## [DISTRICT NAME] PUBLIC SCHOOLS LEAST RESTRICTIVE ENVIRONMENT (LRE) PROCEDURAL CHECKLIST

STUDENT:		DOB:			
SCHOOL:		DATE OF PPT:			
-	Note: This form is to be completed by the PPT only <u>afte</u> r all o	ther IEP components have been fully addre	ssed.		
I.	Section A: LRE Screen (This section must be completed.)		services and activities ervices, athletics, lubs sponsored by the EA and assistance in bilities.		
1.	All of the child's classes are in the regular educational enviro	nment.			
2.	The child has the opportunity to participate in nonacademic a (including meals, recess periods, and services and activities s transportation, health services, recreational activities, special child's LEA, and employment of students, including both emmaking employment available) to the same extent as peers where the same extent as peers whe	uch as counseling services, athletics, interest groups or clubs sponsored by the ployment by the LEA and assistance in			
3.	The child is educated in the school that he or she would atten	d if nondisabled.			
II. S	Section B: LRE Factors and Considerations (Complete <u>only</u> of the items in Section A. Respond to <u>all</u> items unless otherw		YES	<u>NO</u>	
1	. The PPT based the educational placement of the child upon	the child's IEP.			
2	. The PPT ensured that the child is educated to the maximum nondisabled.	extent appropriate with children who are			
3	. The PPT ensured that the child participates in nonacademic with nondisabled children to the maximum extent appropriate				
4	The PPT considered the use of supplementary aids and servi instruction, assistive technology devices or assistive technol class placement.				
5	. The PPT determined that the nature and severity of the child regular classes with the use of supplementary aids and service				
6	. The PPT selected the placement within the continuum of alto implement the child's IEP.	ernative placements which is required to			
7	. The PPT considered any potential harmful effect of the place	ement on the child.			
8	. The PPT considered any potential harmful effect of the place child needs.	ement on the quality of the services that the			
9	. The PPT considered any potential harmful effect of the place	ement on the education of other children.			

		<u>YES</u>	<u>NO</u>
10.	Complete if the child is not being educated in the school that he or she would attend if nondisabled. The child's education program is provided as close as possible to the child's home.		
11.	Complete if the child's education program has been modified as the result of procedures related to discipline. The child is receiving education services in an alternative educational setting.		
12.	Complete if the child has been hospitalized. For medical reasons the child must remain within the hospital during the school day.		
13.	Complete if the child has been placed in a residential facility for other than educational reasons. It has been determined, in accordance with the March 15, 1993 SDE-DCF Memorandum of Agreement, that for clinical reasons the child must remain within the facility during part or all of the school day.		
14.	Complete if the child is confined to a detention or correctional facility. The child must remain within the facility during the school day.		
15.	Complete if the child's parent has placed the child in a privately-operated facility. The child receives education services within the privately-operated facility.		
_	(Signature of PPT Chairperson) (D		