Educational Benefit Review (EBR) Form

Student Name: ___________________________  Date of EBR: ___________________________
Date of current IEP: ___________________________  Eligibility: ___________________________
District: ___________________________  Current grade level: ___________________________
School: ___________________________  Program: ___________________________

Date of IEPs used in EBR:

________________________  __________________________  __________________________

Educational Benefit Review Team:

(Name / Title)  (Name / Title)

(Name / Title)  (Name / Title)

(Name / Title)  (Name / Title)

Educational Benefit Review Reflection Questions

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)?
   □ 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 (including transition needs for
   secondary students)?
   □ Yes  □ No  □ Don’t Know  □ Not Applicable
   Explain:

3. In Year 3, are all of the student’s needs addressed by goals and objectives,
   supplementary aids and services, related services, and/or programs?
   □ Yes  □ No  □ Don’t Know  □ Not Applicable
   Explain:
4. In Year 3, are there related services and programs to support all of the student’s goals and objectives?

☐ 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?

☐ 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, supplementary aids and services, related services, and/or programs in Year 3 changed in the IEP to facilitate the student’s future progress?

☐ 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, supplementary aids and services, related services, and/or programs in Year 3 changed in the IEP to facilitate the student’s future progress, including participation in general education?

☐ Yes  ☐ No  ☐ Don’t Know  ☐ Not Applicable

Explain:

8. Were sufficient services provided to ensure that the student would make progress?

☐ 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?

☐ 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 most recent IEP for this student reasonably calculated to result in educational benefit?

☐ Yes  ☐ No  ☐ Don’t Know  ☐ Not Applicable

Explain: