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**2019-2020**

**Semiannual Educable Child Review**

**Documentation of LEA Visit to Nonpublic School**

**LEA Name:**

**Nonpublic School Name:**

**Date of Visit:**

***Complete the information below for each Nonpublic School the LEA conducted a visit.***

**LEA Participants: (Identify all LEA team members by name and role)**

1. **Certified staff were interviewed to ensure appropriate services are being**

**provided for each student placed at this nonpublic school.**

**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

1. **The nonpublic school employs special education and related services personnel that are certified, endorsed, or licensed in the areas of assignment.**

**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

1. **The LEA has determined the nonpublic school is adequate to provide appropriate services for each student placed.**

**\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

1. **Students receive the amount of special education and related services specified in their IEP.**

**\_\_\_\_\_ Yes \_\_\_\_\_ No**

1. **The LEA assures that the IEP for the student is being implemented.**

**\_\_\_\_\_ Yes \_\_\_\_\_ No**

1. **Students placed by the LEA are provided an education that meets the standards that apply to education provided by the LEA.**

**\_\_\_\_\_ Yes \_\_\_\_\_ No**

1. **The LEA assures that the written curriculum is aligned with the Common Core State Standards (CCSS) and provides opportunity for access to and progress in the CCSS as appropriate for the students placed at the nonpublic school.**

**\_\_\_\_\_\_ Yes \_\_\_\_\_ No**

1. **Written reports are sent to parents on the same timely basis as those provided to parents in the LEA.**

**\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

1. **The nonpublic school has a process to transfer course work and credit information in an appropriate format to the LEA according to the Minimum Standards for the Academic Record.**

**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

1. **Staff development is provided to improve education.**

**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**11. The LEA assures arrangements are made for those students who are eligible to be tested.**

**\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

**Name of School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Student’s Name:** | **Present on Day of Review** | |
| **Yes** | **No** |
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