

SPECIAL EDUCATION
CYCLICAL MONITORING REPORT

SCHOOL YEAR (SY):

MONITORING PATH:

CYCLE: GROUP:

REGION:

DISTRICT NAME:

DISTRICT TYPE:

SHARED SERVICE ARRANGEMENT (SSA) MEMBER:

OVERVIEW OF CYCLICAL MONITORING

_____ .
as soon as possible, but in no case later than one year
from the date of this notification _____ .

Area	Citation
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DATA REVIEW

Data Sources

STAKEHOLDER ANALYSIS AND RESULTS

DYSLEXIA PROGRAM EVALUATION

Area

SUMMARY OF REQUIRED ACTION

Required Action	Due Date	Support Level	Communication Cadence

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

Area	Citation	Level	Status	Action

APPENDIX II: ADDITIONAL RESOURCES

APPENDIX III: ACRONYMS

Acronym Description

