**INDIVIDUAL STUDENT GENERAL SUPERVISION FILE REVIEW CHECKLIST- LEAST RESTRICTIVE ENVIRONMENT**

**Version 1 April 2021**

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| Name of Student (Last, First):  Region: | Reviewed by: |
| Date of Birth: | Age: |
| Category of Eligibility: | Initial IEP Date: |
| Current Eligibility Report Date: | Current Annual IEP Date: |
|  | Current Preschool Student Yes No |

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| **Least Restrictive Environment** | | | | |
| **Item 1** | | **Yes** | **No** | **N/A** |
| Does the child receive any Special Education and Related Services outside of the regular education classroom? | |  |  |  |
| If yes, is there evidence that the IEP team considered and ruled out a less restrictive environment? (ie. discussion documented in IEP and PWN regarding the reason for services outside of the classroom) | |  |  |  |

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| **Item 2** | | **Yes** | **No** | **N/A** |
| Does the child have more than three documented incidents of behavior? (incidents needing an incident report and reported to BHD) | |  |  |  |
| If yes, did the team conduct an Functional Behavioral Analysis?  (checklists, behavior tracking, evaluations, observations used to understand the cause of the behavior) | |  |  |  |
| If no, explain: | |  |  |  |
| If the child has documented behavior concerns of any degree, are there services or supports in place to address them? (goals, services, supplementary aids or services, behavior plans, etc. ) | |  |  |  |
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| **Item 3** | | **Yes** | **No** | **N/A** |
| If communication needs are mentioned in the file, did the team conduct assessments in these areas? (multiple assessment sources such as BDI, CAAP, CELF, PLS, observations, language samples, etc.) | |  |  |  |

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| **Item 4** | | **Yes** | **No** | **N/A** |
| There is evidence that all IEP team members’ concerns have been addressed (check IEP, notes, minutes, PWN, etc). | |  |  |  |

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| Compliant | Non-Compliant | | | |
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