

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

## San Antonio Independent School District Department of Special Education Services

### Student Eligibility Folder Review (SEFR)

## For eSped

**Directions:** Campus staff, supervisors and teachers specialist are to use this form when reviewing eligibility folders for compliance purposes and for the transfer of eligibility folders from one SAISD campus to another SAISD campus. Place a check mark for “yes”, “no”, or “N/A” for each indicator.

### Eligibility Folder Review: Left Side

	Indicators	Yes	No	N/A	Comments
	Receipt for the Guide to the Admission, Review and Dismissal Process Booklet (top-left side)				
	Medical Verification for Speech Service				
	Parental Consent to Access SHARS Benefits and Release Records				
	Home Language Survey				
	Home Language Preference				
	Receipt for Explanation of Procedural Safeguards - Distribution Log				
	Vocational assessment Level I (Parent Interview, teacher interview, student interview)				Completed prior to student’s 14 <sup>th</sup> birthday and must be reviewed at the annual review ARD, and updated at each annual review ARD thereafter.
	IDEA Transfer Of Rights Letter				
	SEMS Profile Sheet (Updated and current)				
	Record of Access to Confidential Files (bottom-left side)				

**Second review, if needed:**

Reviewed by: _____		
Date: _____		
Corrections needed?	Y	N
Corrections to be completed by: _____		

Reviewed by: _____		
Date: _____		
Corrections needed?	Y	N
Corrections to be completed by: _____		

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Department of Special Education Services**

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**Eligibility Folder Review: Right Side**

	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
	<b>Notice(s) of Current Annual ARD/IEP in folder</b>				<b>Sent: ARD:</b>
	ARD /IEP Notice <b>dated at least 5 school days before</b> scheduled meeting <b>or waiver documented</b>				
	Purpose of meeting checked				
	ESY checked for annual review				
	Consideration of transition services, if appropriate				
	Reason(s) Action(s) proposed checked				
	Options considered and rejected				
	Those invited to attend (Agency representatives checked, if appropriate)				
	Assigned surrogate parent (invited when appropriate)				
	If transition is to be discussed, student invited (required for students 16 years and older, 12 years of age if autistic)				
	Student invited to the ARD (Recommended at age 12)				
	Adult student invited (Required at age 18)				
	Evaluations, records, or reports to be discussed				
	Parent or adult student signature				
	Evidence of three notices sent if parent not in attendance at ARD (Three dates at top of right hand corner will suffice for documentation purposes)				

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
	<b>Current Annual ARD/IEP in Folder</b>				<b>Date:</b>
	Reason for meeting				
	Interpreter identified for persons and/or parent(s)/guardians/adult students who are deaf or whose language is other than English.				
	<b>Determination of Present Levels</b>				
	FIE/REED is current				<b>Date:</b>
	Eligibility Report(s) Dates				
	Student Vision (if applicable)				
	Additional evaluation needs addressed				
	Previous assessment results				
	All eligibility codes listed				<b>Codes:</b>
	<b>Development of the Individual Educational Program</b>				
	Previous IEP year achievement reviewed (if applicable)				
	PLAAFP addressed in all appropriate areas				
	Transition Addressed				
	Transition Supplement attached (if applicable)				
	Considered transition services for students by age 16 or younger (for autism - by age 12)				
	Transition goals addressed				
	Measurable post secondary goals addressed (if applicable)				
	Graduation code addressed (if applicable)				
	Graduation Supplement attached (if applicable)				
	Behavior needs addressed				
	Statement of assurance addressed				
	Language needs addressed				
	Communication needs addressed				
	Physical needs addressed				
	Assistive Technology Addressed and Justified				
	<b>ARD/IEP Goals and Objectives (Check on each IEP)</b>				<b>List all IEP subjects:</b> <input type="checkbox"/> English/Lang Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Speech <input type="checkbox"/> BIP <input type="checkbox"/> Other <input type="checkbox"/> Other
	Goal type (Instructional, Related, Transition)				
	ARD/IEP Committee acceptance noted				
	Goal(s) are measurable				
	Duration of Services specified				
	Language of delivery				
	ESL / Bilingual Specified				
	Enrolled Grade				
	Objectives are measurable (if applicable)				

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
	Implementers specified				
	Method of evaluation				
	Parent notification				
	<b>Accommodations / Modifications Determined by ARD/IEP Committee</b>				
	Altered assignments addressed (if applicable)				
	Altered instruction addressed (if applicable)				
	Adapted instruction addressed (if applicable)				
	Adapted materials addressed (if applicable)				
	Managing behavior by: addressed (if applicable)				
	Required equipment / Assistive technology addressed (if applicable)				
	<b>Participation in State and District Assessment Program</b>				
	Previous assessment results				
	Current year TAKS assessments addressed				
	State assessment decision in alignment with enrolled grade level and the level of the student instruction (if applicable)				
	Rationale for assessment decisions				
	Allowable accommodations addressed				
	Next years TAKS assessments and accommodations addressed (if applicable)				
	Physical Fitness assessment addressed				
	TELPAS addressed (if applicable)				If "No" was selected, box will not print out on report
	District wide assessments addressed				
	<b>LRE Instructional Settings</b>				
	Service alternatives and supplementary aids addressed and justified				
	LRE Section noted placement in general education <i>or</i>				
	LRE Section noted removal from general education classroom <i>or</i>				
	LRE Section noted removal from general education campus <b>and</b> justification statement is included				
	<b>Opportunity to Participate</b> Non academic and extra curricular limitations noted / explained (if applicable)				

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
	Consideration of Potential Harmful Effects				
	Involvement / Progress in general curriculum				
	<b>Schedule of Services / Courses</b>				
	Notification of parents addressed				
	Current schedule addressed				
	Year Addressed				
	Classes / Courses Named, Grade given				
	Notation of TEKS or Modified TEKS				
	Minutes per day in general education documented accurately				
	Minutes per day in special education documented accurately				
	Progress grade determination made				
	Both school years addressed				
	<b>Related Services and Other Instructional Support / Services documented, if appropriate</b>				
	Service - Direct <b>and/or</b> Consult				
	Frequency / Duration				
	Location of service				
	Both school years addressed				
	<b>IEP Service / Support</b>				
	Service (i.e. Co-T, CS, Speech) addressed				
	Frequency / Duration				
	Location of service				
	Both school years addressed				
	<b>Placement of Services</b>				
	Name of campus				
	Correct Instructional Setting and code				
	Speech Therapy Services addressed				
	Next years information addressed				
	Justification statement of needed services not available on home campus (if applicable)				
	Assurances for Placement and Services addressed				
	Access to and Destruction of Records addressed				

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
	<b>Review of Committee Decisions</b>				
	Assessments addressed (if applicable)				
	Extended School Year Services addressed				
	Appropriate IEP box checked				
	Behavior Intervention Plan addressed (if applicable)				
	Special transportation addressed (if applicable)				
	Deliberations Included				
	<b>Signature Page</b> All ARD/IEP decision makers and participants are noted				
	Mutual agreement or Recess noted				
	Initial Placement signed (if applicable)				

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
	<b>ARD Supplements Attached</b>				
	Functional Behavioral Assessment				
	Behavior Intervention Plan				
	Transportation Supplement				
	Transition Service Plan				
	Skilled Nursing Form				
	TAKS-M Supplement				
	TAKS-Alt Supplement				
	Extended School Year (supplement available for each school year services are recommended)				
	Autism /Pervasive Developmental Disorder Supplement				
	In-Home/Parent Training				
	Consent for Initial Placement				
	Review of Existing Evaluation Data/Triennial Review				
	<b>Other Supplements Attached</b>				
	Manifestation Determination Review				
	Transition Summary of Performance				
	Auditory Impairment Supplement				
	Visual Impairment Supplement				
	Referral to a Regional Day School Program for the Deaf				
	Communication Needs of Deaf or Hard of Hearing Student				
	Out-of-District Placement Verification e.g., Texas School for the Blind				
	Medically Fragile				
	<b>Progress Reports for each grading period included in folder</b>				
	<b>Results of State Assessment</b>				
	TAKS/TAKS-A Confidential Student Report				
	TAKS-Alt Observation form and rubric				
	TAKS-M Confidential Student Report				

## Student Eligibility Folder Review (SEFR) Summary

### Campus to Campus Transfer (including End of Year Transfer):

Sending School \_\_\_\_\_ Receiving School \_\_\_\_\_

After reviewing the designated folder, the following has been found:

\_\_\_\_\_ The student folder is correct.

\_\_\_\_\_ The student folder is in need of corrective action due to the following reason(s): Circle items needing corrective action.

1. \_\_\_ Annual Review is not current.
2. \_\_\_ FIE/REED is not current.
3. \_\_\_ REED – Additional assessment(s) requested not completed (if an ARD requested testing to be done within the school year and it was never completed, supervisor/teacher specialist must notify Dr. Carreon and area coordinator). Do not transfer folders without a corrective plan.
4. \_\_\_ Missing IEP goals/objectives- (*IEP Goals and objectives written for students taking TAKS M/TAKS Alt in ELA, Math, Science, SS for current school year and upcoming school year and/or determined in student's current ARD.*)
5. \_\_\_ Missing any supplements (\_\_\_ FBA, \_\_\_ BIP, \_\_\_ VI, \_\_\_ AI, \_\_\_ TAKS M, \_\_\_ TAKS Alt, \_\_\_ ESY, \_\_\_ AU, \_\_\_ In-Home Training, \_\_\_ Skilled Nursing, etc.)
6. \_\_\_ Transportation Supplement is not completed for current/upcoming school year and archived
7. \_\_\_ State Assessments not addressed-(TAKS Modifications/Accommodations must align with state assessment, aligned supplements/manipulatives listed per subject for both current school year and upcoming school year)
8. \_\_\_ Missing IEP progress reports \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> grading period
9. \_\_\_ Schedule on IEP does not match iTCCS Schedule
10. \_\_\_ ARD and related documents are not archived.

Corrective Action to be completed by: \_\_\_\_\_

\_\_\_\_\_  
Sending Campus Staff Signature/Date

\_\_\_\_\_  
Receiving Campus Staff Signature/Date

\_\_\_\_\_  
Supervisor/Teacher Specialist Signature/Date  
(For corrective action or promotional purposes)

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### **Second Review, if needed:**

My signature verifies that corrective action has been completed and folder is ready for transfer.

\_\_\_\_\_  
Sending Campus Staff Signature/Date

\_\_\_\_\_  
Receiving Campus Staff Signature/Date

\_\_\_\_\_  
Supervisor/Teacher Specialist Signature/Date