

**SPONSOR ANNUAL REPORT
OF SCHOOL'S SPECIAL EDUCATION AND RELATED SERVICES
TO STUDENTS WITH DISABILITIES**

Ohio Revised Code 3314.12 requires sponsors to submit to the Ohio Department of Education, on or before Nov. 1 of each year, a report that describes the special education and related services provided by that school to enrolled students during the previous fiscal year and the school's expenditures for those services. Please complete this report for the previous school year and submit it via Epicenter by 11:59 p.m. on Nov.

1. No student identifiable information should be included in this report. This report is to be summative to show the continuum of services in the school and should be reported on students with disabilities by category/grade level instead of individually.

Name of School _____	IRN _____
School Address _____	
School Phone _____	School Fax _____
School Administrator _____	Title _____
Administrator's Email _____	Phone _____
Special Education Director _____	Title _____
Director's Email _____	Phone _____
Grade Levels Served _____	School Enrollment _____
Enrollment Area _____	

Students with Disabilities Population (based on previous year's data)

Total number of students identified as students with disabilities _____

Students with disabilities make up what percentage of the total school population _____

Indicate the number of students with disabilities by grade level:

Grade Level	# of SWD
KG	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

Describe your Continuum of Services:

List students with disabilities by grade level and category and indicate the EMIS Code for Least Restrictive Environment (LRE):

Disability Category	Grade Level	EMIS Code for LRE

Indicate the number of students who are evaluated and placed on their initial IEP at your school: _____

List by grade level the students who enter the school with an IEP and who were subsequently re-evaluated by your school and identified under a different disability category:

Grade Level	Transfer Date	RETR Date	Previous Disability Code	RETR Disability Code

STAFFING

Staff Name	License #	Area of Certification	HQT Status	Caseload	Workload

DISCIPLINE

Grade	Dates Expelled	Dates Out-of-School Suspension	Dates In-School Suspension	Manifestation Determination	Functional Behavior Assessment	Behavior Intervention Plan

ASSESSMENT

Grade	Disability	Accommodations	Modifications

ALTERNATE ASSESSMENT

Grade	Disability