



Department of Defense INSTRUCTION

NUMBER 1342.14

August 25, 1986

ASD(FM&P)

SUBJECT: Monitoring of the Provision of Related Services to Handicapped Children
in the DoD Dependents Schools

- (a) Public Law 94-142, "Education for all Handicapped Children Act of 1975," as amended (20 U.S.C. Sec. 1401 et seq.)
- (b) [DoD Instruction 1342.12](#), "Education of Handicapped Children in the DoD Dependents Schools," December 17, 1981
- (c) [DoD Directive 1342.13](#), "Eligibility Requirements for Education of Minor Dependents in Overseas Areas," July 8, 1982, as amended
- (d) [DoD Directive 5400.11](#), "Department of Defense Privacy Program," June 9, 1982

1. PURPOSE

This Instruction establishes policies and procedures for monitoring the provision of related services to handicapped children in the DoD Dependents Schools (DoDDS) pursuant to references (a) and (b).

2. APPLICABILITY AND SCOPE

2.1. This Instruction applies to the Office of the Secretary of Defense (OSD) and its field activity, DoDDS, and DoDDS constituent elements; the Military Departments; the Organization of the Joint Chiefs of Staff (OJCS); the Unified and Specified Commands; and the Defense Agencies (hereafter referred to collectively as "DoD Components").

2.2. This Instruction does not create any rights or remedies and may not be relied upon by any person, organization, or other entity to allege a denial of any such rights

or remedies. To the extent that this Instruction conflicts with DoD Instruction 1342.12 (reference (b)), reference (b) shall govern.

3. DEFINITIONS

The terms used in this Instruction are defined in enclosure 1.

4. POLICY

4.1. The provision of related services to handicapped children receiving or entitled to receive educational instruction from DoDDS shall be monitored regularly to determine if DoDDS and military medical commanders and military installation commanders with responsibility for such related services are in compliance with reference (b).

4.2. Monitoring is designed to improve the provision of related services by identifying weaknesses in their delivery and providing technical assistance to correct deficiencies. It also includes the identification of exemplary practices in the provision of related services.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)), or designee, shall:

5.1.1. Ensure that monitoring activities required by this Instruction are conducted on a timely and thorough basis.

5.1.2. Support monitoring teams.

5.1.3. With the assistance of the monitoring teams, evaluate compliance with the monitoring teams' recommendations and direct monitored Agencies to take corrective actions when necessary.

5.1.4. Consult, where appropriate, with the Assistant Secretary of Defense (Health Affairs)(ASD(HA)) and the General Counsel, DoD (GC, DoD) in resolving issues related to the monitoring of the provision of medically related services, including disagreements over the findings and recommendations of a monitoring team.

5.1.5. Resolve any issues regarding this Instruction that cannot be decided within overseas theaters of operations.

5.2. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)), or designee, shall provide technical assistance to monitoring teams when requested.

5.3. The General Counsel of the Department of Defense (GC, DoD), or designee, shall:

5.3.1. Provide legal counsel regarding monitoring activities conducted pursuant to this Instruction to the ASD(FM&P), the ASD(HA), and, where appropriate, to DoDDS, monitored Agencies, and monitoring teams.

5.3.2. Provide advice about the legal requirements of Public Law 94-142 and DoD Instruction 1342.12 (references (a) and (b)) to DoDDS, military medical commanders, and military installation commanders, and to other DoD personnel as appropriate, in connection with monitoring activities conducted pursuant to this Instruction.

5.4. The Director, DoD Dependents Schools, or designee, shall:

5.4.1. Provide necessary travel funding and support for team members from the Office of the Assistant Secretary of Defense technical assistance and logistical support to monitoring teams.

5.4.2. Ensure that appropriate school administrators are notified of the monitoring visit.

5.4.3. Ensure that the recommendations of monitoring teams concerning related services that are not of a medical nature are promptly implemented, unless the ASD(FM&P) otherwise directs.

5.4.4. Cooperate with monitoring teams, including making all pertinent records available to the teams.

5.4.5. In addition to the monitoring activities prescribed by this Instruction, monitor the provision of special education and related services to handicapped DoDDS students.

5.5. The Secretaries of the Military Departments, or designees, shall:

5.5.1. Provide necessary travel funding and support for their respective team members. Provide necessary technical assistance and logistical support to monitoring teams during monitoring visits to facilities for which they are responsible.

5.5.2. Ensure that monitoring teams' recommendations concerning related services of a medical nature and other related services for which the Secretary concerned has responsibility, including those to be furnished through an inter-Service agreement, are promptly implemented, unless the ASD(FM&P), in consultation with the ASD(HA) when related services of a medical nature are at issue, otherwise directs.

5.5.3. Cooperate with monitoring teams, including making all pertinent records available to the teams.

5.5.4. Monitor facilities under their jurisdiction that provide related services of a medical nature, using procedures they have developed under regulations they have issued, with enclosure 2 as a guide.

5.6. The DoD Coordinating Committee on Special Education and Related Services, (DoD Coordinating Committee), which was created by DoD Instruction 1342.12 (reference (b)), shall:

5.6.1. Conduct monitoring activities under this Instruction, either through its own members or through representatives, normally DoD personnel, whom it designates. The Military Departments will be given the opportunity to nominate qualified individuals to serve on monitoring teams.

5.6.2. Advise the ASD(FM&P), the ASD(HA), and the GC(DoD) regarding monitoring activities, the recommendations of monitoring teams, and the adequacy of compliance with those recommendations by monitored Agencies.

5.6.3. Perform such other functions related to this Instruction that are assigned by the ASD(FM&P) and that, subject to his or her approval, are requested by a Secretary of a Military Department, the ASD(HA), or the GC(DoD).

5.7. The Unified and Specified Commanders, or designees, shall:

5.7.1. Provide support and coordination to monitoring teams as needed.

5.7.2. Assist in resolving any issue regarding this Instruction that arises in their theater of Operations.

5.7.3. Assist in coordinating efforts under this Instruction by subordinate commands.

6. PROCEDURES

6.1. The delivery of related services within each region of DoDDS and by a representative sample of Military Department facilities and personnel providing related services of a medical nature or other related services in that region shall be monitored at least once every 3 years. The responsibility for furnishing related services is assigned by DoD Instruction 1342.12 (reference (b)).

6.2. Monitoring teams shall follow enclosure 2, "Monitoring Manual"; apply the standards established in enclosure 3, "Standards"; and adhere to the procedures established in enclosure 4, "Monitoring Procedures." Monitoring teams may use enclosure 5, "Worksheets," as a guide.

6.3. In addition to the monitoring activities required by section 6.1., above, the ASD(FM&P), or designee, may direct monitoring activities of greater or lesser scope.

7. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense for Force Management and Personnel within 120 days.



Chapman B. Cox
Assistant Secretary of Defense
(Force Management and Personnel)

Enclosures - 5

- E1. Definitions
- E2. Monitoring Manual
- E3. Standards
- E4. Monitoring Procedures
- E5. Worksheets

E1. ENCLOSURE 1

DEFINITIONS

E1.1.1. The definitions in DoD Instruction 1342.12, enclosure 2 (reference (b)), are incorporated by reference in this Instruction.

E1.1.1.1. Corrective Action. Guidance provided to the monitored Agency to correct a service that is in noncompliance and the plan of the monitored Agency to correct deficiencies identified by the monitoring team. The monitored Agency shall submit this plan to the Chairperson, DoD Coordinating Committee.

E1.1.1.2. Logistical Support. Suitable housing for the monitoring team, normally at one site; transportation in the areas where monitoring occurs; clerical and other administrative assistance; provision of work and meeting rooms for the monitoring team; and other support services requested by the monitoring team.

E1.1.1.3. Medically-Related Services; Related Services of a Medical Nature. Includes medical services (as defined below) and those services provided under professional medical supervision that are required for the Case Study Committee either to determine a student's eligibility for special education or, if the student is eligible, the special education and related services required by the student. Medically-related services also include provision of either direct or indirect services listed in an Individualized Education Program as necessary for the student to benefit from the educational curriculum. These services may include medical services; social work; community health nursing; dietetics; psychiatric services (diagnosis, evaluation, and follow-up); speech pathology; occupational therapy; physical therapy; audiology; psychological testing and therapy ophthalmology; and orientation and mobility services. The Secretaries of the Military Departments shall provide medically-related services pursuant to DoD Instruction 1342.12 (reference (b)). Medical services are those evaluative, diagnostic, therapeutic, and supervisory services provided by a licensed and credentialed physician to assist Case Study Committee(s). Medical services include diagnosis, evaluation, and medical supervision of those related services that are either by statute, regulation, or professional tradition the responsibility of a licensed and credentialed physician.

E1.1.1.4. Related Services. The term includes all related services, those that are medically related and those that are not of a medical nature. The term is fully defined in DoD Instruction 1342.12 (reference (b)).

E1.1.1.5. Military Installation Commander. A base, community, garrison, facility or ship commander, or other authority who is responsible for providing related services, including those of a medical nature, to handicapped DoDDS students.

E1.1.1.6. Military Medical Commander. An officer or official of a Military Department, usually the commander of a medical treatment facility, who is responsible for providing related services of a medical nature to handicapped DoDDS students. The term includes such officer's or official's superiors.

E1.1.1.7. Monitored Agency. An organization, such as a medical treatment facility or DoDDS region, that is monitored pursuant to this Instruction.

E1.1.1.8. Monitoring; Monitoring Activities. The procedures established by this Instruction used to review and evaluate, on a periodic basis, the adequacy and availability of related services.

E1.1.1.9. Monitoring Team. The multidisciplinary group that acts as the agent of the DoD Coordinating Committee in monitoring the provision of related services.

E1.1.1.10. Standard. An established measure that is used to determine whether related services are available and comply with DoD Instruction 1342.12 (reference)b)).

E1.1.1.11. Technical Assistance. Assistance provided by someone who has special or practical knowledge relating to a particular subject or field of practice.

E2. ENCLOSURE 2
MONITORING MANUAL

E2.1. PURPOSE

This Manual provides guidance that shall be used in evaluating systematically the provision of related services to handicapped DoDDS students. The objectives of the monitoring are to determine if:

E2.1.1. Handicapped students aged 3 and 4 years in an authorized DoDDS preschool receive related services that are necessary for their free appropriate education.

E2.1.2. Handicapped students receiving or entitled to receive an education from DoDDS, aged 5 through 21 years, receive those related services that are necessary for their free appropriate education. The standards section of this Manual, paragraph E2.4., below, defines the elements necessary to achieve these objectives.

E2.2. SOURCES OF INFORMATION

The following sources of information shall normally be utilized in the monitoring process:

- E2.2.1. Installation Commander.
- E2.2.2. Staff Judge Advocate.
- E2.2.3. Installation Transportation Officer.
- E2.2.4. Hospital Commander.
- E2.2.5. Physicians.
- E2.2.6. Medically-Related Service Providers.
- E2.2.7. Medical Records.
- E2.2.8. District Superintendent(s).

E2.2.9. Educational Resource Center Personnel, Special Education Coordinator(s), and Special Education Specialist(s).

E2.2.10. Principals.

E2.2.11. Special Education Providers, Teachers, and Case Study Committee (CSC) Chairperson(s).

E2.2.12. Educational Records.

E2.2.13. Parents.

E2.2.14. Parent Support Groups.

E2.2.15. Reports on unavailability of related services.

E2.2.16. Additional pertinent guidance issued by the Departments and DoDDS

E2.2.17. Observation of actual delivery of related services.

E2.2.18. Handicapped Students.

E2.3. RELATED SERVICES TO BE EVALUATED

As appropriate, each of the following related services shall be evaluated for compliance with the standards of paragraph E2.4., below.

E2.3.1. Audiologic Services.

E2.3.2. Counseling Services.

E2.3.3. Early Identification Services.

E2.3.4. Medical Services (Physician).

E2.3.5. Occupational Therapy Services.

E2.3.6. Parent Counseling and Training Services.

E2.3.7. Physical Therapy Services.

- E2.3.8. Psychological Services.
- E2.3.9. Recreational Services.
- E2.3.10. School Health Services.
- E2.3.11. Social Work Counseling Services.
- E2.3.12. Speech Therapy Services.
- E2.3.13. Transportation Services.
- E2.3.14. Nursing Services.
- E2.3.15. Ophthalmological Services.
- E2.3.16. Orientation and Mobility Services.

E2.4. STANDARDS

Each of the standards listed in enclosure 3 shall be met in order to comply fully with DoD Instruction 1342.12 (reference (b)).

E2.5. REPORTING

The results of monitoring shall be reported in the following format for each of the standards in paragraph E2.4., above:

Standard _____

E2.5.1. Met.

E2.5.2. Partially met.

E2.5.3. Not met.

E2.5.4. Short narrative description of the reason for partial or complete noncompliance if a standard is either partially met or not met.

E2.5.5. Recommendations for corrective action necessary for the standard to be met, including the organization responsible for that action.

E2.5.6. Monitoring teams may use the worksheets at enclosure 5 as a guide.

E3. ENCLOSURE 3

STANDARDS

E3.1.1. The pertinent Military Department has issued a regulation or other guidance that appropriately implements DoD Instruction 1342.12 (reference (b)).

E3.1.1.1. The local command has on file the pertinent Military Department's regulation or other guidance that implements the requirements of DoD Instruction 1342.12 (reference (b)).

E3.1.2. The local medical treatment facility commander who has the responsibility for the provision of related services of a medical nature has promulgated appropriate guidance to implement the requirements of reference (b) as directed in the pertinent Military Department regulation or other guidance.

E3.1.3. Local compliance with implementing regulations or other guidance is monitored and documented by the Agencies (Military Departments and DoDDS) responsible for providing related services.

E3.1.4. Parental consent (or a hearing officer's or court order) is obtained before the evaluation of a DoDDS student to consider the student's potential eligibility for special education (including related services).

E3.1.5. Full consideration of racial, cultural, and language differences is given in the selection, administration, and interpretation of evaluation instruments.

E3.1.6. Areas of dysfunction potentially requiring the provision of related services are adequately assessed.

E3.1.7. Both educational and medical assessment summaries appropriately describe the student's strengths, weaknesses, and strategies (methods that the student has devised that allow successful functioning in school) that affect the provision of related services required by the student's special education program. These summaries describe the relationship of findings to educational function.

E3.1.8. Medical assessment summaries are provided to school personnel in terminology and format that are useful to the school's CSC in determining the child's eligibility for special education and related services and the child's special educational needs. The medical assessment summaries include: instruments, technique(s) used,

results, and the relationship of findings to educational functioning. The summaries must include responses to all questions posed by the CSC.

E3.1.9. Eligibility for special education is determined by a CSC with appropriate participation by related-service providers.

E3.1.10. The Individualized Education Program (IEP) is developed and written by the CSC, which appropriately considers recommendations and facts provided by related-service providers.

E3.1.11. Related services, including those of a medical nature, are written into an IEP based solely on the needs of the child rather than the local availability of those services.

E3.1.12. The IEP, DS Form 2501 or successor form, includes appropriate completion of the following:

E3.1.12.1. Signature of participants in the IEP meeting.

E3.1.12.2. IEP timelines.

E3.1.12.3. Parental agreement with major modifications to the IEP.

E3.1.12.4. Dates of termination of special education.

E3.1.12.5. Three-year reevaluation date.

E3.1.12.6. Parental approval.

E3.1.13. The IEP, DS Form 2503 or successor form, specifically delineates the special education curriculum and those related services that are necessary for the student to benefit from the special education program. The IEP contains:

E3.1.13.1. Annual Goals.

E3.1.13.2. Short, Term Instructional Objectives.

E3.1.13.3. Present Level of Performance.

E3.1.13.4. Criteria for Achievement of Objectives.

E3.1.13.5. Specialty(ies) of Service Provider(s).

E3.1.13.6. Frequency and Duration of Program and Service(s).

E3.1.13.7. Projected beginning and ending dates of each service and its frequency.

E3.1.14. An IEP is developed and signed by the parent (or a hearing officer or court enters an order) before a student receives related services.

E3.1.15. Related services, including those of a medical nature, listed in the IEP are provided.

E3.1.16. Related services of a medical nature are scheduled and located in such a way that the education of the student is disrupted as little as possible. If related services cannot be provided without extensive travel time or if their delivery otherwise significantly disrupts the student's educational program, the Agency responsible for providing those services considers contracting for the service. The Agency responsible must find a less intrusive way to provide the related services.

E3.1.17. Locations at which a handicapped student receives services are physically accessible.

E3.1.18. Appropriate related service providers participate in the CSC's decision to place handicapped students in non-DoDDS schools whenever these students will receive related services of a medical nature regardless of which entity provides those services.

E3.1.19. School records regarding related services are available for review by parents or students (18 years or older) with the assistance of the school staff.

E3.1.20. Procedures are established to ensure the security of personal information regarding related services in order to protect the individual from the threat of embarrassment, inconvenience, or unfairness and to conform to DoD Directive 5400.11 (reference (d)).

E3.1.21. The Military Department that is responsible for providing medically related services supplies round-trip transportation between the school and the military treatment facility (MTF) for evaluations necessary to determine the potential eligibility for special education. This transportation is provided at no cost for a student who is "space required" or "tuition-free" under DoD Directive 1342.13 (reference (c)).

E3.1.22. The Military Department that is responsible for providing transportation between the school and the MTF at no cost when related services of a medical nature specified in the IEP are provided at the MTF, if the handicapped student is "space-required" or "tuition-free" under DoD Directive 1342.13 (reference (c)).

E3.1.23. DoDDS supplies required transportation, to and from school, as provided in the handicapped student's IEP without cost to the student's parents, if the student is "space-required" or "tuition-free" under DoD Directive 1342.13 (reference (c)).

E3.1.24. Required transportation of all handicapped DoDDS students is provided in appropriately equipped vehicles that meet all applicable safety standards established by the Military Department concerned or, DoDDS.

E3.1.25. A coordinated community effort exists to identify those children from birth to 21 years of age who might be in need of special education and related services.

E3.1.26. There is a documented system of referral to DoDDS and the MTF for children who might be in need of special education and related services.

E3.1.27. If an MTF to which a child is referred for evaluation determines that the child needs additional, unrequested assessments, it performs those assessments and provides written evaluation summaries on them to the referring Agency, provided that the permission of the parent to evaluate the child covers those assessments.

E3.1.28. The MTF provides documented evidence to the child's CSC that, at least on an annual basis, the student's progress in the related service short-term objectives is evaluated.

E3.1.29. There is documentation showing that the need for year-round related services is considered and those services are provided if necessary.

E3.1.30. Completed Reports on Unavailability of Related Services forms are received by appropriate DoD (including DoDDS) authorities, and the resolution of the issues reported is confirmed.

E3.1.31. Legal issues, including potential and actual requests for mediation and due process hearings, are promptly brought to the attention of the cognizant staff judge advocate or other appropriate legal counsel.

E3.1.32. The cognizant staff judge advocate or other appropriated legal counsel properly handles all legal matters concerning related services that are presented to him or her.

E4. ENCLOSURE 4
MONITORING PROCEDURES

E4.1. MONITORING PROCEDURES

E4.1.1. During the monitoring visit, the monitoring team will gather data and conduct interviews to determine whether the monitored Agency is in compliance with DoD Instruction 1342.12 (reference (b)). The monitoring team will use enclosure 3, "Standards," of this Instruction, and make appropriate recommendations. The team will also gather information that, although not directly related to compliance, will allow for an informal assessment of exemplary practices in the provision of related services. The team may use enclosure 5 as a guide for its monitoring activities.

E4.1.2. ASD(FM&P), or designee, will normally inform DoDDS and the Military Department(s) of the monitoring visit at least 8 weeks prior to the visit. DoDDS and the Military Department(s) concerned will contact the schools in the region to be monitored and the MTFs that provide them medically related services to notify them of the monitoring and to obtain the following information, which they will two weeks prior to the scheduled monitoring activity.

E4.1.2.1. Contacts and telephone numbers.

E4.1.2.2. MTF's pre-survey information.

E4.1.2.3. School self-study (pertinent portions).

E4.1.3. The team chief, or designee, is authorized to communicate directly with DoDDS components, including schools, and Military Department components, including MTFs, that are scheduled to be monitored or may be monitored. The team chief or designee will assign responsibilities:

E4.1.3.1. Arrangement of appointments.

E4.1.3.2. Checks of school records (to confirm the completeness of medically related service portions of records).

E4.1.3.3. Checks of medical records.

E4.1.3.4. Interviews of parents (at least two parents).

E4.1.3.5. Interviews of teachers (a minimum of one regular and one special education teacher).

E4.1.3.6. Interviews of handicapped students (at least two students).

E4.1.3.7. Interviews of military installation commanders.

E4.1.3.8. Interviews of MTF staff.

E4.1.3.9. Interviews of related service providers, including school-based therapists (speech, occupational, and physical).

E4.1.3.10. Interviews of staff judge advocates and other legal counsel for monitored Agencies and the superior organizations of monitored Agencies.

E4.1.3.11. Scheduling entrance and exit briefings to which representatives of all necessary components, including DoDDS regional office personnel, military installation personnel, and military medical commanders, are invited.

E4.1.4. The monitoring team will code all individual standards based upon interviews, records, and documented observations. If corrective action is required, a description of the necessary action will be provided in the summary report. The report will include a proposed schedule for the completion of corrective actions identified by the monitoring team.

E4.1.5. After completing all monitoring procedures, the monitoring team will assess compliance with each of the standards in enclosure 3. Informal comments regarding exemplary practices in the provision of related services will be compiled separately and addressed in a separate report to the Chairperson of the DoD Coordinating Committee and either to the Surgeon General concerned or the Director, DoDDs.

E4.1.6. Within 45 days of returning from the monitoring visit, the monitoring team will present a Report of Findings with recommendations to the Chairperson of the DoD Coordinating Committee, who shall forward the Report to the Surgeon General concerned and the Director, DoDDS. This report will include findings, and technical assistance and corrective actions required.

E4.1.5. Within 90 days of the date of the Report of Findings, the monitored Agency and the Surgeon General concerned must provide the Chairperson of the DoD

Coordinating Committee a list of corrective actions taken and timelines proposed to complete the remaining required actions. The ASD(FM&P), or designee, may modify these timelines. The monitored Agency and the Surgeon General concerned must notify the Chairperson in writing when actions are completed.

E4.1.8. Within 30 days of the date of the Report of Findings, the Director, DoDDS or the Surgeon General concerned shall inform the ASD(FM&P), or designee, of any disagreements with the Report of Findings. The ASD(FM&P), where appropriate in consultation with the ASD(HA) and GC, DoD, shall promptly resolve such disagreements.

E4.1.9. The reports and underlying documentation will be maintained by the Chairperson of the DoD Coordinating Committee, or designee.

E4.2. COMPOSITION OF MONITORING TEAM

The monitoring team shall include:

E4.2.1. A board-certified pediatrician, who shall be responsible for medical record review. This physician shall have appropriate training and experience in the evaluation and treatment of handicapped children and ordinarily shall have qualified as a developmental pediatrician.

E4.2.2. An occupational therapist or physical therapist with pediatric experience.

E4.2.3. A child psychiatrist or a psychologist with pediatric training.

E4.2.4. A special educator or an educational administrator with experience in providing services to handicapped children.

E4.2.5. A legal counsel familiar with statutes and DoD regulations governing special education, including related services, provided by DoDDS and the Military Departments.

E4.2.6. A personnel specialist familiar with assignment policies of the Military Departments.

E4.2.7. Other team members may have similar backgrounds or represent different disciplines as appropriate. Absent extraordinary circumstances at least some members of the monitoring team shall have monitoring experience. In addition to the team members listed above, the team may include observers, such as representatives of local

commands and DoDDS regional and district superintendents' offices and parents who have children enrolled in the DoDDS schools that are monitored and who are interested in special education. The monitoring team shall determine the number and role of the observers.

E4.3. INSTRUCTIONS FOR THE SCHOOL-LEVEL SPECIAL EDUCATION SELF-STUDY

At least 30 days prior to the scheduled monitoring visit, the school or region being monitored will submit the portions of the school's self-study that concern related services to the Chairperson of the DoD Coordinating Committee, or designee. The team shall conduct a thorough review of this material. The school self-study, which is required by DoD Dependents Schools Administrative Instruction 2500.8, "Monitoring Procedures for Special Education Programs and Services for Handicapped Students," need not be specially prepared for the monitoring team. The monitoring team will have access to the entire school self-study. Copies of the self-studies will be available to the team during the monitoring visit.

The monitoring team will pay particular attention to the following areas of the school self-study:

E4.3.1. Status of support services available, such as related services, parent support groups, and school psychologists.

E4.3.2. A list of names of students (including their sponsors' Social Security Number(s) (SSNs)) who have been referred for medical evaluations or who are receiving medically related services.

E4.4. PRE-SURVEY REVIEW REQUIREMENTS FOR MEDICAL TREATMENT FACILITY

At least 30 days before the scheduled start of the monitoring visit, each MTF that is scheduled for monitoring shall submit to the Chairperson of the DoD Coordinating Committee, or designee, a pre-survey of its provision of medically related services in support of DoDDS schools. The pre-survey, a copy of which will also be available to the team during the monitoring visit, will include at a minimum:

E4.4.1. Description of related services available.

E4.4.2. A statement from the MTF commander that all related service providers are currently credentialed to provide the required medically related services in accordance with existing DoD and Military Department regulations.

E4.4.3. A description of medically related service providers' training and experience that are pertinent to working with handicapped students.

E4.4.4. A list of children referred to DoDDS under Child-Find, together with their sponsors' SSNs.

E4.4.4.1. A list of children identified through Child-Find as requiring medically related services, together with their sponsors' SSNs.

E4.4.4.2. The types of services, location, and transportation arrangements for those children receiving medically related services.

E4.4.5. A list of children (with sponsors' SSNs) who are identified with an Attention Deficit Disorder (ADD).

E4.4.6. A list of children (with sponsors' SSNs) who have been identified or referred for evaluation as being seriously emotionally disturbed.

E4.4.7. A list of children who have been provided with adaptive equipment through the MTF, with a description of the adaptive equipment.

E4.4.8. The name(s) of MTF personnel who coordinate related services with DoDDS schools and the DoDDS personnel who perform the same function with the MTF.

E4.5. INSTRUCTIONS FOR PREPARING THE REPORT OF FINDINGS

E4.5.1. A Report of Findings with recommendations and a recommended time line for corrective actions shall be written by the monitoring team and provided to the Chairperson of the DoD Coordinating Committee, or designee. All reports shall include findings and technical assistance and corrective actions required.

E4.5.2. The monitoring team shall prepare a written report discussing exemplary practices in the provision of related services, discussing each monitored Agency's strengths and weaknesses, suggesting improvements, and summarizing the team's observations about areas in which the monitored Agency is not in compliance with

DoD Instruction 1342.12 (reference (b)).

E4.6. SUMMARY GUIDE OF IMPROVEMENTS NECESSARY TO MEET SPECIFIC STANDARDS

This format may be used by the MTF, Military Departments, and DoDDS for self-monitoring and by the monitoring team to make recommendations.

(EXAMPLE)

List Standard #	Describe Improvement and Timeline
10, 13	The school CSC membership should include a MTF representative, or the MTF should provide the CSC with related service information for the IEP including time and frequency of related services.
21, 22	Transportation from a school to a MTF is the Military Department's responsibility. The transportation is at no cost to the child or parent. This is not being done at "X" location. The "Y" Military Department shall meet its responsibility to provide transportation at once.

E5. ENCLOSURE 5

WORKSHEETS

Form No.	Title
1. DD 2465	Handicapped Student Records Review
2. DD 2466	Interview of Teachers, Administrators, and Staff Judge Advocates
3. DD 2467	Interview of Related Service Providers and Physicians
4. DD 2468	Interview of Military Medical Commanders
5. DD 2469	Interview of Handicapped Students
6. DD 2470	Interview of Military Installation Commanders
7. DD 2471	Interview of Parents of Handicapped Students
8. DD 2472	Interview of Parent Support Groups
9. DD 2474	Standards Review

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES HANDICAPPED STUDENT RECORDS REVIEW				
INSTRUCTIONS				
Using this worksheet, review the selected records and note the level of compliance, noncompliance, or non-applicability in each of the following areas. Identify the student by name, school, and Medical Treatment Facility, and select the Category (1 or 2) represented. If additional space is needed for comments, use reverse. Category (X one)				
<input type="checkbox"/>	(1) At least 15 student records in special education programs that include related services of a medical nature.			
<input type="checkbox"/>	(2) At least 5 student records referred by Department of Defense Dependents Schools (DoDDS) for an evaluation to determine the need for medically related services or to assist in determining eligibility.			
FOR THE RECORDS REVIEWER:				
The following questions are intended as guidelines to be used during the records review. It may be necessary to give examples to ensure that information being sought is documented. Attachments to this document are allowed.				
A. RECORDS REVIEW NO.	C. NAME OF SCHOOL			
B. NAME OF STUDENT	D. NAME OF MEDICAL TREATMENT FACILITY (MTF)			
	(x one)			COMMENTS
	COM- PLIANCE	NONCOM- PLIANCE	N/A	
1. If an Individualized Education Program (IEP) was developed, does the IEP meet content requirements for related services?				
a. Date				
b. Annual goals (Related Services)				
c. Short-term objectives (Related Services)				
d. Specific evaluation criterion				
e. Dates specifying the beginning of special education and related services				
f. Signature of participants				
g. Appropriate multidisciplinary team participation				
h. Evaluations based on appropriate assessments				
i. Parents notified of and have agreed by signature to major modifications in the provision of related services				
j. Evaluations completed prior to the provision of related services				
k. Evidence of annual review of related services (By date)				
l. Three-year reevaluation				
m. Provisions for related services to be provided beyond the normal school year when necessary				

HANDICAPPED STUDENT RECORDS REVIEW (Continued)				
	(x one)			COMMENTS
	COM-PLIANCE	NONCOM-PLIANCE	N/A	
2. If an IEP was not developed				
a. Do school records reflect results of medical evaluations?				
b. Do school records reflect adequate communications and coordination between school and MTF in reference to child's medical problem (nurses, teachers, etc.)?				
c. Do school records reflect evaluations based on appropriate assessment instruments?				
3. Were the contents of the evaluation for medically related services submitted to DoDDS?				
a. History, physical exam, psychological or laboratory tests, and consultations, if each is appropriate for handicapping condition				
b. Appropriate diagnosis				
c. Recommendations and implications of the diagnosis to the educational process				
d. Findings, implications, and recommendations discussed with parents during or after Case Study Committee (CSC) meeting(s)				
e. Method of communication with DoDDS (report to, presence at an IEP meeting, or both). If yes, specify.				
f. Follow-up and/or treatment plan appropriate				
g. Instruments, techniques used, results, and relationships of findings to educational functioning				
h. Answers to all questions posed in the original referral				

HANDICAPPED STUDENT RECORDS REVIEW (Continued)				
	(x one)			COMMENTS
	COM-PLIANCE	NONCOM-PLIANCE	N/A	
4. Does the review by the monitor of the medical and school records include				
a. History, physical exam, psychological or laboratory tests, and consultations, if each is appropriate for handicapping condition				
b. Appropriate diagnosis				
c. Recommendations and implications of the diagnosis and overall health and well being of the child				
d. Finding, implications, and recommendations discussed with parents				
e. Report to DoDDS documented in student medical records				
f. Follow-up and/or treatment plan appropriate				
g. Follow-up and/or treatment plan carried out				
h. Implications of the medical findings and recommended related service(s) of a medical nature are presented to the IEP committee meeting in the most appropriate manner				
(1) Attendance, findings, and recommendations documented in the school record				
(2) Attendance documented but findings and recommendations not a part of the school record				
(3) Written report to CSC prior to IEP meeting documented				
(4) Neither attendance nor written report documented				

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES INTERVIEW OF TEACHERS, ADMINISTRATORS, AND STAFF JUDGE ADVOCATES (including Department of Defense Dependents Schools (DoDDS) Regional Directors, Special Education Coordinators, PPS Coordinators, SPEDS, and Legal Counsel)				
INSTRUCTIONS The principal(s) or designee(s), or both, will be interviewed. A minimum of one regular classroom teacher and one special education teacher will be interviewed. Staff Judge Advocates or other legal counsel serving DoDDS regional offices, Superintendent's offices, and local DoDDS components, MTF and Line Commanders will be interviewed. In addition, other personnel and teacher groups shall be afforded an opportunity to provide information to the monitoring teams. If additional space is needed for comments, use reverse. FOR THE INTERVIEWER: The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.				
A. INTERVIEW NO.	B. NAME OF REGION, SUPERINTENDENT'S OFFICE, SCHOOL, OR COMMAND			
	(x one)			
	YES	NO	DON'T KNOW	COMMENTS
1. Are school assessments conducted by multidisciplinary teams that include related service providers?				
2. a. Are decisions regarding eligibility for special education and related services made by a multidisciplinary team that include related service providers?				
b. If yes, who are the members of the team that makes eligibility decisions?				
3. a. Are special education placement decisions made by a multidisciplinary team that include related service providers?				
b. If yes, who are the members of the team that make placement decisions?				
4. a. Are Individualized Education Programs (IEPs) based upon related services that are needed rather than related services that are available?				
b. If no, what services are not included? (Give examples)				

INTERVIEW OF TEACHERS, ADMINISTRATORS, AND STAFF JUDGE ADVOCATES (Continued) (including DoDDS Regional Directors, Special Education Coordinators, PPS Coordinators, SPEDS, and Legal Counsel)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
5. a. Do you have children with an IEP who are hearing impaired, vision impaired or otherwise physically impaired in your classroom?				
b. If yes, what assistance have you received from medically related service providers?				
6. a. Do any of your children use special equipment in the classroom?				
b. Has anyone assisted you with using that equipment?				
7. a. Have you through a Case Study Committee (CSC) or as a member of a CSC referred students to the medical facility for a medical exam?				
b. Did you receive the results?				
c. How long did it take?				
8. Where are the programs located for children with low-incidence handicapping conditions? (e.g., blind, deaf, seriously emotionally disturbed, severely and profoundly retarded.)				

INTERVIEW OF TEACHERS, ADMINISTRATORS, AND STAFF JUDGE ADVOCATES (Continued) (including DoDDS Regional Directors, Special Education Coordinators, PPS Coordinators, SPEDS, and Legal Counsel)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
9. a. What is the procedure for a child with severe handicapping condition to be enrolled in your school or to receive related services from your Medical Treatment Facility (MTF)?				
b. If no program is available in your school or MTF, what is your procedure for ensuring such child is served?				
10. Do you invite medically related services personnel to participate in the CSC?				
11. Are school records available for review by parents or students (18 years or older) with the assistance of the staff?				
12. How are records safeguarded so as to protect the student and parents from embarrassment, inconvenience or unfairness?				
13. a. Have you had occasion to complete or receive a report on <u>Unavailability of Related Services?</u>				
b. If you have, what has been your experience with its resolution, especially with the response from offices other than your own?				

INTERVIEW OF TEACHERS, ADMINISTRATORS, AND STAFF JUDGE ADVOCATES (Continued) (including DoDDS Regional Directors, Special Education Coordinators, PPS Coordinators, SPEDS, and Legal Counsel)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
14. a. Have there been any instances of mediation or due process hearings within this school year?				
b. How were they brought to the attention of the staff judge advocate?				
c. What was the time from initiation by the school or parents to resolution?				
15. a. Have any legal questions regarding related services been brought before the staff judge advocate within this school year?				
b. If so, what was each issue?				
c. Describe each outcome.				
16. Please describe any problems you have encountered in meeting your responsibilities under DoD Instruction 1342.12.				

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES					
INTERVIEW OF RELATED SERVICE PROVIDERS AND PHYSICIANS					
INSTRUCTIONS					
The service provider or physician, or both, will be interviewed. Other providers shall be afforded an opportunity to provide information to the monitoring team. If additional space is needed for comments, use reverse.					
FOR THE INTERVIEWER: The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.					
A. INTERVIEW NO.	B. NAME OF MEDICAL TREATMENT FACILITY (MTF)	C. SPECIALTY REPRESENTED			
		(x one)			COMMENTS
		YES	NO	DON'T KNOW	
1.	What specialized training have you had in dealing with pediatric patients, especially handicapped pediatric patients?				
a.	How comfortable are you in providing care for disabled children?				
b.	Who is supervising your care of these handicapped children and what are that person's qualifications?				
2.	What is your procedure for working with Department of Defense Dependents Schools (DoDDS) in the evaluation of a child who may be handicapped?				
a.	How does DoDDS make the referral?				
b.	How long is the waiting time between referral and evaluation?				
c.	What is the waiting time after an Individualized Education Program (IEP) is developed for the therapy to begin with the indicated frequency?				
d.	How is the evaluation or recommendation information provided back to DoDDS?				
e.	Do you participate in any IEP meetings?				
f.	If not, why not?				

INTERVIEW OF RELATED SERVICE PROVIDERS AND PHYSICIANS				
<i>(Continued)</i>				
	<i>(x one)</i>			COMMENTS
	YES	NO	DON'T KNOW	
2. (Continued)				
g. How do you account for your time spent in the IEP meetings and/or in doing evaluations for DoDDS?				
h. Are there sufficient medical resources to serve the needs of all DoDDS special education students adequately? (i.e., Does each student receive what his or her IEP calls for?)				
i. Are IEPs written based on the needs of the student rather than on the availability of services?				
j. Are related services school-based or hospital-based? Why?				
3.				
a. How is adaptive equipment obtained? (Specifically, wheelchairs, hearing aids, or molds.)				
b. What are the waiting time for and problems with obtaining adaptive equipment?				
4.				
Have there been any complaints concerning the treatment you have provided? (If so, please describe.)				
5.				
a. Are communications between you and DoDDS adequate?				
b. Among therapist, supervising physician, and DoDDS?				

INTERVIEW OF RELATED SERVICE PROVIDERS AND PHYSICIANS				
<i>(Continued)</i>				
	<i>(x one)</i>			COMMENTS
	YES	NO	DON'T KNOW	
6. a. Are referrals made from DoDDS for consideration of a possible diagnosis of seriously emotionally disturbed (SED)?				
b. If so, what is the approximate frequency?				
c. How does the psychologist or psychiatrist provide information and recommendations to the eligibility meeting regarding SED?				
7. a. Are the tests and evaluation procedures that you use nondiscriminatory regarding sex, race, religion, and ethnic background?				
b. Are they appropriate to the handicapping condition of the child?				
c. If English is a child's second language, how is that taken into account?				
8. Is there a quality assurance (QA) plan which identifies, tracks, and solves problems with evaluation or treatment of DoDDS handicapped children? <i>(If there is, the monitoring team should ask to see the minutes of recent QA meetings. If there are no minutes, the monitoring team should ascertain the reason.)</i>				
9. a. Do you participate in Child-Find?				
b. How?				
c. If not, why not?				
10. Please describe any problems you have encountered in meeting your responsibilities under DoD Instruction 1342.12.				

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES INTERVIEW OF MILITARY MEDICAL COMMANDERS					
INSTRUCTIONS					
The commander or designee(s), or both, will be interviewed. Other members of the commander's staff shall be afforded an opportunity to provide information to the monitoring team. If additional space is needed for comments, use reverse.					
FOR THE INTERVIEWER: The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.					
A. INTERVIEW NO.	B. POSITION AND TITLE OF INTERVIEWEE				
C. NAME OF MEDICAL TREATMENT FACILITY (MTF)					
		(x one)			COMMENTS
		YES	NO	DON'T KNOW	
1. a. Are you aware of the responsibilities the military medical departments have for providing related services of a medical nature under DoD Instruction 1342.12?					
b. How long have you been aware of these responsibilities?					
2. What problems have you encountered in providing the required services? (If staffing is a problem, have you requested additional resources? Please provide details of each request.)					
3. Which of the following related services are being provided to Department of Defense Dependents Schools (DoDDS) handicapped students in accordance with DoD Instruction 1342.12? (X as applicable)					
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Psychological Services				
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Audiology				
4. a. Which of the providers of these services have been pediatrically trained? (X as applicable)					
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Psychological Services				
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Audiology				
b. Have your pediatricians had any developmental training?					

INTERVIEW OF MILITARY MEDICAL COMMANDERS (Continued)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
5. Have there been opportunities for these service providers to acquire specialized training to enable them to deal better with the needs of children who may require special education?				
6. How do you ensure that the therapies and treatments provided are appropriate for children?				
7. When students are referred by DoDDS to your facility for evaluation, how long is the wait?				
8. a. Have you ever referred children to another Medical Treatment Facility (MTF) for related services because the special needs could not be met here?				
b. What was the travel time?				
c. Who paid for travel?				
9. If no MTF is capable of serving the child, what procedures, if any, have been established to contract or otherwise locate necessary services?				

INTERVIEW OF MILITARY MEDICAL COMMANDERS (Continued)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
10. a. Do your staff members participate with DoDDS and parents in preparing Individualized Education Programs (IEPs)?				
b. Do members of your staff attend meetings or provide written reports?				
11. Do they follow up with the school to see if their recommendations were accepted and how successful the therapy or treatment was?				
12. a. Do you or your staff communicate with DoDDS personnel on a regular basis?				
b. Do you feel the communications are adequate? (Explain)				
13. a. If members of your staff attend IEP meetings, how do they account for that time?				
b. Is this a problem for you?				

INTERVIEW OF MILITARY MEDICAL COMMANDERS (Continued)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
14. a. What is your policy on having your staff provide school-based therapy?				
b. Is school-based therapy being provided now?				
15. a. How is transportation provided to students requiring services at your facility?				
b. Who provides or pays?				
16. a. Is the parent or child charged for any related services? <i>(Please explain)</i>				
b. If the parent or child is charged, is the child "space-required" or "tuition-free" under DoD Directive 1342.13?				
c. If the parent or child is charged, is the child "tuition-paying" under DoD Directive 1342.13?				
17. How do you provide adaptive equipment to handicapped students who need it for school? <i>(Wheelchairs, braces, hearing aids or molds, etc.)</i>				

INTERVIEW OF MILITARY MEDICAL COMMANDERS (Continued)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
18. a. Have there been any complaints from parents or schools regarding related services provided by your facility?				
b. If so, how did you handle them?				
c. What were the nature of the complaints?				
19. Are any of the functions provided under this program evaluated under your Quality Assurance Program? (Explain)				
20. Do you think that your staff is interested in and supportive of providing related services to handicapped students? How?				
21. a. Do you think that your superiors understand the impact the program has on your facility?				
b. How have they responded to requests for additional resources?				

INTERVIEW OF MILITARY MEDICAL COMMANDERS (Continued)				
	(x one)			COMMENTS
	YES	NO	DON'T KNOW	
22. Do you consult with your staff judge advocate or other legal counsel? <i>(Explain)</i>				
23. a. Have you referred any questions to the staff judge advocate regarding the provision of medically related services?				
b. If so, what were they?				
c. Are you aware of any other legal questions regarding the provision of medically related services that the staff judge advocate has handled?				
d. If so, what were they?				
e. Are you satisfied with the legal advice you have received? <i>(Please explain.)</i>				
24. Are facilities in which related services are provided accessible?				
25. Please describe any problems you have encountered in meeting your responsibilities under DoD Instruction 1342.12.				
26. What more could be done to help you carry out this program?				

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES INTERVIEW OF HANDICAPPED STUDENTS					
INSTRUCTIONS					
Interview a minimum of two handicapped Department of Defense Dependents Schools (DoDDS) students enrolled in secondary (grade 7 and above) special education programs that include related services. The students will be selected by the monitoring team at random in cooperation with local schools and Medical Treatment Facility (MTF) personnel. If additional space is needed for comments, use reverse.					
FOR THE INTERVIEWER: The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.					
A. INTERVIEW NO.	B. NAME OF SCHOOL	C. NAME OF MEDICAL TREATMENT FACILITY			
		(X one)			COMMENTS
		YES	NO	N/A	
1. a.	Has the student or the student's parents ever paid money for the student's related services?				
b.	If yes, explain.				
2. a.	Does the student participate in extracurricular activities?				
b.	If yes, what activities?				
c.	If no, explain why not.				
3. a.	Is the student working with a therapist?				
b.	If yes, what activities?				
4.	What does the student do in the physical education component of his or her program?				
5.	Does the student receive special transportation either to and from school or between school and a Medical Treatment Facility?				
6. a.	What does the student plan to do upon graduation?				
b.	Has his or her educational program helped to develop these goals and in preparing to achieve them?				

DD Form 2469, AUG 86

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES				
INTERVIEW OF MILITARY INSTALLATION COMMANDERS				
INSTRUCTIONS				
<p>The commander or designee(s), or both, will be interviewed. Other members of the commander's staff shall be afforded an opportunity to provide information to the monitoring team. If additional space is needed for comments, use reverse.</p> <p>FOR THE INTERVIEWER:</p> <p>The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.</p>				
A. INTERVIEW NO.	B. POSITION AND TITLE OF INTERVIEWEE			
C. NAME OF INSTALLATION				
	(X one)			COMMENTS
	YES	NO	N/A	
1. What is your command policy regarding sponsorship of military families with dependents who have special problems in:				
a. Medical area?				
b. Educational area?				
2. Are you aware of problems that have occurred because of inadequate screening? <i>(If it is a joint service community, be sure to discuss unique screening problems.)</i>				
3. a. Who provides you information about DoD Instruction 1342.12, which provides for a free appropriate education for handicapped Department of Defense Dependents Schools (DoDDS) students? <i>(Please describe the difficulties, if any, that you have had in implementing this Instruction.)</i>				
b. Is your JAG office aware of this Instruction and does that office assist you in implementation?				
c. Is your IG office aware of the Instruction, and does that office assist you in resolving complaints?				
4. a. Have you been involved in any complaints regarding special education <i>(including related services)</i> ?				
b. How many complaints have you received in the past school year? <i>(Please describe.)</i>				
c. Please describe your role in resolving them.				

INTERVIEW OF MILITARY INSTALLATION COMMANDERS (Continued)				
	(X one)			COMMENTS
	YES	NO	N/A	
5. a. Are you aware of any mediation sessions or due process hearings during this school year?				
b. How did this command respond to the requests for mediation?				
c. Were they handled properly?				
6. a. Have you participated in mediation procedures with DoDDS?				
b. If so, how many?				
c. Briefly, what were the issues?				
7. What are your guidelines for disciplining unruly students:				
a. On school buses?				
b. At school functions?				
c. Are there separate considerations for special education students? (Please explain.)				
8. a. What is your command policy for modifications of military housing for wheelchair-bound DoDDS students?				
b. How many requests for modifications of housing have you had over the past year?				
c. Please describe, including a statement of the disposition of each request.				

INTERVIEW OF MILITARY INSTALLATION COMMANDERS (Continued)				
	(X one)			COMMENTS
	YES	NO	N/A	
9. Is the Medical Treatment Facility (MTF) that provides general medical care to your community members also providing adequate support for handicapped DoDDS students as required by DoD Instruction 1342.12? <i>(Please elaborate.)</i>				
10. a. How is transportation provided for handicapped DoDDS students to and from the MTF for evaluation for related services?				
b. For provision of related services?				
c. Who pays?				
d. Are the vehicle(s) used for transporting handicapped DoDDS students inspected for adequacy of safety equipment?				
e. How often?				
f. By whom?				
11. How does your community conduct Child-Find activities?				
12. Does the presence of disabled family members have any effect on base morale and readiness? <i>(Please explain)</i>				

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES INTERVIEW OF PARENTS OF HANDICAPPED STUDENTS					
INSTRUCTIONS					
Parents of at least two Department of Defense Dependents Schools (DoDDS) students enrolled in special education programs will be interviewed. The parent will be selected by the monitoring team, in cooperation with local school and Medical Treatment Facility (MTF) personnel. Those making contact with parents should advise parents of purpose of interview. If additional space is needed for comments, use reverse.					
FOR THE INTERVIEWER: The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.					
A. STUDENT NO.					
B. NAME OF PARENT		D. NAME OF STUDENT		E. AGE OF STUDENT	
C. 1. MILITARY OR CIVILIAN <i>(Specify)</i>		F. NAME OF SCHOOL		G. NO. OF SIBLINGS	
2. BRANCH OF SERVICE		H. NAME OF MEDICAL TREATMENT FACILITY			
		<i>(X one)</i>			COMMENTS
		YES	NO	DON'T KNOW	
1. Is MTF providing medically related services?					
2. Was parental consent obtained prior to assessment for medically related services?					
3. a. What are your child's special education and related service needs?					
b. When and where were they identified?					
4. Did you work with the school and the MTF to identify your child's special needs? <i>(Please explain.)</i>					

INTERVIEW OF PARENTS OF HANDICAPPED STUDENTS (Continued)				
	(X one)			COMMENTS
	YES	NO	DON'T KNOW	
5. a. Did DoDDS request any medical examination and provide you with a form for the physician to fill out?				
b. Did medical examinations requested by DoDDS take place and get completed promptly?				
c. If not, why?				
d. Did you receive the results of these medical examinations and did the physician discuss them with you? <i>(Please explain.)</i>				
6. a. Did the MTF provide you with all of the medically-related services your child needed?				
b. What medically-related services were provided?				
c. Where do or did the MTF provide the services?				
d. Did it provide them quickly? <i>(Please explain.)</i>				
7. a. Did you take part in a Case Study Committee (CSC) to develop an Individualized Education Program (IEP) for your child?				
b. Was your child's medical condition explained to you and how it affected his or her education?				
c. Was the physician or other related service provider at the CSC meeting?				
d. Did you sign the IEP and have you signed all changes made to it?				
e. Have you reviewed the IEP with the CSC at least once a year?				
8. Do you think that your child is being educated in the regular classroom to the maximum extent possible? <i>(Please explain.)</i>				

INTERVIEW OF PARENTS OF HANDICAPPED STUDENTS (Continued)				
	(X one)			COMMENTS
	YES	NO	DON'T KNOW	
9. Do you think that the related services are appropriate? <i>(Please explain.)</i>				
10. Do you think that your child received related services within a reasonable time after completion and approval of the IEP? <i>(Please explain.)</i>				
11. How is your child's need for physical education being addressed?				
12. a. Is your child receiving visual, audiologic, PT, OT, or mental health services from military medical personnel?				
b. From whom is he or she receiving those services?				
13. Are you satisfied with the related services? <i>(Please explain.)</i>				
14. a. Does your child require any adaptive equipment?				
b. What kind?				
c. Who provides the adaptive equipment?				
d. How is adaptive equipment being obtained for your child?				
e. Was it obtained quickly? <i>(Please explain.)</i>				

INTERVIEW OF PARENTS OF HANDICAPPED STUDENTS (Continued)				
	(X one)			COMMENTS
	YES	NO	DON'T KNOW	
15. a. Does your child need special transportation to school or to receive related medical services?				
b. How are these needs being met and is required special transportation equipment available?				
c. Are attendants provided?				
d. Are applicable safety standards met?				
16. a. Do any other children in your family have special needs? (Please explain.)				
b. If so, are their needs being met satisfactorily?				
17. a. Are you aware of other children with special needs in the area?				
b. If so, are their needs being met satisfactorily?				
18. a. Are there support groups that meet to help parents of these children?				
b. Are you active in any parent support groups?				
19. a. In general, are you satisfied with the special education program, including the medical and transportation services?				
b. How had your child's need for special education been met in the continental United States (CONUS)?				
c. How do the related services provided compare to those in CONUS?				
20. What changes would you like to see made to improve the program?				

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES INTERVIEW OF PARENT SUPPORT GROUPS					
<u>INSTRUCTIONS</u>					
Parent groups, when organized, should be notified by the local school prior to the monitoring team's onsite visit. A minimum of two members of each group will be extended an invitation to meet with the monitoring team. The parent support groups will be interviewed for the purpose of documenting and checking on their concerns. If additional space is needed for comments, use reverse.					
FOR THE INTERVIEWER:					
The following questions are intended as guidelines to be used during the interview. It may be necessary to rephrase the questions or to give examples to ensure that information being sought is understood.					
A. INTERVIEW NO.	B. NAME AND LOCATION OF PARENT GROUP				
		(x one)			COMMENTS
		YES	NO	N/A	
1. a.	Are all handicapped students who are entitled to attend a Department of Defense Dependents Schools (DoDDS) school on a space-required basis promptly enrolled regardless of handicapping condition?				
b.	If not, please state when prompt enrollment has not occurred.				
2.	Are related services provided for all handicapped children needing them?				
3.	Are parents actively involved in the development of Individualized Education Programs (IEPs)?				
4.	Are related services, such as transportation, audiology, psychiatric or psychological services, and physical and occupational therapy available when required by an IEP?				
5.	Are medically related service providers or their representatives present at IEP meetings when the possibility of providing medically related services is discussed?				

DD Form 2472, AUG 86

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW			
INSTRUCTIONS			
Using this worksheet, examine the interview and records reviews. Note each standard as met, partially met, or not met. Provide a short narrative description of the reason for partial or complete non-compliance if a standard is either partially met or not met. Provide recommendations for corrective action necessary for the standard to be met, including the organization responsible for the corrective action and a timeline. If additional space is needed for comments, use reverse.			
FOR THE MONITORING TEAM MEMBER: Use the following standards to determine compliance. Findings must be documented.			
A. NAME OF DODDS REGION		B. NAME OF MEDICAL TREATMENT FACILITY	
1a. The pertinent military department has issued a regulation or other guidance that appropriately implements DoD Instruction 1342.12.		(X) One	
		MET (1)	PARTIALLY MET (2)
(4) REASON		(5) RESPONSIBLE ORGANIZATION	
(6) CORRECTIVE ACTION		(7) RECOMMEND TIMELINE	
1b. The local command has on file the pertinent military department's regulation or other guidance which implements the requirements of DoD Instruction 1342.12.		(X) One	
		MET (1)	PARTIALLY MET (2)
(4) REASON		(5) RESPONSIBLE ORGANIZATION	
(6) CORRECTIVE ACTION		(7) RECOMMEND TIMELINE	

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
2. The local Medical Treatment Facility (MTF) commander who has the responsibility for the provision of related services of a medical nature has promulgated appropriate guidance to implement the requirements of DoD Instruction 1342.12, as directed in the pertinent military department regulation or other guidance.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
3. Local compliance with implementing regulations or other guidance is monitored and documented by the agencies (military departments and DoDDS) responsible for providing related services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
4. Parental consent (or a hearing officer's or court order) is obtained before the evaluation of a DoDDS student to consider the student's potential eligibility for special education (including related services).	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
5. Full consideration of racial, cultural, and language differences is given in the selection, administration, and interpretation of evaluation instruments.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
6. Areas of dysfunction potentially requiring the provision of related services are adequately assessed.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
7. Both educational and medical assessment summaries appropriately describe the student's strengths, weaknesses, and strategies (methods that the student has devised that allow successful functioning in school) that affect the provision of related services required by the student's special education program. These summaries describe the relationship of findings to educational function.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
8. Medical assessment summaries are provided to school personnel in terminology and format that are useful to the school's Case Study Committee (CSC) in determining the child's eligibility for special education and related services and the child's special educational needs. The medical assessment summaries include: instruments, technique(s) used, results, and the relationship of findings to educational functioning. The summaries must include responses to all questions posed by the CSC.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
9. Eligibility for special education is determined by a CSC with appropriate participation by related service providers.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
10. The Individualized Education Program (IEP) is developed and written by the CSC, which appropriately considers recommendations and facts provided by related service providers.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
11. Related services, including those of a medical nature, are written into an IEP based solely on the needs of the child rather than the local availability of those services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
12. The IEP, DS Form 2501, "Individualized Education Program," or successor form, includes appropriate completion of the following:			
12a. Signature of participants in the IEP meeting.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
12b. IEP timelines.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
12c. Parental agreement with major modifications to the IEP.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
12d. Dates of termination of special education.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
12e. Three year reevaluation date.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
12f. Parental approval.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
13. The IEP, DS Form 2503, "Individualized Education Program Continuation Sheet," or successor form, specifically delineates the special education curriculum and those related services that are necessary for the student to benefit from the special education program. The IEP contains:			
13a. Annual goals.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
13b. Short term instructional objectives.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
13c. Present level of performance.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
13d. Criteria for achievement of objectives.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
13e. Specialty(ies) of service provider(s).	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
13f. Frequency and duration of program and service(s).	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
13g. Projected beginning and ending dates of each service and its frequency.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
14. An IEP is developed and signed by the parent (or a hearing officer or court enters an order) before a student receives related services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
15. Related services, including those of a medical nature, listed in the IEP are provided.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
16. Related services of a medical nature are scheduled and located in such a way that the education of the student is disrupted as little as possible. If related services cannot be provided without extensive travel time or if their delivery otherwise significantly disrupts the student's educational program, the agency responsible for providing those services considers contracting for the service. The agency responsible must find a less intrusive way to provide the related services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
17. Locations at which a handicapped student receives services are physically accessible.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
18. Appropriate related service providers participate in the CSC's decision to place handicapped students in non-DoDDS schools whenever these students will receive related services of a medical nature regardless of which entity provides those services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
19. School records regarding related services are available for review by parents or students (18 years or older) with the assistance of the school staff.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
20. Procedures are established to ensure the security of personal information regarding related services in order to protect the individual from the threat of embarrassment, inconvenience, or unfairness and to conform to DoD Directive 5400.11.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
21. The military department that is responsible for providing medically related services supplies roundtrip transportation between the school and the MTF for evaluations necessary to determine the potential eligibility for special education. This transportation is provided at no cost for a student who is "space-required" or "tuition-free" under DoD Directive 1342.13.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
22. The military department that is responsible for providing medically related services supplies roundtrip transportation between the school and the MTF at no cost when related services of a medical nature specified in the IEP are provided at the MTF, if the handicapped student is "space-required" or "tuition-free" under DoD Directive 1342.13.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
23. DoDDS supplies required transportation, to and from school, as provided in the handicapped student's IEP without cost to the student's parents, if the student is "space-required" or "tuition-free" under DoD Directive 1342.13.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
24. Required transportation of all handicapped DoDDS students is provided in appropriately equipped vehicles that meet all applicable safety standards established by the military department concerned or DoDDS.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
25. A coordinated community effort exists to identify those children from birth to 21 years of age who might be in need of special education and related services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
26. There is a documented system of referral to DoDDS and the MTF for children who might be in need of special education and related services.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
27. If an MTF to which a child is referred for evaluation determines that the child needs additional, unrequested assessments, it performs those assessments and provides written evaluation summaries on them to the referring agency, provided that the permission of the parent to evaluate the child covers those assessments.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
28. The MTF provides documented evidence to the child's CSC that, at least on an annual basis, the student's progress in the related service short-term objectives is evaluated.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
29. There is documentation showing that the need for year-round related services is considered and those services are provided if necessary.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		

DEPARTMENT OF DEFENSE COORDINATING COMMITTEE ON SPECIAL EDUCATION AND RELATED SERVICES			
STANDARDS REVIEW (Continued)			
30. Completed <u>Reports on Unavailability of Related Services</u> are received by appropriate DoD (including DoDDS) authorities, and the resolution of the issues reported is confirmed.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
31. Legal issues, including potential and actual requests for mediation and due process hearings, are promptly brought to the attention of the cognizant staff judge advocate or other appropriate legal counsel.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		
32. The cognizant staff judge advocate or other appropriate legal counsel properly handles all legal matters concerning related services that are presented to him or her.	(X) One		
	MET (1)	PARTIALLY MET (2)	NOT MET (3)
(4) REASON	(5) RESPONSIBLE ORGANIZATION		
(6) CORRECTIVE ACTION	(7) RECOMMEND TIMELINE		