

## BUILDING SUMMARY SHEET

|   |  |           |  |                   |  |
|---|--|-----------|--|-------------------|--|
| LEA:  |  | Building: |  | Monitoring Staff: |  |
| List Students Reviewed:   |  |           |  |                   |  |
| <b>SUMMARY</b>  |  |           |  |                   |  |
| <input type="checkbox"/> <b>Part C to Part B</b> <input type="checkbox"/> <b>ECSE</b>   |  |           |  |                   |  |
| <b>REFERRAL PROCESS</b>   |  |           |  |                   |  |
| <b>Name(s) and role(s) of individual(s) making the referral.</b>  |  |           |  |                   |  |
| 200.10.a <input type="checkbox"/> IN <input type="checkbox"/> OUT <span style="float: right;">Staff Initial: _____</span><br>Rationale for not meeting indicator: _____<br>_____<br><b>If OUT, list Students:</b> _____   |  |           |  |                   |  |
| <b>(1) Reason(s) for the referral. (2) And a description of concern(s) which describes why the child is suspected of having a disability. (3) And in need of evaluation to determine eligibility for special education.</b>   |  |           |  |                   |  |
| 200.10.b <input type="checkbox"/> IN <input type="checkbox"/> OUT <span style="float: right;">Staff Initial: _____</span><br>Rationale for not meeting indicator: _____<br>_____<br><b>If OUT, list Students:</b> _____   |  |           |  |                   |  |
| <b>Date of Referral (m/d/y):</b>  |  |           |  |                   |  |
| 200.10.c <input type="checkbox"/> IN <input type="checkbox"/> OUT    Date of Referral: _____    For C to B, Date of Directory Information to district: _____    Staff Initial: _____<br>Referred to First Steps no later than 90 days before the child's 3 <sup>rd</sup> birthday? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Rationale for not meeting indicator: _____<br>_____<br><b>If OUT, list Students:</b> _____ |  |           |  |                   |  |

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Initial IEP meeting held within required timelines.**

**Date(s) of meeting(s) – (m/d/y)**

200.620.a  IN  OUT

Date of IEP Meeting: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**Dates between the IEP meeting and eligibility determination meeting are not more than thirty (30) calendar days.**

200.620.b  IN  OUT

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**For children coming from First Steps, the IEP must be in place by the child's third birth date, if the child was referred to First Steps at least 90 days prior to the child's 3rd birthday.**

200.620.c  IN  OUT  NA

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

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|--|--|-----------|--|-------------------|--|
| LEA:   |  | Building: |  | Monitoring Staff: |  |
| List Students Reviewed:  |  |           |  |                   |  |
| <b>SUMMARY</b>   |  |           |  |                   |  |
| <b>Age 3 - 21</b>  |  |           |  |                   |  |
| <b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b>  |  |           |  |                   |  |
| <b>Child's IEP is accessible to each regular and special educator, related and other service providers responsible for implementation.</b> |  |           |  |                   |  |
| 200.660.b <input type="checkbox"/> IN <input type="checkbox"/> OUT <span style="float: right;">Staff Initial: _____</span>                 |  |           |  |                   |  |
| Rationale for not meeting indicator: _____<br>_____  |  |           |  |                   |  |
| <b>If OUT, list Students:</b> _____  |  |           |  |                   |  |
| <b>Each teacher and provider are informed of his or her specific responsibilities related to implementing the child's IEP.</b>             |  |           |  |                   |  |
| 200.660.c <input type="checkbox"/> IN <input type="checkbox"/> OUT <span style="float: right;">Staff Initial: _____</span>                 |  |           |  |                   |  |
| Rationale for not meeting indicator: _____<br>_____  |  |           |  |                   |  |
| <b>If OUT, list Students:</b> _____  |  |           |  |                   |  |
| <b>The specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.</b>            |  |           |  |                   |  |
| 200.660.d <input type="checkbox"/> IN <input type="checkbox"/> OUT <span style="float: right;">Staff Initial: _____</span>                 |  |           |  |                   |  |
| Rationale for not meeting indicator: _____<br>_____  |  |           |  |                   |  |
| <b>If OUT, list Students:</b> _____  |  |           |  |                   |  |

**IEP INCLUDES THE FOLLOWING CONTENT**

**For any child not participating 100% in the regular education environment (k12), the IEP must include a description of the extent the student will not participate and WHY full participation is not appropriate.**

200.880.a  IN  OUT

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_  
\_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**For preschool children, if all of the child's special education and related services are not provided in a regular education setting, the IEP includes: (1) A description of the extent the child will not receive special education and related services in a regular education setting. (2) Reasons WHY the IEP team determined provision of services in the regular education setting was not appropriate.**

200.880.b  IN  OUT

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_  
\_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**Special Education and related services are provided as listed on the IEP.**

200.960  IN  OUT

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_  
\_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

## BUILDING SUMMARY SHEET

|   |  |                      |  |                   |  |
|---|--|----------------------|--|-------------------|--|
| LEA:  |  | Building:            |  | Monitoring Staff: |  |
| List Students Reviewed:   |  |                      |  |                   |  |
| <b>DISCIPLINE</b>   |  |                      |  |                   |  |
| <b>LONG TERM SUSPENSIONS/EXPULSIONS (DISCIPLINARY CHANGE OF PLACEMENT)</b>  |  |                      |  |                   |  |
| <b>Child removed &gt;10 school days consecutively or where there is a pattern of removals. (See Discipline Documentation Form)</b>  |  |                      |  |                   |  |
| 300.30.a <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  | Staff Initial: _____ |  |                   |  |
| Rationale for not meeting indicator: _____  |  |                      |  |                   |  |
| _____   |  |                      |  |                   |  |
| <b>If OUT, list Students:</b> _____   |  |                      |  |                   |  |
| <b>Within ten (10) school days after decision to change placement a manifestation determination was conducted.</b>                  |  |                      |  |                   |  |
| 300.30.b <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  | Staff Initial: _____ |  |                   |  |
| Rationale for not meeting indicator: _____  |  |                      |  |                   |  |
| _____   |  |                      |  |                   |  |
| <b>If OUT, list Students:</b> _____   |  |                      |  |                   |  |
| <b>Reviewed all relevant information: (1) Child's IEP, (2) Any teacher observations, and (3) Relevant information from parents.</b> |  |                      |  |                   |  |
| 300.40.a <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  | Staff Initial: _____ |  |                   |  |
| Rationale for not meeting indicator: _____  |  |                      |  |                   |  |
| _____   |  |                      |  |                   |  |
| <b>If OUT, list Students:</b> _____   |  |                      |  |                   |  |

|   |                      |
|---|----------------------|
| <b>Determination made whether the conduct was caused by or had a direct and substantial relationship to child's disability.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |
| 300.40.b <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA   | Staff Initial: _____ |
| Rationale for not meeting indicator: _____<br>_____   |                      |
| <b>If OUT, list Students:</b> _____   |                      |
| <b>Whether conduct in question was direct result of LEA failure to implement IEP.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |
| 300.40.c <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA   | Staff Initial: _____ |
| Rationale for not meeting indicator: _____<br>_____   |                      |
| <b>If OUT, list Students:</b> _____   |                      |
| <b>If not a manifestation, determined services that would enable the child to: 1) Continue to receive educational services to continue to participate in the general education curriculum, although in another setting. 2) Progress toward meeting goals set out in the IEP. 3) Receive, as appropriate, a functional behavioral assessment (FBA) and behavior intervention services and modifications that are designed to address the behavior violation so that it does not recur.</b> |                      |
| 300.50.c <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA   | Staff Initial: _____ |
| Rationale for not meeting indicator: _____<br>_____   |                      |
| <b>If OUT, list Students:</b> _____   |                      |
| <b>Found the conduct in question was caused by, or had a direct and substantial relationship to the child's disability.</b>   |                      |
| 300.60.a <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA   | Staff Initial: _____ |
| Rationale for not meeting indicator: _____<br>_____   |                      |
| <b>If OUT, list Students:</b> _____   |                      |
| <b>OR</b>   |                      |

**The conduct in question was the direct result of the LEA's failure to implement the IEP.**

300.60.b  IN  OUT  NA Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

\_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**If conduct was a manifestation the, LEA:**

**Conducted a Functional Behavior Assessment (FBA), unless the LEA had conducted a FBA assessment before the behavior that resulted in the change of placement occurred.**

300.60.c  IN  OUT  NA Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

\_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**AND**

**Implemented a Behavioral Intervention Plan (BIP) or if a BIP already has been developed, or reviewed the BIP and modified it as necessary to address the behavior.**

300.60.d  IN  OUT  NA Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

\_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**Agency returned the child to the placement from which the child was removed.**

300.60.e  IN  OUT  NA

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

**OR**

**The parent and LEA agreed to a change of placement as part of the modifications to the Behavior Intervention Plan (BIP).**

300.60.f  IN  OUT  NA

Verification: Documentation  Interview  Observation

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list Students:** \_\_\_\_\_

## BUILDING SUMMARY SHEET

|  |  |           |  |                      |  |
|--|--|-----------|--|----------------------|--|
| LEA:   |  | Building: |  | Monitoring Staff:    |  |
| List Educators Reviewed: _____   |  |           |  |                      |  |
| <b>HQT</b>   |  |           |  |                      |  |
| <b>Special Education teachers who do not directly instruct core academic subjects or provide only consultation to subject area teachers or provide supplemental instruction in core academic subjects:</b> |  |           |  |                      |  |
| <b>Hold a bachelor's degree.</b>   |  |           |  |                      |  |
| 100.470.a <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  |           |  | Staff Initial: _____ |  |
| Rationale for not meeting indicator: _____   |  |           |  |                      |  |
| _____  |  |           |  |                      |  |
| <b>If OUT, list educators:</b> _____   |  |           |  |                      |  |
| <b>Hold appropriate special education certification.</b>   |  |           |  |                      |  |
| 100.470.b <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  |           |  | Staff Initial: _____ |  |
| Rationale for not meeting indicator: _____   |  |           |  |                      |  |
| _____  |  |           |  |                      |  |
| <b>If OUT, list educators:</b> _____   |  |           |  |                      |  |
| <b>Special Education teachers who are teachers of record in core academic subjects:</b>  |  |           |  |                      |  |
| <b>Hold a bachelor's degree.</b>   |  |           |  |                      |  |
| 100.470.c <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  |           |  | Staff Initial: _____ |  |
| Rationale for not meeting indicator: _____   |  |           |  |                      |  |
| _____  |  |           |  |                      |  |
| <b>If OUT, list educators:</b> _____   |  |           |  |                      |  |

**Hold appropriate special education certification.**

100.470.d  IN  OUT

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list educators:** \_\_\_\_\_

**Demonstrate subject-matter competency in every core subject taught either through:**

- o Missouri Content Assessments (after September 2014) or the Praxis II Test.
- o HOUSSE Rule (House Objective Uniform State Standard of Evaluation).

100.470.e  IN  OUT

Staff Initial: \_\_\_\_\_

Rationale for not meeting indicator: \_\_\_\_\_

**If OUT, list educators:** \_\_\_\_\_