

**DISPROPORTIONALITY FILE REVIEW CHECKLIST - OVERREPRESENTATION**  
**Indicators SPP 9 and SPP 10**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Disability: \_\_\_\_\_ District/School: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade at Time of Referral: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**Purpose:** The file review checklist must be utilized by any district identified as having *disproportionate overrepresentation* based on race/ethnicity. The purpose of the checklist is to assist districts in determining whether ***inappropriate identification*** has occurred through the examination of general and special education policies, procedures and practices pertaining to the identification, evaluation and/or eligibility of students for special education.

**File Selection:** First, select the designated number of student files in the race/ethnicity and disability category(ies) specified in the data summary sheet for Indicators 9 and 10. To the maximum extent possible, select students from a variety of school settings whose files contain a recent eligibility committee determination (initial or reevaluation). Exclude files of students reviewed in the prior self-assessment cycle to eliminate redundancy.

**Instructions:** For each student file, review the area of inquiry, checking yes or no for each statement and documenting all supporting evidence. Determine for each file whether the district has appropriately implemented policies, procedures and practices specific to the identification, evaluation and/or eligibility of the student for special education utilizing Policy 2419, Chapters 2, 3 and 4. For each student file reviewed, denote any issue(s) of noncompliance revealed. Finally, based on the ***collective results of the file reviews***, determine the district's compliance status of Met/Not Met for ***Indicators SPP 9 and SPP 10 - overrepresentation*** on the Annual Desk Audit.

**Important Note:** This completed form and all supporting documentation must be maintained in the district's Self-Assessment/ADA data file. Copies of each file review checklist along with a summary of the results must be submitted to the Office of Federal Programs and Student Support, Special Education Services on or before April 30th.

Yes	No	AREA OF INQUIRY	Findings of Noncompliance
<b>Pre-referral and Intervention Process</b>			
<input type="checkbox"/>	<input type="checkbox"/>	1. Documentation in the student's file indicates ___ the teacher, ___ the parent, or ___ other identified the following concern(s) relevant to the student's academic and/or behavioral performance: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	2. Documentation in the student's file indicates the Student Assistance Team (SAT) consisted of at least 3 members, including the following required members (school administrator or designee, who shall serve as chairperson, a current teacher(s) and other appropriate professional staff). ___Initial ___Other  The SAT records indicate the team reviewed and documented, from the student's records, areas that may be impacting the student's performance (e.g., health, discipline, test results, grades, retentions, etc.). The review indicates the following area(s) of concern: _____ _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Documentation indicates the parent ___was invited/___attended to discuss and/or review the recommendations made by the SAT.	
<input type="checkbox"/>	<input type="checkbox"/>	3. Documentation indicates the team conducted the problem-solving process that includes designing interventions (SPL) or reviewing interventions designed by other school team(s).	

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	4. Documentation in the student's file indicates the student has been provided high quality instruction based on state-approved grade level standards aligned with the student's academic/behavioral performance deficits.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Documentation in the student's file indicates the intervention strategies were: _____ implemented over a specific period of time (i.e., but in no case beyond 45 school days) _____ monitored for effectiveness _____ modified as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	6. Documentation in the student's file includes the baseline and subsequent data required to determine the student's progress/regression after implementation of the interventions and prior to a referral for a multidisciplinary evaluation.	
<b>Multidisciplinary Evaluation Process</b>			
<input type="checkbox"/>	<input type="checkbox"/>	7. Documentation in the student's file indicates the assessment and other evaluation materials required for identification of the suspected disability were selected and administered in accordance with Chapter 3, Section 4B of Policy 2419 (e.g., tests are non-discriminatory based on race/culture, administered in the student's native language, etc.).	
<input type="checkbox"/>	<input type="checkbox"/>	8. The documented evidence indicates the evaluation was sufficiently comprehensive to identify all of the student's special education and related services need, whether or not commonly linked to the suspected disability.	
<b>Eligibility Determination Process</b>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. Documentation in the student's file indicates the Eligibility Committee consisted of the required members.  Documentation in the student's file indicates the parent was appropriately notified of the meeting.  Documentation in the student's file indicates the parent ___declined/___attended the EC meeting or ___participated by alternative means.	
<input type="checkbox"/>	<input type="checkbox"/>	10. Documentation in the student's file indicates the student's eligibility is not due to a lack of appropriate instruction in reading, a lack of appropriate instruction in math, or limited English proficiency.	
<input type="checkbox"/>	<input type="checkbox"/>	11. Documentation indicates the student met all three criteria for eligibility in special education: <ul style="list-style-type: none"> <li>• meets state eligibility requirements for specific disability category;</li> <li>• experiences adverse effect on educational performance; and</li> <li>• requires special education.</li> </ul>	

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T: File Review Checklist/Disproportionality Checklist for Indicators 9 & 10