



Individual Student Record Review Form: Placement

THE FOLLOWING PAGES ARE REQUIRED FOR EACH STUDENT

Student Identifier:

Reviewer:

Date:

Randomly select five (5) student records for this review. To randomly select student files, begin with a comprehensive list of students in the defined category (e.g., Black students placed in a separate school). Use a random number generator (e.g., the RAND function in Excel) to select the desired number of files. If a selected file is inappropriate for some reason, document thoroughly why it is inappropriate – this becomes a part of the record. Replace any such files with a new randomly selected file.

Description: Relevant records of students with disabilities will be reviewed to determine if the district/school code of conduct was followed, as well as special education legal requirements. The review includes regulatory compliance items. The district team should complete the items in below labeled district response. A state team will complete a final review to verify results and determine any findings.

Area 1: Least Restrictive Environment (LRE) and IEP Requirements			District Response
92 Neb. Admin. Code §§ 51-007.07, -008.01; 34 C.F.R. §§ 300.105-.11634 C.F.R. §§ 300.105, .115, .116, .304, .320, .324, .503.			
1a*	§ 51-008.01B § 300.304(c)(6)	Was a comprehensive multidisciplinary evaluation of the child’s development and educational needs conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b*	§ 51-008.01C1 § 300.116(a)	Was the placement decision made by an appropriate group with the following members? <ul style="list-style-type: none"> • Parents • Persons knowledgeable about the child (e.g., regular education teacher, special education teacher) • Person who understands the meaning of the evaluation data • Person who understands the placement options 	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c*	§ 51-007.07A5 § 300.320(a)(4)	Does the IEP include a statement of the special education and related services to be provided to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Compliance item.



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92 Neb. Admin. Code §§ 51-007.07, -008.01; 34 C.F.R. §§ 300.105-.11634 C.F.R. §§ 300.105, .115, .116, .304, .320, .324, .503.			District Response
1d*	§ 51-007.07A5 § 300.320(a)(4)(i)	Does the IEP include a statement of the program modifications or supports that will be provided to enable the child to advance appropriately toward attaining the annual goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e*	§ 51-007.07A5 § 300.320(a)(4)(ii)	Does the IEP include a statement of the program modifications or supports that will be provided to enable the child to be involved in and progress in the general education curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f*	§ 51-007.07A5 § 300.320(a)(4)(ii)	Does the IEP include a statement of the program modifications or supports that will be provided to enable the child to participate in extracurricular and other nonacademic activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g*	§ 51-007.07A5 § 300.320(a)(4)(iii)	Does the IEP include a statement of the program modifications or supports that will be provided to enable the child to be educated and participate with other children with disabilities and nondisabled children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1h*	§ 51-007.07B7 § 300.324(a)(2)(v)	Did the IEP Team consider whether the child needs assistive technology devices and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1i*	§ 51-007.07C3 § 300.105(a)	If required, are assistive technology devices and/or services available to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
1j*	§ 51-007.07A1a § 300.320(a)(1)(i)	Does the IEP team include a statement of how the child's disability affects the child's involvement in and progress in the general education curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1k*	§§ 51-008.01D, -008.01F, -009.05B3 § 300.115, .503(b)(6)	Is there evidence the child's IEP team considered other placement options in the continuum of alternative placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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92 Neb. Admin. Code §§ 51-007.07, -008.01; 34 C.F.R. §§ 300.105-.11634 C.F.R. §§ 300.105, .115, .116, .304, .320, .324, .503.			District Response
1l*	§ 51-008.01F § 300.115(a)	Did the district provide the placement option the team identified was needed to implement the child's IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1m*	§ 51-008.01E1 § 300.116(b)(1)	Was the child's the most recent placement decision was made within one year of the previous placement decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1n*	§ 51-008.01E2 § 300.105(b)(2)	Is the child's placement based on his or her IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1o*	§ 51-008.01E3 § 300.105(b)(3)	Is the child's placement as close as possible to his or her home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1p*	§ 51-008.01G § 300.116(c)	Is the child educated in the school he or she would attend if not disabled OR does the child's IEP require another arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1q*	§ 51-008.01I § 300.116(e)	If the child was removed from regular classrooms, it was not solely for needed modifications to the general curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Compliance item.**



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District Response: If you answered "No" to any items above, provide explanation or relevant information:

State compliance review notes and items with potential findings of noncompliance:



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Area 2: Prior Written Notice: Did the Prior Written Notice about the change in placement include the following?

92 Neb. Admin. Code [§ 51-009.05](#); 34 C.F.R. [§ 300.503](#)

District Response

2a*	§ 51-009.05A § 300.503(a)	If, the district proposed to change or refused to change the child's placement in the last year, then fill in this section using the PWN that recorded that proposal or refusal. Select the N/A option if the IEP Team did not propose to change or refuse to change the child's placement in the last year and skip the rest of this section.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (skip this section if N/A)
2b*	§ 51-009.05B1 § 300.503(b)(1)	A description of the placement the district proposed or refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c*	§ 51-009.05B2 § 300.503(b)(2)	Explanation of why the district proposed or refused the placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2d*	§ 51-009.05B3 § 300.503(b)(6)	Description of other placements considered and why they were rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2e*	§ 51-009.05B4 § 300.503(b)(3)	Description of each piece of information (e.g., evaluation procedure, assessment, record, or report) used as a basis for the placement proposal or refusal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f*	§ 51-009.05B5 § 300.503(b)(7)	Description of other factors relevant to the district's placement proposal or refusal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2g*	§ 51-009.05B6 § 300.503(b)(4)	Statement that the parents have protections and the means by which a copy or description of the procedural safeguards can be obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h*	§ 51-009.05B7 § 300.503(b)(5)	Sources for parents to contact to obtain assistance in understanding special education legal requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Compliance item.



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District Response: If you answered "No" to any items above, provide explanation or relevant information:

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General Notes

A large, empty rectangular area with a light blue gradient background, intended for entering general notes.