

DVR PREPARATION WORKSHEET

School: _____ DVR Date(s): _____

School DVR Team Members: _____ / _____

DVR Team Facilitator: _____ Phone #: _____

Total School Population: _____ # of Students with IEPs: _____ # of Students with 504 Plans: _____

DVR ACTIVITIES AND SCHEDULE	
Activity	Time
Opening Meeting	8:00 – 8:30
Administrator and Staff Interview	8:30 – 9:00
Parent Meeting	8:30 – 9:30
Classroom Observations	9:30 – 12:00
Document Review	On-going
Record Review	On-going
Implementation Activities	On-going
Summary Conference	Upon completion of review activities

#	✓	A. PRELIMINARY TASKS TO BE COMPLETED BY SCHOOL
A		Send Parent Survey, Cover Letter and Parent Meeting Flyer three weeks before DVR
B		Send Parent Meeting Flyer a second time if necessary (Write the date sent on the flyer)
C		Distribute Staff Survey and Cover Letter three weeks before DVR
D		Select private room with internet access for 6 DVR team members to work all day
E		Select 1 additional private room to be used for Parent Meeting (Arrange for interpreter from school site if needed)
F		Select staff for Administrator/Staff Interview
G		In preparation for DVR classroom observation activity, remind all teachers of recommended classroom practices listed in “School Self Review Checklist” # 30-32
H		For DVR implementation activities, inform all teachers that they may be interviewed regarding their students who are receiving services and/or accommodations documented in IEPs/Section 504 Plans
I		Display the “Complaint Response Unit/Parent Resource Network” poster in a place where the public can readily view it <i>CRU/PRN: 1-800-933-8133</i>
J		Display monthly Special Education Parent Training Calendar in a place where the public can readily view it <i>http://sped.lausd.net/, click Parent Training Calendar</i>
K		Post copy for public view of “Culture of Discipline: Guiding Principles for the School Community” AND “Culture of Discipline: Student Expectations” <i>BUL-3638.0 Discipline Foundation Policy: School-Wide Positive Behavior Support</i> (Not applicable for fiscally independent charter school)

#	✓	B. DOCUMENTS TO BE ASSEMBLED FOR THE DVR TEAM TO REVIEW
1		List of classrooms with teachers' names and room numbers, school map and bell schedule
2		Current Transportation Routing List for Special Education Students (Not applicable for fiscally independent charter school)
3		Returned Parent Surveys
4		Returned Staff Surveys
5		Parent Meeting Flyers, first distribution (Write the date sent on the flyer)
6		Parent Meeting Flyers, second distribution if necessary (Write the date sent on the flyer)
7		Completed "School Support Staff" form (Download from DVR training, click Data Forms)
		Completed "Functional Analysis Assessment" form (Download from DVR training, click Data Forms)
8		Completed "Collaborative Practices" form (Download from DVR training, click Data Forms)
9		Completed "School Self-Review Checklist, Students with Disabilities: 2009-2010" REF-2624.3 School Self-Review Checklist, Students with Disabilities: 2009-2010
10		Most recent Welligent "RSP Monthly Service Log" from each Resource Specialist Teacher
11		2 completed "Request for Reasonable Accommodations" forms (Download from Welligent, click Documents)
12		Agendas, sign-ins, and evaluation forms documenting special education professional development conducted this school year; if no professional development has been completed this school year, provide evidence of planned professional development
13		Completed "School Roster of Staff Eligible to Interpret at IEP Team Meetings" OR school developed form which contains the same information REF-1596.1 Oral Interpretation at an IEP Team Meeting
14		Completed "Record of Special Education Expenditures: Program 2817" MEM-4752.0 Special Allocation for Support of Special Education Compliance (Program 2817) (Not applicable for fiscally independent charter school)
15		Completed "Administrator Certification Form" MEM-4207.2 Administrator Certification Form (Not applicable for fiscally independent charter school)
16		"Parent-Student Handbook" for 2009-2010 school year (Must contain District's nondiscrimination statement and sexual harassment policy or similar statement and policy) MEM-4695.0 Nondiscrimination Required Notices 2009-2010
17		Complaint Response Unit/Parent Resource Network "Notification Letter" on school letterhead REF-1341.6 Complaint Response Unit/Parent Resource Network for Parents of Students with Disabilities
18		"Complaint Response Unit/Parent Resource Network" brochure for 2009-2010 school year <i>CRU/PRN: 1-800-933-8133</i>
19		"Informal Dispute Resolution for IEP Disagreements" brochure REF-1410.3 Special Education Dispute Resolution – The Three Options for Parents with IEP Disputes

20	“Are you Puzzled By Your Child’s Special Needs?” brochure <i>Stores Warehouse Supply and Equipment Catalog</i>
21	“A Parent’s Guide to Special Education Services” booklet, Revised July 2007 <i>Stores Warehouse Supply and Equipment Catalog</i>
22	“The IEP and You” guide, Revised July 2008 <i>Stores Warehouse Supply and Equipment Catalog</i>
23	“The ITP and You” guide, Revised 2008 (For Secondary Only) <i>Stores Warehouse Supply and Equipment Catalog</i>
24	For 1 student with emergency behavior interventions: <ul style="list-style-type: none"> • Completed “Behavior Emergency Report for Individuals with Disabilities” • Copy of IEP that addresses this behavioral emergency <u>Bulletin No. H-50 (Rev.) Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems</u>

#	✓	C. INSTRUCTIONS FOR SELECTING STUDENT RECORDS
25		<p>Select records of 10% of students with IEPs:</p> <ul style="list-style-type: none"> • Provide entire cum and green folder (DO NOT PHOTOCOPY RECORDS) • Select IEPs that are current • Select IEPs completed by staff currently at your school • Select at least 1 IEP from each special education teacher and related services provider <ul style="list-style-type: none"> ○ Make sure that teachers and related services providers have updated in Welligent the IEP Report of Progress and Achievement from Current IEP on the goal pages • Select 1 record that contains three consecutive IEPs <ul style="list-style-type: none"> ○ At least two of the three IEPs must have been developed at your school ○ The oldest of the three IEPs must be an initial or three year review ○ Include all assessment plans and assessment reports for these 3 IEPs • Select IEPs for all students currently receiving DMH services (AB3632) • Provide 1 initial Psychologist assessment report for a current IEP <ul style="list-style-type: none"> ○ Written by the psychologist currently at your school ○ Include the initial IEP, Request for Special Education Assessment form and Assessment Plan with the report • Provide 1 initial Resource Specialist assessment report for a current IEP <ul style="list-style-type: none"> ○ Written by each RST currently at your school ○ Include the initial IEP, Request for Special Education Assessment form and Assessment Plan with each report • Provide 1 initial Related Services Provider assessment report for a current IEP <ul style="list-style-type: none"> ○ Written by any one of your Related Services providers currently at your school ○ Include the initial IEP, Request for Special Education Assessment form and Assessment Plan with the report
26		<p>Select 2 Section 504 Plans of students on track at the time of the DVR:</p> <ul style="list-style-type: none"> • Provide student’s ID number • Provide student’s schedule of classes with teachers’ names and room numbers

School:

Collaborative Practices

Provider	Collaborative Practices Information	Guidance
	<p>___ Number of RSTs co-teaching</p> <p><u>Co-teaching subject areas (Check all that apply):</u></p> <p>___ Language Arts</p> <p>___ Math</p> <p>___ Science</p> <p>___ Social Science</p> <p>___ Electives/Arts</p>	<p>Co-teaching: General and special education teachers work together to teach students in a shared classroom. Both are responsible for the planning and delivery of instruction, student achievement, assessment and discipline.</p>
RST	<p>___ Number of Learning Centers at school</p> <p>___ Number of hours per week teaching in Learning Centers (Elementary)</p> <p>___ Number of periods of electives taught in Learning Center (Secondary)</p>	<p>Learning Center: Teachers instruct student for specified periods of time and provide strategy instruction, implement supplemental programs and monitor students' progress.</p> <p><u>Elementary:</u> Add total amount of time per week each teacher provides direct service to student in the Learning Center. Round to nearest hour.</p> <p><u>Secondary:</u> Add total number of periods per week electives taught in the Learning Center. Two electives taught during the same period count as two periods.</p>
SDP	<p>___ Number of SDP teachers at school</p> <p>___ Number of SDP teachers co-teaching</p> <p><u>Co-teaching subject areas (Check all that apply):</u></p> <p>___ Language Arts</p> <p>___ Math</p> <p>___ Science</p> <p>___ Social Science</p> <p>___ Electives/Arts</p>	<p>Co-teaching: General and special education teachers work together to teach students in a shared classroom. Both are responsible for the planning and delivery of instruction, student achievement, assessment and discipline.</p>
Related Services	<p>___ Number of Related Services providers</p> <p>___ Number of Related Services providers implementing collaborative practices</p>	<p>Collaborative Practices: Includes consultation, co-teaching and providing service in the Learning Center.</p>

Local District:

District Validation Review

School:

School Support Staff

Support Staff Assigned to School	Number of Days Assigned per Week or Month	Indicate predominant language spoken by students: _____
		Staff is able to communicate in predominant language spoken by students with whom they are associated?
School Nurse #1	<input type="checkbox"/> Full Days per Week <input type="checkbox"/> Half Days per Week <input type="checkbox"/> Full Days per Month <input type="checkbox"/> Half Days per Month <input type="checkbox"/> As needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Nurse #2	<input type="checkbox"/> Full Days per Week <input type="checkbox"/> Half Days per Week <input type="checkbox"/> Full Days per Month <input type="checkbox"/> Half Days per Month <input type="checkbox"/> As needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Psychologist #1	<input type="checkbox"/> Full Days per Week <input type="checkbox"/> Half Days per Week <input type="checkbox"/> Full Days per Month <input type="checkbox"/> Half Days per Month <input type="checkbox"/> As needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Psychologist #2	<input type="checkbox"/> Full Days per Week <input type="checkbox"/> Half Days per Week <input type="checkbox"/> Full Days per Month <input type="checkbox"/> Half Days per Month <input type="checkbox"/> As needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Mental Health Provider	<input type="checkbox"/> Full Days per Week <input type="checkbox"/> Half Days per Week <input type="checkbox"/> Full Days per Month <input type="checkbox"/> Half Days per Month <input type="checkbox"/> As needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
PSA Counselor	<input type="checkbox"/> Full Days per Week <input type="checkbox"/> Half Days per Week <input type="checkbox"/> Full Days per Month <input type="checkbox"/> Half Days per Month <input type="checkbox"/> As needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Number of Special Education Paraprofessionals		<input type="checkbox"/> Number of paraprofessionals able to communicate in the predominant language spoken by the students with whom they are associated

Los Angeles Unified School District

DIVISION OF SPECIAL EDUCATION

Administrative Offices: 333 South Beaudry, 17th Floor • Los Angeles, California 90017

Mailing Address: P.O. Box 513307 • Los Angeles, California 90051-0298

Telephone: (213) 241-3335 • Fax: (213) 241-8499

RAMON C. CORTINES

Superintendent of Schools

Date:

Dear Staff Member,

As mandated in the Modified Consent Decree, the Los Angeles Unified School District conducts the District Validation Review (DVR) to monitor special education programs. A DVR team is scheduled to conduct the DVR at your school during the 2009-2010 school year.

As part of the review, the DVR team is asking that each school staff member complete a written survey regarding special education. Please complete the attached **STAFF SURVEY** and return it to your school office by tomorrow.

We look forward to your input and appreciate your participation in the DVR process.

Sincerely,

District Validation Review Team

Attachment

"The teachers, administrators, and staff of the Los Angeles Unified School District believe in the equal worth and dignity of all students and are committed to educate all students to their maximum potential."

STAFF SURVEY

School _____ Date _____

Check (✓) one response for each survey item. Please return this survey to the school office tomorrow.

Survey Item		Yes	No	Not Applicable
1	Our school has an active intervention team, such as a Student Success Team.			
2	Special education students at our school have access to general education intervention programs, such as Beyond the Bell, Extended Learning Program and LA's Best.			
3	I am aware of the referral procedures for a special education evaluation.			
4	Our school encourages parents to attend and actively participate in IEP meetings.			
5	I am aware that general education teachers at our school attend and actively participate in IEP meetings.			
6	At the end of each IEP meeting I attend, I am offered a "Staff Input Survey" to voluntarily complete.			
7	I am aware of what Least Restrictive Environment (LRE) is and how it affects instructional practices for students with disabilities.			
8	I implement the accommodations, modifications and supports documented in my students' IEPs.			
9	Our school has implemented a Learning Center where varied levels of intervention and support are provided to students.			
10	I am aware of my role in supporting the Discipline Foundation Policy for school-wide positive behavior support at my school.			
11	I am aware of the Section 504 evaluation procedures.			
12	I know who has been identified as the Uniform Complaint Procedure Designee at our school.			
13	I am aware of the progress my school is making toward achieving the outcomes of the Modified Consent Decree (MCD).			
14	Our school provides professional development to all teachers on special education issues.			

(WRITE COMMENTS ON THE BACK OF THIS PAGE)



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RAMON C. CORTINES

Superintendent of Schools

Date:

Dear Parent/Guardian,

This school year, a District Validation Review (DVR) team will review special education at your child's school.

As part of the review, the DVR team is asking parents of children with disabilities to complete a **SPECIAL EDUCATION PARENT SURVEY** and return it to the school office tomorrow.

Parents of students with disabilities are also invited to come to a **PARENT MEETING** at the school (see attached flyer). The purpose of the meeting is to give parents a chance to answer the DVR team's interview questions and talk about special education at their child's school. This is *not* an IEP meeting. We hope you will be able to attend.

Thank you for helping us with the District Validation Review.

Sincerely,

District Validation Review Team

Attachments

"The teachers, administrators, and staff of the Los Angeles Unified School District believe in the equal worth and dignity of all students and are committed to educate all students to their maximum potential."

SPECIAL EDUCATION PARENT SURVEY

School _____ Date _____

Think about your child (or children) who receives special education at this school and check (✓) one response for each survey item. Please return this survey to the school office tomorrow.

Survey Item		Yes	No	Not Applicable
1	The school has given me information to help me understand my legal rights about special education.			
2	The school gives me special education forms in the language I speak when I ask for them.			
3	I know there are different kinds of special education services.			
4	The school encourages me to attend the IEP meeting.			
5	The school gives me the IEP meeting notice in enough time for me to attend.			
6	The IEP team listens to what I have to say at the IEP meeting.			
7	I feel that I am an important part of the IEP team.			
8	I understand what is written in my child's IEP.			
9	The school gives me a copy of the IEP.			
10	The school gives me a "Parent Input Survey" at the end of the IEP meeting.			
11	My child has an IEP meeting at least once every 12 months.			
12	My child receives all the services written in the IEP.			
13	The school gives me information about my child's progress on IEP goals at progress report, report card, or parent conference time.			
14	My child participates in classes or activities with children who do not have disabilities.			
15	The school gives me information about special education parent trainings and activities.			
16	The school helps me to get involved in improving services and results for children with disabilities.			

(WRITE COMMENTS ON THE BACK OF THIS PAGE)





LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF SPECIAL EDUCATION

District Validation Review Parent Meeting 2009-2010

You are invited to come to a meeting for parents of children with disabilities.

Date: _____

Time: _____

Place: _____

The meeting will give parents a chance to answer the DVR team's interview questions and talk about special education at their child's school.

Please let us know if you will be able to come by checking (✓) "Yes" or "No" below.

(Tear-Off)

School: _____

- Yes, I will attend the DVR parent meeting.
- No, I will not be able to attend the DVR parent meeting.

Please return this to the school office tomorrow.