



---

## Educational Benefit Review Form

---

Student Number: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Eligibility: \_\_\_\_\_  
Program: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Date of Current IEP: \_\_\_\_\_  
School: \_\_\_\_\_  
LEA: \_\_\_\_\_  
ISD: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
(mm/dd/yyyy)

Date of IEPs used in EBR:

_____	_____	_____
(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
_____	_____	_____
(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

### Educational Review Team

_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title

1. Are the assessments complete and do they identify all of the student's needs (including, for secondary students, postsecondary outcomes and/or career assessment/functional vocational evaluation)? (V.1.1)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

2. In Year 3, does the individualized education program (IEP), through the present level of academic achievement and functional performance (PLAAFP) statement or other IEP information, identify all of the student's significant needs? (V.1.1)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

3. In Year 3, are all of the student's needs, including, for secondary students, postsecondary outcomes, preferences, and interests, addressed by goals and objectives, transition services, and/or supplementary aids and services? (V.1.2, IX.2.3)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

4. In Year 3, are there programs and services to support all of the student's goals and objectives? (V.1.2)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

5. Do the transition services provided for the student over the three-year period of review represent a coordinated set of activities related to the student's vision for adult life? (IX.2.3)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

6. In reviewing the comparison of the PLAAFP from Year 1 to Year 2 and from Year 2 to Year 3, if the student **did not** make progress, were the goals and objectives, transition activities, or programs and services in Year 3 changed in the IEP to facilitate the student's future progress? (V.1.4, VII.1.3)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

7. In reviewing the comparison of the PLAAFP from Year 1 to Year 2 and from Year 2 to Year 3, if the student **did** make progress, were the goals and objectives, transition activities, or programs and services in Year 3 changed in the IEP to facilitate the student’s future progress, including participation in general education? (V.1.4, VII.1.3)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

8. Were sufficient services provided to ensure that the student would make progress? (V.1.4, VII.1.3)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

9. Is this student with disabilities provided with programs and services only to the extent necessary to address his/her needs? (V.1.4, VII.1.3)

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---

10. To assess for overall compliance: Considering the answers to each of the questions above, was the IEP reasonably calculated to result in educational benefit?

- Yes       No       Don't Know       Not Applicable

Explain:

---

---

---



Continuous Improvement & Monitoring System

Please complete the information below.

Area of Need	PLAAFP		Transition Activities		Goals & Objectives		Program/ Services*		Progress Statement			
<b>YEAR 1</b>												
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>YEAR 2</b>												
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>YEAR 3</b>												
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

\*Includes programs, services, supplementary aids and services, program modifications, and transition services.