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# Service Verification Tool

Program Compliance Review

\* Required

**School \***

**Classroom/Setting**

General Education

Resource

Separate

Co-Teaching

Other:

**Unique ID #/Student Initials**

**Student Disability**

You can find this on the CECAS overview of goals.

## Individualized Education Program

Reminder:

"Not Applicable" means that there was no opportunity available to observe the particular element OR it was not appropriate for that particular activity or setting.

**IEP Goal**

Use additional boxes if multiple goals are being addressed.

**IEP Goal**

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**There is evidence of IEP goals being worked on in the classroom.**

- Observed
- Not Observed
- Not Applicable

**There is evidence of data being collected on IEP goals.**

- Observed
- Not Observed
- Not Applicable

## Curriculum and Instruction

Reminder:

"Not Applicable" means that there was no opportunity available to observe the particular element OR it was not appropriate for that particular activity or setting.

**Teachers implement instruction that directly targets IEPs**

- Observed
- Not Observed
- Not Applicable

**Instructions are provided in multiple formats (written,verbal,pictures)**

- Observed
- Not Observed
- Not Applicable

**Activities are differentiated to meet individualized needs**

- Observed  
 Not Observed  
 Not Applicable

**Evidence of use of appropriate curriculum (SCOS/Adapted/OCS)**

- Observed  
 Not Observed  
 Not Applicable

**Paraprofessional staff support students with instructional and functional tasks.**

- Observed  
 Not Observed  
 Not Applicable

**EC Teachers providing services in the general education setting have a clearly observed instructional role.**

works with small group, provides whole group instruction, \*providing services that mirror a paraprofessional role is not acceptable and should be marked as "not observed"

- Observed  
 Not Observed  
 Not Applicable

## Program Notes

The comments provided in this section should be specific to elements characteristic of the program/service. Complete only those applicable. You have the option of checking all of the features OBSERVED-leave blank if NOT OBSERVED and/or a comments box for additional details.

**Occupational Therapy**

Organization, Handwriting, Fine Motor, Sensory Supports

**Occupational Therapy**

Organization, Handwriting, Fine Motor, Sensory Supports

- Organization
- Handwriting
- Fine Motor
- Sensory Supports

**Physical Therapy**

Gross Motor, Mobility, Safety, Campus Access, Adapted PE

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**Physical Therapy**

Gross Motor, Mobility, Safety, Campus Access, Adapted PE

- Gross Motor
- Mobility
- Safety
- Campus Access
- Adapted PE

**Speech/Language Therapy**

Articulation, Pragmatics (Social Language), Communication Devices

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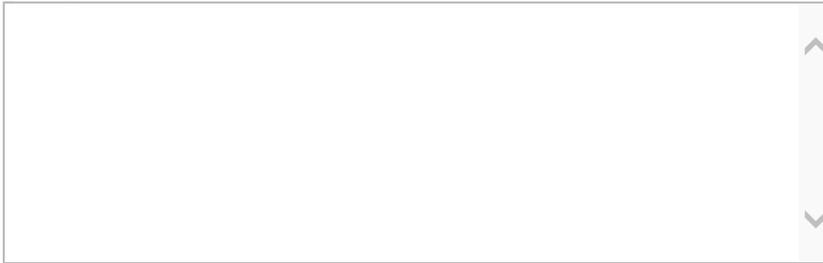
**Speech/Language Therapy**

Articulation, Pragmatics (Social Language), Communication Devices, Expressive and Receptive Language

- Articulation
- Pragmatics (Social Language)
- Communication Devices
- Expressive Language
- Receptive Language

**Autism**

Visual Schedules, Individual Schedules, Work/Task Schedules, Reinforcers, Environmental Arrangements

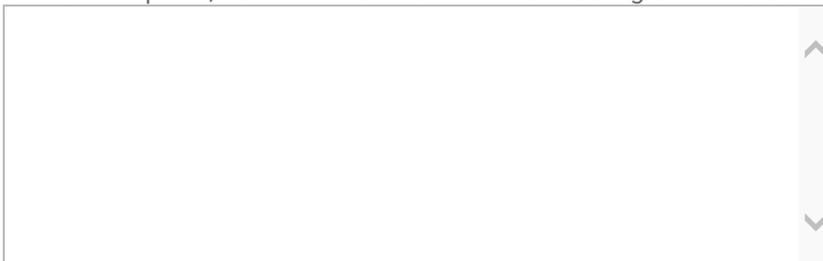
**Autism**

Visual Schedules, Individual Schedules, Work/Task Schedules, Reinforcers, Environmental Arrangements

- Visual Schedules
- Individual Schedules
- Work/Task Schedules
- Reinforcers
- Environmental Arrangements

**Vision**

Teacher uses descriptive terms when presenting pictures, graphs, etc.(need to describe what others see), reading verbatim board work or providing desk copy in preferred medium, spatial and directional terminology, materials provided at same time as peers, participation in classroom activities as peers, hands on materials as needed during demonstrations/activities.

**Vision**

Teacher uses descriptive terms when presenting pictures, graphs, etc.(need to describe what others see), reading verbatim board work or providing desk copy in preferred medium, spatial and directional terminology, materials provided at same time as peers, participation in classroom activities as peers, hands on materials as needed during demonstrations/activities.

- Enlarged Materials
- Preferential Seating
- Descriptive Language
- Hands-On Opportunities

**Hearing**

Amplification (hearing aids; cochlear implant), FM System, Sign Language Interpreter; Language Facilitator; preferential seating

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**Hearing**

Amplification (hearing aids; cochlear implant), FM System, Sign Language Interpreter; Language Facilitator; preferential seating

- Amplification
- FM System
- Sign Language Interpreter
- Language Facilitator
- Preferential Seating

**Multiple Disabilities**

Safety, Privacy for Personal Needs, Class Size, Functional Activities

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**Multiple Disabilities**

Safety, Privacy for Personal Needs, Class Size, Functional Activities

- Safety
- Privacy for Personal Needs
- Class Size
- Functional Activities

**Behavior**

Charts, Positive Reinforcement, Redirection, Behavior Plan in Effect, Accommodations

**Behavior**

Charts, Positive Reinforcement, Redirection, Behavior Plan in Effect, Accommodations

- Charts
- Positive Reinforcement
- Redirection
- Behavior Plan in Effect
- Accommodations

**SUMMARY**

This is an opportunity to record any thoughts or concerns. I'd like for us to be able to include "WOW" moments whenever possible.

**WOW!**

This is an opportunity to note things that were going well. This information will be included in the final report under COMMENDATIONS.

**OH MY!**

This is an opportunity to note things that were challenging or presented a significant concern. This information will be used to formulate recommendations or to initiate a critical conversation.

**Submit**

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