

**MANCHESTER 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 after all other IEP components have been fully addressed.

I. Section A: LRE Screen (This section must be completed.)

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. All of the child's classes are in the regular educational environment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The child has the opportunity to participate in nonacademic and extracurricular services and activities (including meals, recess periods, and services and activities such as counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the child's LEA, and employment of students, including both employment by the LEA and assistance in making employment available) to the same extent as peers who do not have disabilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The child is educated in the school that he or she would attend if nondisabled. | <input type="checkbox"/> | <input type="checkbox"/> |

II. Section B: LRE Factors and Considerations (Complete only if "NO" has been checked for one or more of the items in Section A. Respond to all items unless otherwise indicated.)

YES NO

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|---|--------------------------|--------------------------|
| 1. The PPT based the educational placement of the child upon the child's IEP. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The PPT ensured that the child is educated to the maximum extent appropriate with children who are nondisabled. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The PPT ensured that the child participates in nonacademic and extracurricular services and activities with nondisabled children to the maximum extent appropriate to the needs of the child. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The PPT considered the use of supplementary aids and services (such as resource room, itinerant instruction, assistive technology devices or assistive technology services) in conjunction with regular class placement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The PPT determined that the nature and severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The PPT selected the placement within the continuum of alternative placements which is required to implement the child's IEP. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The PPT considered any potential harmful effect of the placement on the child. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The PPT considered any potential harmful effect of the placement on the quality of the services that the child needs. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The PPT considered any potential harmful effect of the placement on the education of other children. | <input type="checkbox"/> | <input type="checkbox"/> |

