

Nebraska Department of Education
Special Education Office
Forms Review Checklist

(Required) = Content required on the form

(Not Required) = Appears on the NDE modal forms, but documentation maybe on another form

Regulation	Regulatory Requirements or Documentation of Activities	Yes	No
	Student Assistance Team		
006.01C (Required)	<p><i>Documentation of strategies implemented and measured; and Listing of SAT Team members</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 006.01C1 SAT used prior to referral <input type="checkbox"/> 006.01C2 Document strategies used <input type="checkbox"/> 006.01C3 Referral form which includes information from SAT and listing of SAT members 		
	Multidisciplinary Team Written Report		
006.02B (Not Required)	<i>General Evaluation Requirements (Statement of Assurances on Identification and Evaluation Process)</i>		
006.02C (Not Required)	<i>Verification Criteria and Procedures</i>		
006.03E and 006.03F (Required)	<p><i>Multidisciplinary Team Written Report Content, including specific SLD Requirements</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 006.03E/F 1 Written Report <input type="checkbox"/> 006.03E/F 2a Whether the child qualifies <input type="checkbox"/> 006.03E/F 2b Child's educational needs <input type="checkbox"/> 006.03E/F 2c Basis for the determination <input type="checkbox"/> 006.03E2d/006.03F2i Listing of Team Members <input type="checkbox"/> 006.03F2d Relevant Behavior <input type="checkbox"/> 006.03F2e Educationally relevant medical findings <input type="checkbox"/> 006.03F2f Whether child does not achieve adequately <input type="checkbox"/> 006.03F2g The effects of visual, hearing, motor development, etc. on child's achievement level <input type="checkbox"/> 006.03F2h Scientific, research-based intervention participation: Strategies used and student-centered data collected, and notification to parents <input type="checkbox"/> 006.03E3/F3 Each member certifies in writing agreement or disagreement with verification <input type="checkbox"/> 006.03E4/F4 Copy sent to parent 		
	Prior Written Notice		
009.05A	<i>Prior written notice shall be given a reasonable time before proposing/refusing to initiate or change the identification, evaluation or educational placement</i>		
009.05B 007.16B1b 007.04B1 (Required)	<p><i>Prior written notice shall include: Content of the Notice (required)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 009.05B1 Description of Action <input type="checkbox"/> 009.05B2 Explanation of WHY the district proposes/refuses <input type="checkbox"/> 009.05B3 Description of other option considered, and why rejected <input type="checkbox"/> 009.05B4 Description of each evaluation, assessment, record, or report uses as a basis for the proposal/refusal <input type="checkbox"/> 009.05B5 Description of any other factors <input type="checkbox"/> 009.05B6 Statement that parents have protection under procedural safeguards <input type="checkbox"/> 009.05B7 Sources for parents to contact to assist in understanding the provisions of this part. 		
009.05C	<i>Notice written in language understandable to the general public</i>		
009.05D	<i>If native language or other mode of communication is not a written language</i>		

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<i>Regulation</i>	<i>Regulatory Requirements or Documentation of Activities</i>	<i>Yes</i>	<i>No</i>
	<i>Parental Consent</i>		
009.08A <i>(Required)</i>	<i>Parental Consent for initial evaluation</i> <input type="checkbox"/> <i>Indication of Consent or Do Not Consent</i> <input type="checkbox"/> <i>Signature of the Parent</i>		
009.08B <i>(Required)</i>	<i>Parental Consent for services</i> <input type="checkbox"/> <i>Indication of Consent or Do Not Consent</i> <input type="checkbox"/> <i>Signature of the Parent</i>		
009.08C <i>(Required)</i>	<i>Parental Consent for Reevaluation</i> <input type="checkbox"/> <i>Indication of Consent or Do Not Consent</i> <input type="checkbox"/> <i>Signature of the Parent</i>		
007.12B9a(iii) <i>(Not Required)</i>	<i>With parental consent, transmission of information about the child</i>		
007.16B1b <i>(Not Required)</i>	<i>Parent consent to remain on an IFSP past the age of 3</i> <input type="checkbox"/> <i>Indication of Consent or Do Not Consent</i> <input type="checkbox"/> <i>Signature of the Parent</i>		
007.04B1 <i>(Not Required)</i>	<i>The parent, in writing, and the school district consent to the excusal</i> <input type="checkbox"/> <i>Indication of Consent or Do Not Consent</i> <input type="checkbox"/> <i>Signature of the Parent</i>		
	<i>Parental Consent to Invite Outside Agency to Transition IEP</i>		
007.03A10b <i>(Required)</i>	<i>Consent of parent to invite outside agency to the IEP meeting.</i> <input type="checkbox"/> <i>Indication of Consent or Do Not Consent</i> <input type="checkbox"/> <i>Signature of the Parent</i>		
	<i>Meeting Notification</i>		
009.01A and 009.01B	<i>Parent Participation in Meetings</i>		
007.15 <i>(Required)</i>	<i>IFSP Team Participants</i> <input type="checkbox"/> <i>007.15A1 Parent of the Child</i> <input type="checkbox"/> <i>007.15A2 Other family members</i> <input type="checkbox"/> <i>007.15A3 An Advocate or person outside of the family</i> <input type="checkbox"/> <i>007.15A4 The service coordinator</i> <input type="checkbox"/> <i>007.15A5 A representative of the school district</i> <input type="checkbox"/> <i>007.15A6 Person who will be providing services to the child</i> <input type="checkbox"/> <i>007.15A7 A person directly involved in conducting the evaluations</i>		
007.03 <i>(Required)</i>	<i>IEP Team Participants</i> <input type="checkbox"/> <i>007.03A1 Parent of the Child</i> <input type="checkbox"/> <i>007.03A2 Regular Education Teacher</i> <input type="checkbox"/> <i>007.03A3 Special Education Teacher</i> <input type="checkbox"/> <i>007.03A4 A representative of the school district</i> <input type="checkbox"/> <i>007.03A5 A person directly involved in conducting the evaluations</i> <input type="checkbox"/> <i>007.03A6 Discretion of parent or school, others with knowledge</i> <input type="checkbox"/> <i>007.03A7 Child, if appropriate</i> <input type="checkbox"/> <i>007.03A8 Representative of Nonpublic</i> <input type="checkbox"/> <i>007.03A9 Representative of Service Agency</i> <input type="checkbox"/> <i>007.03A10 Transition Age – Student</i> <input type="checkbox"/> <i>007.03A11 Teacher of the Hearing Impaired</i> <input type="checkbox"/> <i>007.03A12 Teacher of the Visually Impaired</i>		

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007.06	Parent Participation		
007.06A 007.13C (Required)	<p><i>Steps to ensure that one or both parents are present</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.06A1 <i>Notify parents early enough to ensure attendance</i> <input type="checkbox"/> 007.06A2 <i>Scheduling the meeting at a mutually agree upon time and place</i> <input type="checkbox"/> 007.13C1 <i>In settings and at times that are convenient to families</i> <input type="checkbox"/> 007.13C2 <i>In the native language of the family or mode of communication, unless it is clearly not feasible</i> 		
007.06B (Required)	<i>Notification must indicate the purpose, time and location of the meeting and who will be in attendance , and</i>		
007.06C (Not Required)	<i>Parent can't attend, other methods to ensure participation</i>		
007.06D (Not Required)	<i>Meeting without parent present documentation</i>		
	IEP Form		
007.07A (Required)	<p><i>Content of the IEP</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.07A1 <i>Statement of Present Level of Academic Achievement and Functional Performance</i> <input type="checkbox"/> 007.07A2 <i>Statement of Measurable Annual Goals</i> <input type="checkbox"/> 007.07A3 <i>Alternate Assessment: Benchmarks/Short Term Objectives</i> <input type="checkbox"/> 007.07A4 <i>Description of Progress</i> <input type="checkbox"/> 007.07A5 <i>State of Special Education and Related Services</i> <input type="checkbox"/> 007.07A6 <i>Explanation of time not with nondisabled peers</i> <input type="checkbox"/> 007.07A7 <i>State of appropriate accommodations for state wide assessments</i> <input type="checkbox"/> 007.07A8 <i>Projected date for starting services</i> <input type="checkbox"/> 007.07A9 <i>Transition</i> 		
007.07B (Not Required)	<p><i>In developing, reviewing or revising each child's IEP, the IEP team shall consider:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.07B1 <i>Strengths of Child and Concerns of Parents</i> <input type="checkbox"/> 007.07B2 <i>Results of evaluations\</i> <input type="checkbox"/> 007.07B3 <i>Behavior impeded his or her learning</i> <input type="checkbox"/> 007.07B4 <i>Limited English proficiency considered</i> <input type="checkbox"/> 007.07B5 <i>Child who is blind or visually impaired</i> <input type="checkbox"/> 007.07B6 <i>Consider Communication needs</i> <input type="checkbox"/> 007.07B7 <i>Assistive technology needs</i> 		
007.07C2 (Not Required)	<i>Physical Education Services</i>		
007.07C4 (Not Required)	<i>Provision of nonacademic and extracurricular services and activities</i>		
007.07C5 (Not Required)	<i>Extended School Year Services</i>		

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	<i>IFSP Form</i>		
007.12B	<p><i>Content of the IFSP</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.12B1 Statement of present levels in all 5 developmental domains <input type="checkbox"/> 007.12B2 Statement of family resources, priorities and concerns <input type="checkbox"/> 007.12B3 Statement of measurable results and outcomes <input type="checkbox"/> 007.12B4 Statement of specific EI services <input type="checkbox"/> 007.12B5 To the extent appropriate, medical and other services needed <input type="checkbox"/> 007.12B6 Projected date for initiation of services <input type="checkbox"/> 007.12B7 Anticipated duration of the services <input type="checkbox"/> 007.12B8 Name of the services coordinator from the profession, most immediately relevant to the child and family needs <input type="checkbox"/> 007.12B9 Transition Steps <input type="checkbox"/> 007.12B10 Statement of necessary assistive technology devices <input type="checkbox"/> 007.13E Contents of the IFSP fully explained to parents and consent for each service obtained <input type="checkbox"/> 007.14A Periodic Review: A review of the IFSP conducted every 6 months 		
007.12B9 (Required)	<p><i>Transition Content for Infants and Toddlers</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.16A4 Establish Transition Plan 		
007.16A (Required)	<ul style="list-style-type: none"> <input type="checkbox"/> 007.12B9a Transition Plan with Steps <input type="checkbox"/> 007.12B9a(i) Discussion with and training of parents <input type="checkbox"/> 007.12B9a(ii) Procedures to prepare the child for changes <input type="checkbox"/> 007.12B9a(iii) With parental consent, transmission of information about the child 		
	<i>Excusal From Meeting</i>		
007.04A (Required)	<p><i>Agreement with excusal</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.04A Required IEP Team members (007.03A2 thru 007.03A5) must attend, but if area not being modified, district and parents can agree to excuse, in writing 		
007.04B (Required)	<p><i>Consent for excusal - Area being modified or discussed:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 007.04B1 Parent, in writing, and district consent to excusal <input type="checkbox"/> 007.04B2 Excused member submits, in writing, input for the IEP 		
	<i>Continues to be A Child with a Disability</i>		
006.06D (Required)	<p><i>No additional testing is Needed</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 006.06D1 Notification of parents <input type="checkbox"/> 006.06D1a Determination, and the reasons for the determination <input type="checkbox"/> 006.06D1b Right to request an assessment 		
	<i>Summary of Performance</i>		
006.06E1 (Required)	<p><i>A Summary of the student's academic achievement and functional performance, including recommendations on how to assist the student in meeting post-secondary goals.</i></p>		