

PROTOCOL
IDEA SUB-RECIPIENT ON-SITE FISCAL REVIEW

Copy Obtained

Notes

- Split coding necessary? Yes No
 If yes, basis for amounts: _____
 Being used to assist children w/disabilities? Yes No
 Specified on child/youth IEP/IFSP? Yes No
 Listed on inventory? Yes No
 Item clearly tagged/marked as IDEA purchase? Yes No
 Item viewed? Yes No

Location: _____

Equipment (500's)
 (list transaction: Description, Amount, Date)

- Item(s) allowable per budget? Yes No
 Item(s) purchased/ordered during project period? Yes No
 Expenditure properly supported by invoices/billings? Yes No
 Expenditure properly authorized by agency administrator? Yes No
 Individual item cost of \$5000 or greater? Yes No
 Lilly Blase (Voc Rehab) ADA "Letters of Consultation"
 If needed? Yes No
 Split coding necessary? Yes No
 If yes, basis for amounts: _____
 Being used to assist children w/disabilities? Yes No
 Specified on child/youth IEP/IFSP? Yes No
 Listed on inventory? Yes No
 Item clearly tagged/marked as IDEA purchase? Yes No
 Item viewed? Yes No

Yes

Yes

Yes

Location: _____

Travel / Professional Development (600's)
 (list transaction: Description, Amount, Date)

- Activity allowable per budget? Yes No
 Activity performed during project period? Yes No
 Activity properly supported by invoices/billings? Yes No
 Activity/Expenditure properly authorized by agency adm? Yes No
 Training Documentation:
 Meeting agenda? Yes No
 Roster of participants? Yes No
 Signatures of participants? Yes No
 Split coding necessary? Yes No
 If yes, basis for amounts: _____

Yes

Yes

Yes

Yes

Construction
 (list transaction: Description, Amount, Date)

- NDE IDEA Supplemental Application Approved? Yes No
 Lilly Blase (Voc Rehab) "Letters of Consultation"
 Performed during project period? Yes No
 Expenditures supported by invoices/billings? Yes No
 Expenditures properly authorized by district administrator? Yes No
 Split coding necessary? Yes No
 If yes, basis for amounts: _____
 Modifications/Alterations viewed? Yes No

Yes

Yes

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| | | <u>Copy Obtained</u> | <u>Notes</u> |
|----------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Proportionate Share (non-public) | | | |
| SPED/related services being provided during project period | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| All funds allocated during project period | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Funds being carried over to next project period. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Consultation meeting with non-public properly documented | | Yes <input type="checkbox"/> | |
| Single Non-public School | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Multiple Non-public School | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Expenditures properly authorized by district administrator | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| District staff being utilized to provide services | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Services purchased are supported by invoice/billing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| Supplies/materials are supported by invoice/billing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| Equipment | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Listed on inventory | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Items tagged as IDEA | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Professional Development | | | |
| Training provided to non-public staff | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| <input type="checkbox"/> Coordinated Early Intervening Services (CEIS) | | | |
| District is using total amount available (15%) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Staff person responsible for project has been identified | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Process for identifying target student sub-group documented | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| Strategies/interventions are different from services routinely available | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| Training provided to project staff | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| Student outcomes are measurable | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| Activities are linked to district or building | | | |
| School Improvement Action Plan | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Expenditures properly authorized by district administrator | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Supplies/materials are supported by invoice/billing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | |

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Post Visit On-site Information Collector Recommendation:

Satisfactory, no concerns identified.

Refer to comments: _____

Additional Review by Sped Office regarding: _____

Completed protocol with documents attached submitted to Senseney _____
(Date)

(Signature of On-Site Information Collector)

Completed protocol returned to Sinani _____
(Date)

Additional Review by SPED Office required?

No E-Mail sent _____
(Date)

Yes Complete following section.

If "Yes", was issue resolved?

Yes _____ Financial Adjustment? Yes No
(Date Resolved)

If yes, reason: _____

Amount \$ _____

E-mail sent: _____
(Date)

No Submitted to Financial Services for review _____
(Date)

E-mail sent: _____
(Date)