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: ________________________________