

STUDENT NAME:

ID#:

DATE OF IEP:

Comprehensive Evaluation Process for English Learners (CEP-EL) Checklist

This document certifies that newly identified or re-evaluated English learners have been provided a comprehensive evaluation upon identification. It is not a certification of disability. This form may be reviewed for compliance.

I. REVIEW OF BACKGROUND INFORMATION

FOR ENGLISH LEARNERS CONSIDERED FOR AN INITIAL SPECIAL EDUCATION REFERRAL

The following actions must occur during the pre-referral intervention stages (RtI Tier 1 & 2) to ensure specific *academic, behavioral, and/or English language development concerns* were addressed:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of cumulative file review for the following information: report cards, attendance history, behavior history, primary language proficiency, and progress in English language proficiency
<input type="checkbox"/> <i>Cumulative File Check</i> form |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence that pre-referral teams began to rule out extrinsic factors as primary contributors and actions were taken to address any concerns
<input type="checkbox"/> Section A of <i>English Learner Extrinsic Factors</i> form
Physical and Psychological Factors that May Impact Learning
<input type="checkbox"/> Section B of <i>English Learner Extrinsic Factors</i> form
Personal and Cultural Factors that May Impact Learning
<input type="checkbox"/> Section C of <i>English Learner Extrinsic Factors</i> form
Language Development Factors that May Impact Learning
<input type="checkbox"/> Section D of <i>English Learner Extrinsic Factors</i> form
Previous and Current Learning Environment Factors that May Impact Learning |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian participation in the pre-referral process using an interpreter when necessary, via attendance at the pre-referral intervention meeting, phone conversation, home visit, or conference
OR multiple attempts at contact using an interpreter when necessary |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence that identified concerns were systematically addressed in
<input type="checkbox"/> an initial pre-referral meeting DATE:
<input type="checkbox"/> a follow-up pre-referral intervention meeting to evaluate progress and the effectiveness of the plan DATE:
<input type="checkbox"/> <i>English Learner Intervention Summary</i> form in cumulative folder
OR
There is evidence of a history of <i>severe</i> medical and/or developmental problems (e.g., orthopedic, hearing, or visual impairment, intellectual disability, traumatic brain injury) that adversely impacts educational progress and a problem-solving team met to address student needs
<input type="checkbox"/> <i>English Learner Intervention Summary</i> form |

II. ASSESSMENT

REVIEW OF PREVIOUS ASSESSMENTS FOR STUDENTS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES

Yes No

- The student’s initial identification and provision of special education services were reviewed for appropriateness. Consider factors such as physical, psychological, personal, cultural, language development, and previous/current learning environment factors

CURRENT ASSESSMENT

Yes No

- Current assessment incorporates information from multiple contexts, tools, and perspectives, including information from the parent/guardian
- Health assessment is completed, including vision and hearing
- Comprehensive academic assessment is completed, including review of ELD progress, work samples, response to interventions implemented, strength and weakness patterns across content areas, and classroom observations
- Student is assessed in all areas of suspected disabilities and concerns such as language-communication, cognition-general ability, abilities of intellectual processing, adaptive behavior and social-emotional functioning
- Tools are selected and administered as to not be discriminatory on a linguistic, racial or cultural basis
- The IEP and assessment report(s) document the following:
- Assessments completed in the primary language or the language(s) most likely to yield accurate information on what the student knows and can do. *Justify your choice below*
 - Assessments completed by qualified personnel competent in student’s primary language with knowledge and understanding of the cultural and ethnic background of the student
- OR**
- An interpreter was used and the assessment report notes that this may have affected the validity of the assessment
- The above items are not feasible. *Explain below*

Justification of language(s) of assessment:

III. IEP TEAM DETERMINATION OF ELIGIBILITY

A. DETERMINATION OF DISABILITY

Yes No

- The IEP team determination of disability is based on documented information that incorporates multiple contexts, tools, and perspectives, including information from the parent/guardian **AND** not based on the use of any single measure or assessment

B. CONSIDERATION OF EXCLUSIONARY CRITERIA

Yes No

- The IEP team determines that the student’s educational needs **were not** primarily due to extrinsic factors, including:
- lack of appropriate instruction
 - unfamiliarity with the English language
 - environmental or economic disadvantage
 - cultural factors
 - temporary physical disabilities
 - social maladjustment
- OR**
- The IEP team determines that the student’s educational needs **were** primarily due to the following extrinsic factor(s), and therefore, **not eligible** for special education services: _____
- All assessment reports contain an exclusionary criteria statement specific to the disability or disabilities

Provide an exclusionary criteria statement for the disability or disabilities:

C. DETERMINATION OF ELIGIBILITY FOR PRIMARY DISABILITY (Check one):

See Special Education Policies and Procedures Manual, Appendix A, Disability Definitions

- Autism
- Deaf-Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment

- Intellectual Disability
 - Multiple Disabilities
 - Orthopedic Impairment
 - Other Health Impairment
 - Specific Learning Disability
 - Speech/Language Impairment
 - Traumatic Brain Injury
 - Visual Impairment
- The assessment report contains an eligibility statement for the primary disability

Provide an eligibility statement for the primary disability identified above:

IV. IEP TEAM SUPPORTS AND SERVICES

THE FOLLOWING DOCUMENTATION APPEARS IN THE IEP:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The IEP team includes a credentialed/certified person with second language expertise who is knowledgeable about second language acquisition and cultural competence |
| <input type="checkbox"/> | <input type="checkbox"/> | The school took whatever action is necessary to ensure that the parent/guardian understands the proceedings of the IEP team meeting, including arranging for an interpreter if necessary |
| <input type="checkbox"/> | <input type="checkbox"/> | The present levels of performance <ul style="list-style-type: none"> <input type="checkbox"/> Identify the student as an English learner <input type="checkbox"/> Identify the language proficiency assessments used (CELDT, primary language assessments) and interpret their results <input type="checkbox"/> Indicate the student’s instructional program and language of instruction <input type="checkbox"/> Identify who will provide English Language Development (ELD) instruction |
| <input type="checkbox"/> | <input type="checkbox"/> | A statement justifying placement in the least restrictive environment |
| <input type="checkbox"/> | <input type="checkbox"/> | All academic goals are culturally and linguistically appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | The IEP includes ELD goal(s) that are: <ul style="list-style-type: none"> <input type="checkbox"/> aligned with ELD Standards <input type="checkbox"/> clearly identified in the IEP |

ATTACH TO IEP AND PLACE COPY IN SPECIAL EDUCATION CONTAINER