

**EDUCATIONAL BENEFIT
CHECKLIST**

Ventura County SELPA

Student Name _____ D.O.B. _____ Date _____

The Case Manager reviews the file, looking back to the most recent evaluation – initial or triennial, (Should include reports from all assessors and Independent Educational Evaluations (IEE's)).

1. Assessment

List all areas of need originally noted in the assessment report(s) as of date: _____

For the current IEP:

2. Present Levels of Academic Achievement and Functional Performance

- Were all needs identified in the assessment reports and subsequent IEPs noted in the Present Levels?

Yes No (Explain) _____

- Was progress from last year's goals reviewed?

Yes No (Explain) _____

3. Transition Outcomes (over 15)

- Were transition assessments given in both interests and skills?

Yes No (Explain) _____

- Did student specify desired outcomes for life after High/postsecondary School?

Yes No (Explain) _____

- Were needs toward those outcomes identified?

Yes No (Explain) _____

4. Goals

- Were all areas of need from both present levels and transition outcomes that were agreed upon by the IEP Team addressed in Annual Goals, or, if not, was justification given?

Yes No (Explain) _____

- Are the goals measurable, including accuracy and consistency?

Yes No (Explain) _____

- Is there a system to collect data on each goal that produces quantifiable data based on criteria specified in the goals?

Yes No (Explain) _____

5. **Services**

- Are services to be provided adequate to address the goals from both Present Levels and Transition outcomes?
 Yes No (Explain) _____
- If appropriate, are the goals written to be transdisciplinary, to ensure classroom/community carry over?
 Yes No (Explain) _____

6. **Accommodations and Modifications**

- Are they specified for classroom instruction/district assessment?
 Yes No (Explain) _____
- Are they specified for Statewide Assessments?
 Yes No (Explain) _____
- Are they specified for CAHSEE?
 Yes No (Explain) _____
- Are they specified for promotion/retention?
 Yes No (Explain) _____

7. **Progress**

- *(If student has not made progress in an area of need)*
 - Were goals changed? Yes No (Explain) _____
 - Were services changed? Yes No (Explain) _____
- *(If student did make progress in an area of need)*
 - Were new goals in same area developed or did the team note there was no longer a need?
 Yes No (Explain) _____
 - Were services faded to be less restrictive to the student?
 Yes No (Explain) _____

This IEP is reasonably calculated to confer Educational Benefit. Yes No

Signature: _____

Date: _____

Title: _____