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| **SKYWARD/DISTRICT CONTROLLED** | |
| ***Screen Identification*** | ***Information Addressed*** |
| Student Information | Auto populates from Skyward |
| Enrollment Dates | Complete if terminating spec ed services |
| PEIMS Data | Auto populate from within ARD paperwork |
| Student Status | Auto populates from Skyward |
| District Information | Administratively controlled |
| Contact Information | Auto populates from Skyward |
| Contact Information | Auto populates from Skyward |
| Access to and destruction of records | Administratively controlled |
| **ASSESSMENT PERSONNEL** | |
| ***Screen Identification*** | ***Information Addressed*** |
| Student Information | Special Education Status, Plan Participants |
| Medicaid Information | Check the box that states *(If checked, print the annual notification on the Full ARD report)* |
| Development of IEP/Transition | Graduation Supplement |
| Consolidation of Important Dates | Check ARD date, FIE date, Initial FIE date, and Initial ARD date.  Unless there has been a staffing with Pam, check **NO** to the following statement: *(The reason for the request indicates a claim that the child should have been referred for an initial evaluation prior to the current school year.)* |
| Beginning of ARD | Meeting date/reason, FIE date, Eligibility/dates |
| Review of Additional Evaluation/Information | Disability/eligibility criteria; PEIMS disability data |
| Behavior/Language | Behavior and Language needs (LEP) |
| Communication/Physical/AT Needs of the student | Addresses speech/auditory/visual/autism – supplements, if needed |
| Summary | Academic areas impacted by disability and discussion in Summary |
| Measurable Annual Goals (\*as needed) | Behavior (\*only if providing counseling services) and Speech Language |
| Dyslexia | Complete if necessary |
| Physical Fitness Assessment | Addresses physical fitness need |
| Placement of Services (1) | Current/next Year Campus; Instructional Setting Code; Speech Therapy; PPCD |
| Placement of Services (2) | Assurances |
| Review of Committee Decisions | Check what’s appropriate, access deliberations |
| Committee Members and other Participants (1) | Indication of those present at ARD |
| Prior Written Notice | Indication of parent’s awareness of ARD |
| End of ARD | Indication of mutual agreement, parent attendance/waiver agreement; Initial Provision of Services |

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| **INSTRUCTIONAL PERSONNEL/RELATED SERVICES PERSONNEL** | |
| ***Screen Identification*** | ***Information Addressed*** |
| Development of IEP/Transition | PLAAF/Transition/Transition Services |
| Communication/Physical/AT Needs of the student | Must address AT needs |
| Measurable Annual Goals | Goals and objectives development (including adaptive behavior goals) |
| Accommodations | Indicate “Yes” or “No.” Note if Personal Care Services/complete supplement, if needed |
| Accommodation List | Indicate subjects and select accommodations as needed. |
| State/District Assessment Results | Contains previous assessment results; Acceleration Instruction Plan, if needed |
| eStar State Assessment (STAAR) | Indicates current and year STAAR tests |
| STAAR Accommodations | Accommodations should align with Accommodation List |
| TELPAS | Dependent on LEP or not |
| District Wide Assessment | Indicates grade level assessment and type |
| LRE (5 screens) | Determines least restrictive environment (LRE) |
| Schedule of Services | Indicates instructional day, need for ESY, and Transportation. Schedule of Services includes additional services provided as a result of a claim of a delayed initial referral **(*do not check this box unless there has been a staffing with Pam)*** |
| Course/Curriculum | Indicates classes and location |
| eStar Related/Other Services | Type of service, time, location |
| IEP Services/Supports | Co-teach/ Instructional Support time/location |