SE 102.	Is the specially-designed instruction in the current IEP appropriate to meet this student's educational needs?			
10	0	0				SE 103.	Are the student's annual goals based on the PA Standards/PA Common Core or, if appropriate, alternate standards?			
4	0	6				SE 104.	If appropriate, are the student's annual goals based on functional performance?			
10	0	0				SE 106.	If the student's most recent Evaluation Report contained recommendations for modifications and accommodations did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
7	0	3				SE 107.	If the student's most recent Evaluation Report contained recommendations for provision of related services, including psychological counseling, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
10	0	0				SE 108. If the student's most recent Evaluation Report contained recommendations for program modifications or supports for school personnel that will be provided for the student, did the IEP team address those recommendations in development of the student's current IEP and accept or reject the ER recommendations for appropriate educational reasons?			
9	0	1				SE 112. Was it an IEP team decision as to whether this student would participate in the PSSA/Keystone Exams, PASA, and other district-wide/charter school-wide assessments?			
10	0	0				SE 117. Is this student making progress in meeting the annual goals of his/her current IEP?			
10	0	0				SE 117a. In your opinion, is this student benefiting from participation in the general education classroom?			
0	0	0				SE 117b. If yes, in what ways? Improving friendships with peers. Socially, appropriate level content for student. Making friends with peers and being successful with differentiated instruction. Good at regular math, asks help readily in other classes. Has almost met graduation requirements. Behaviorally, socially and making progress on goals. Connecting with peers. Has experienced personal group and cultural awareness. Working well with non-disabled peers and learning to lead groups. Socially, academically and independently. Making progress in curriculum. Peers model appropriate behavior for student, peer interactions help student fit in better.			
0	0	10				SE 117c. If no, what does this student need that he/she is not receiving?			
10	0	0				SE 118. Is the progress on annual goals recorded and reported to the parent based on objective and measurable data?			
						IEP IMPLEMENTATION			
						INTERVIEW RESULTS (Parent, General & Special Education Teacher)			
9	0	0	1			P 48. Were the special education and related services in your child's current IEP provided within 10 school days of the completion of the IEP?			
9	0	0	1			P 49. Are the special education and related services included in your child's current IEP provided at no cost to you?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						P 57. When all students in the school receive a report card, I also receive a progress report on my child's IEP goals.			
					10	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
						P 58. My child's progress is reported to me by the school in a manner that I understand.			
					9	Always			
					1	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
10	0	0	0			P 64. My child is receiving the supports and services agreed upon at the IEP meeting.			
9	0	1				GE 77. If supports for school personnel are included in the student's current IEP, has the LEA provided those supports?			
9	0	1				GE 79. Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
5	0	5				GE 79a. In the most recent IEP meeting for this student, did you discuss whether the student could be educated in a general education classroom for the entire school day?			
0	5	5				GE 79b. In the most recent IEP meeting, did the IEP team recommend removal of this student from the general education classroom for any part of the school day?			
0	0	10				GE 79c. If yes, what reasons were discussed for recommending removal?			
0	0	10				GE 79d. If yes, how was the amount of time that this student would be removed from the general education classroom decided?			
4	1	5				GE 79e. In the most recent IEP meeting, did the IEP team discuss whether this student could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
3	0	7				GE 84.	If appropriate, are you implementing the positive behavior support plan for this student as written in the current IEP			
10	0	0				GE 92.	If a student with an IEP is having behavioral difficulties in your classroom, do you address the behavior in your classroom rather than sending him/her back to the special education classroom to address the behavior issue unless indicated otherwise in the student's IEP?			
10	0	0				SE 105.	Are the supplementary aids and services, including program modifications and specially designed instruction in the student's current IEP, being provided?			
10	0	0				SE 109.	Is this student receiving the type and amount of special education instruction and related services specified in his/her current IEP?			
10	0	0				SE 110.	Was this student's current IEP implemented no later than 10 school days after its completion or no later than the IEP implementation date?			
10	0	0				SE 111.	If supports for school personnel are included in this student's current IEP, has the LEA provided those supports?			
9	0	1				SE 113.	If required, were the testing accommodations included in this student's current IEP implemented?			
6	3	1				SE 114.	Was the placement decision made by the IEP team after the annual goals, specially designed instruction, and related services were developed?			
10	0	0				SE 120.	Is this student receiving the supports and services agreed upon in his/her current IEP, including related services?			
						PROVISION OF ESY AND RELATED SERVICES INTERVIEW RESULTS (Parent & Special Education Teacher)				
7	0	3	0			P 42.	If your child's current IEP includes psychological counseling as a related service, and he/she receives these services, including transportation, are they provided at no cost to you?			
8	0	0	2			P 43.	Was your child's need for extended school year (ESY) – which means services over the summer or during breaks from the regular school calendar - discussed at an IEP meeting?			
8	0	2	0			P 44.	Did you receive an explanation of what would make your child eligible for ESY services?			

Y	N	NA	D K	Not Obs	% #	Citation		Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
8	0	1	1			P 45.	Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?			
0	0	10	0			P 46.	If you did not agree with the decision on ESY eligibility, were you given a written notice (NOREP/PWN) explaining that you could ask for a due process hearing?			
0	0	9	1			P 47.	If your child was determined to be eligible for ESY services, did the IEP team decide upon the goals and services needed for the ESY program?			
8	0	2				SE 121.	Was the consideration of ESY eligibility discussed during this student's current IEP meeting?			
0	0	10				SE 122.	If this student was determined to be ESY eligible, did the IEP team determine what goals and services were needed and include them in the IEP?			
0	0	10				SE 122a.	At the most recent IEP meeting, did the IEP team discuss the development of a plan to transition this student back into the school district (or charter school if student is enrolled in a charter school) with supplementary aids and services?			
0	0	10				SE 122b.	Are staff from the home district (or charter school if student is enrolled in a charter school) involved with the planning and implementation of this student program?			
0	0	10				SE 122c.	Does this student go on field trips, attend school functions or participate in extracurricular activities with his/her same age/grade peers who are non-disabled?			
0	0	10				SE 122d.	Does this student need supplementary aids and services to participate in non-academic and/or extra-curricular activities?			
0	0	10				SE 122e.	If yes, are needed supplementary aids and services being provided to this student?			
0	0	10				SE 122f.	Are there routine opportunities for this student to interact with non-disabled peers that are planned and/or facilitated by school personnel?			
						SECONDARY TRANSITION (Parent & Special Education Teacher)				
7	0	0	3			P 50.	If your child is age 14 or older was he/she invited to participate in the IEP meeting for transition planning?			
5	1	1	3			P 50a.	In the most recent IEP meeting for your child, did you discuss whether your child could be educated in a general education classroom for the entire school day?			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
2	5	0	3			P 50b. In the most recent IEP meeting, did the IEP team recommend removal of your child from the general education classroom for any part of the school day?			
0	0	8	0			P 50c. If yes, what reasons were discussed for recommending removal? Based on need. To receive speech services.			
0	0	8	0			P 50d. If yes, how was the amount of time that your child would be removed from the general education classroom decided? As needed. Determined by needs of student.			
4	1	0	5			P 50e. In the most recent IEP meeting, did the IEP team discuss whether your child could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?			
9	1	0	0			P 50f. In your opinion, is your child benefiting from participation in the general education classroom?			
0	0	1	0			P 50g. If yes, in what ways? Receives more 1:1 support when needed. Has improved, benefits from small class size. Thriving in the smaller ratios offered at the school. Small class sizes, ready for graduation. Socialization has improved. Academically making progress. Feels confident. More individual time with staff is helping as well. Making progress with confidence. Child is working individually and taking on more leadership roles within a group. Embracing new skills. Has improved, better at socialization. Thriving at this school with added teacher attention. Student able to make new friends.			
0	0	9	0			P 50h. If no, what does your child need that he/she is not receiving in the class? Per parent, student requires more support on controlling behaviors.			
						P 59. I am satisfied with the transition services developed for my child.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					8	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					2	Don't Know			
					0	Does not Apply			
						P 60. My child is learning skills that will lead to a high school diploma and further education and/or employment.			
					10	Always			
					0	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
7	0	3				SE 116. Were this student's desired post school outcomes considered when the IEP team developed the annual goals?			
5	3	2				SE 123. Where appropriate, does the LEA invite a representative of a participating agency that is likely to be responsible for providing or paying for transition services to the IEP meeting?			
						Topical Area 6: NOREP/PWN			
						(File Reviews)			
						INTERVIEW RESULTS (Parent & Special Education Teacher)			
						P 54. I am a partner with school personnel when we plan my child's education program.			
					8	Always			
					2	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					0	Does not Apply			
10	0	0				FR 328. NOREP/PWN is present in the student file			
10	0	0				FR 329. Demographic data			
		0	0			P 66. Tell me anything you really like about your child's special education program.			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
					3	a. modifications			
					4	c. staff-aide ratios			
					6	d. staff's knowledge, training			
					4	g. staff open to suggestions, good communication			
					5	i. support services			
					6	j. student ratios			
					8	k. staff's understanding and attitude			
					1	l. more inclusion			
					2	m. services provided outside neighborhood school			
		7	0			P 67. Tell me anything you would like to change about the program.			
					3	n. other			
10	0	0				FR 330. Type of action taken			
10	0	0				FR 331. A description of the action proposed or refused by the LEA			
		1	0			P 68. The school explains what options parents have if the parent disagrees with a decision of the school.			
					5	a. Very strongly agree			
					1	b. Strongly agree			
					3	c. Agree			
						P 69. Additional comments about your child's program. Happy with the increased attention offered with lower ratios.			
10	0	0				FR 332. An explanation of why the LEA proposed or refused to take the action			
10	0	0				FR 333. A description of the other options the IEP team considered and the reason why those options were rejected			
10	0	0				SE 101. Do you hold the required certification to implement this student's program?			
6	0	4				SE 101a. Have you received sufficient training, technical assistance and other support to teach this student?			
10	0	0				FR 334. Description of each evaluation procedure, assessment, record or report used as the basis for proposed action or action refused			
10	0	0				FR 335. Description of other factor(s) relevant to LEA's proposal or refusal			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
0	0	10				SE 101b. If no, what training or support would assist you?			
10	0	0				FR 336. Educational placement recommended (including amount and type)			
10	0	0				FR 337. Signature of school district superintendent or charter school CEO or designee			
10	0	0				FR 338. Parent signature or documentation of reasonable efforts to obtain consent (e.g. mailed to parents, certified mail, visit to the parent's home, etc.)			
10	0	0				FR 339. Parent has selected a consent option			
10	0	0				FR 340. NOREP/PWN reflects the educational placement indicated on the student's IEP			
						INTERVIEW RESULTS (Parent)			
2	0	8	0			P 34. If services that you requested for your child were rejected by the school, did you receive a written notice (NOREP/PWN) explaining why the request was rejected?			
						P 61. If I don't understand my child's educational rights, and I inquire about them, someone from the school takes the time to explain them to me.			
					8	Always			
					1	Sometimes			
					0	Rarely			
					0	Never			
					0	Don't Know			
					1	Does not Apply			
						Topical Area 8: Other Non-compliance Issues			
						Topical Area 9: Other Improvement Plan Issues			

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						FSA 17- Public School Enrollment	Presentation of information regarding public school enrollment, current CSL enrollment data, and potential interventions to decrease special education percentage. Quarterly review of student progress toward goals and reevaluate to determine need for special education services or if a lesser level of support could be utilized or dismissal from special education is appropriate. Review of enrollment and disability trends to determine if additional school supports could be added given student needs.	07/25/2025 Presentation and sign in sheet documenting attendance IEP Progress Reports and Reevaluation Reports Special Education data reports and monthly meeting notes from special education staff meetings	06/12/2025
						FSA6 Graduation Rates	Review current credit recovery options (academic opportunities, dual enrollment, study skills, ISY, Empower U, work credit, etc.) for effectiveness and explore other credit recovery options Quarterly review student transcripts to identify students on track and off-track in terms of credits and make changes to schedule or other modifications/accommodations necessary Monthly review of Early Warning System (attendance, behavior, academics) to identify students who might be in jeopardy of not earning credits and identify interventions presentation to review current graduation rates, potential causes, and possible interventions This year we have added a social worker to our staff to support students and families and the staff, which can help improve graduation rate by identifying barriers and resources	07/25/2025 Administration, Counselors, outside agency support (BCIU, PaTTan, etc.), students/families, social worker, regular and special education staff Presentation and sign in sheet to document participation	06/12/2025

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						FSA 7 Drop Out Rates	Presentation to review current drop out rates, potential causes, and possible interventions Training for administration and support staff involved with attendance Monthly review of inactive students and their status If a student is listed as drop out, make three attempts to contact guardian to obtain current educational placement Required daily synchronous check ins for support with special education teacher Monthly review of student progress and recommendation to adjust programming if student is not being successful Increase options for academic credit recovery (i.e. paper and pencil and/or computer-based assignments) Increase other opportunities for credit recovery (i.e. Bucks County Community College In School Youth Program	07/25/2025 Presentation and sign in sheet to document participation Monthly report of inactive students Add to enrollment meeting agenda for scheduled review Document attempts made for each student Administration, Teaching Staff Teacher creation and overview of student progress	06/12/2025

Y	N	NA	D K	Not Obs	% #	Citation	Required Corrective Action Evidence of Change	Timelines and Resources	Closed Date
						FSA8A Suspension Rates	presentation to review current suspension rates, potential causes, and possible interventions Two new administrators have been added for the 2024-2025 school year (one geared toward middle school and one geared toward high school) to provide more staff and student support for difficult behaviors Review students on EWS who have significant behavior data and on case by case basis develop strategies or interventions to decrease behaviors Quarterly review of CSTAG procedures and complete table top scenarios Completion of training to identify the quality indicators and compare to current offerings at CSL and identify areas for improvement Modules include recognizing concerning behaviors, behavioral health awareness, situational awareness, substance use awareness, trauma informed approaches, suicide and bullying awareness Staff are able to identify ways to deescalate students in heightened states of emotions This year we have added a social worker to our staff to support students and families and the staff, which can help improve suspension rates by helping provide resources to students struggling behaviorally and emotionally	07/25/2025 Presentation and sign in sheet to document participation Weekly administrators meeting to review suspension rates and trends in suspension data Administration, Counselors, Social Worker CSTAG threat assessment team members Special Education Staff Certificates of completion from all staff Certificates of completion by identified staff Social Worker available to work with staff, students, and families as needed	06/12/2025