The Essential Preschool Individualized Education Program: Part 3





Transportation Section

8 TRANSPORTATION AS A RELATED SERVICE		
Does the child require special transportation?	YES 🗹	NO 🗹
Does the child need transportation to and from services?	YES 🔽	NO 🔽
Does the child need accommodations or modifications for transportation? If yes, check any transportation accommodations/modifications below that the child needs:	YES 🔽	NO 🗌
☐ The bus driver will be notified of the child's behavioral and/or medical concerns ☐ Aide (for tr	ansportation	n only)
Specially Adapted Vehicle Wheelchair lift Safety Vest Car Seat Securen	nent System	S
Other Specify: Parents are transporting the child from home to	school	
and back.		

General Factors Section

10 GENERAL FACTORS		
HAS THE IEP TEAM CONSIDERED:		
The strengths of the child?	YES 🔲	NO 🔲
The concerns of the parents for the education of the child?	YES 🔲	NO 🔲
The results of the initial or most recent evaluations of the child?	YES 🔲	NO 🔲
As appropriate, the results of performance on any state or district-wide assessments?	YES 🔲	NO 🔲
The academic, developmental and functional needs of the child?	YES 🔲	NO 🔲
In consideration of Third Grade Reading Guarantee, is the child on-track for reading?	YES 🗌	NO 🔲

Least Restrictive Environment (LRE)

For School Age:	YES NO
Does the child attend the school they would attend if not disabled?	TES NO
If no, justify:	
Does this child receive all special education services with nondisabled peers?	YES NO
For Preschool: Does the child attend a general education setting? YES NO	
Does the child receive all of his/her special education and related services embedded within activities? YES NO	n regular classroom routines and
What prevents the child from receiving special education and/or related services embedde and activities?	d with the regular classroom routines
What prevents the child from being able to attend a general education setting?	
Who provides the child with instruction in the general education curriculum?	



Least Restrictive Environment Preschool Continuum of LRE Placement Options

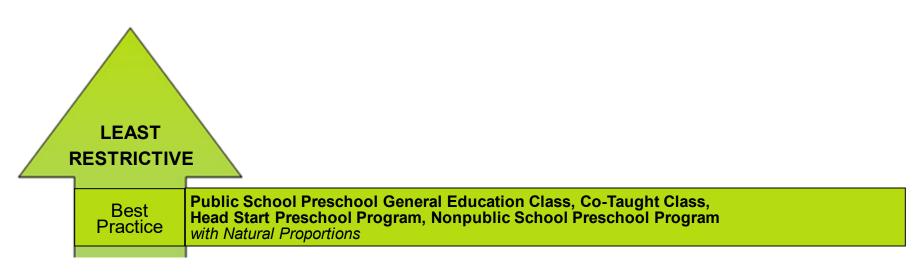
LEAST RESTRICTIVE

Best Practice	Public School Preschool General Education Class, Co-Taught Class, Head Start Preschool Program, Nonpublic School Preschool Program with Natural Proportions
1st Placement Option	Public School Preschool General Education Class Co-Taught Class, Head Start Preschool Program or Nonpublic School Preschool Program in which no more than 8 children with disabilities are enrolled & remains 50% or fewer children with disabilities
2nd Placement Option	Head Start Preschool Program or Nonpublic School Preschool Program with more than 8 children with disabilities but remains 50% or fewer children with disabilities in the class
3rd Placement Option	Public School Preschool Integrated Class in which 50% or fewer of the students are children with disabilities
4th Placement Option	Public School Preschool Special Education Class in which more than 50% of the students are children with disabilities
5th Placement Option	Special School
6th Placement Option	Home or Service Provider Location
	Practice 1st Placement Option 2nd Placement Option 3rd Placement Option 4th Placement Option 5th Placement Option 6th Placement

MOST RESTRICTIVE



Best Practice Option



Natural Proportions:

including children with disabilities in proportion to their presence in the general population





Optional Form LRE IEP Team Guiding Questions



PRESCHOOL LEAST RESTRICTIVE ENVIRONMENT GUIDING QUESTIONS Optional Form Fall 2022

This optional form is provided to assist the preschool IEP team's (includes the parent) LRE decision-making process within the context of the IEP process. In all cases, placement decisions must be individually determined on the basis of each child's abilities and needs and each child's IEP, and not solely on factors such as category of disability, severity of disability, availability of special education and related services, configuration of the service delivery system, availability of space, or administrative convenience.

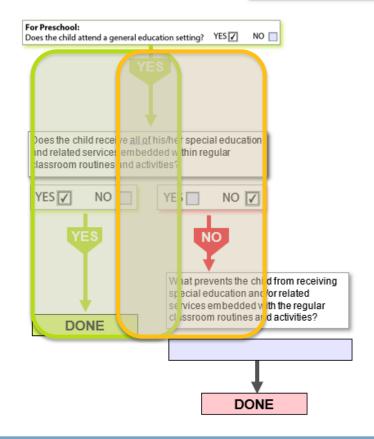
-Ü.S. Department of Education (2006). Federal Register Vol. 71, No. 156, p.46588

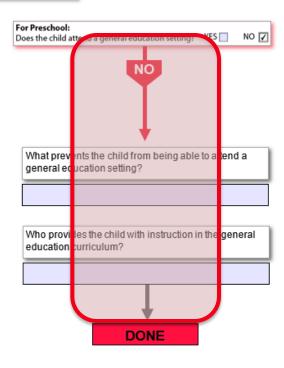
Part 1 CONSIDERATION	What are the considerations for placement options?	
Strengths and needs of the	child:	
Program or classroom cha	acteristics needed to meet child's individual needs:	
Program or classroom cha	acteristics needed to meet child's individual needs:	
	acteristics needed to meet child's individual needs: as transitioning to kindergarten, family needs, etc.:	



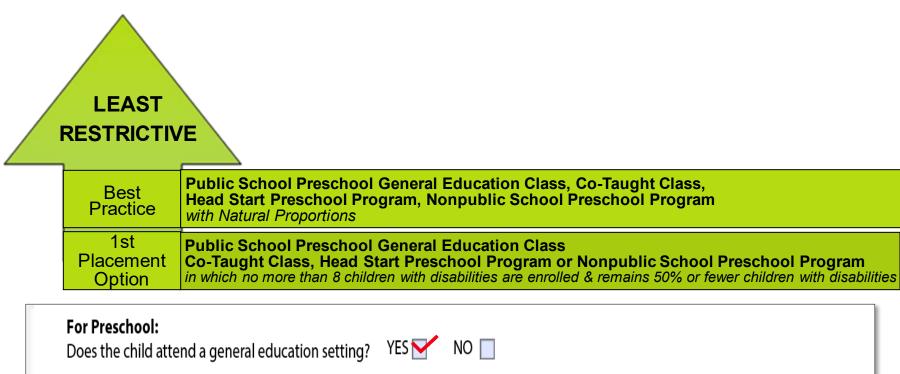
Preschool LRE: Sequence of Questions







LRE Scenario #1



Does the child receive all of his/her special education and related services embedded within regular classroom routines and YES NO activities?

ALL special education and related services embedded + with non-disabled peers

There are no further questions to respond to in this section.



LRE Scenario #2

For Preschool: Does the child attend a general education setting? YES NO	
Does the child receive all of his/her special education and related service activities? YES NO	es embedded within regular classroom routines and
What prevents the child from receiving special education and/or related and activities?	
	Justify
PR-01: Must explain why the child cannot receive special education and related services in the first placement option	JUSTIFICATION: Must explain why the instruction or service CANNOT be delivered in the general education setting with non-disabled peers

There are no further questions to respond to in this section.

LRE Scenario #3

For Preschool:		
Does the child attend a general education setting?	YES 🗌	NO 🗹

What prevents the child from being able to attend a general education setting?	Justify
Who provides the child with instruction in the general education curriculum?	Respond: Role, How
The ECIS will provide the general education curriculum through activities Development Standards in the child's area of need as identified in the IEI	that align with the Ohio Early Learning

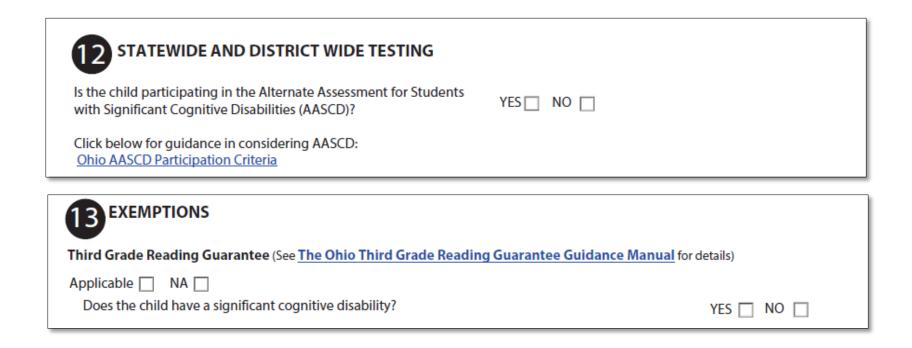
PR-01: Must explain why the child cannot receive special education and related services in the first placement option

The presence of a disability alone is NOT a reason for removal.



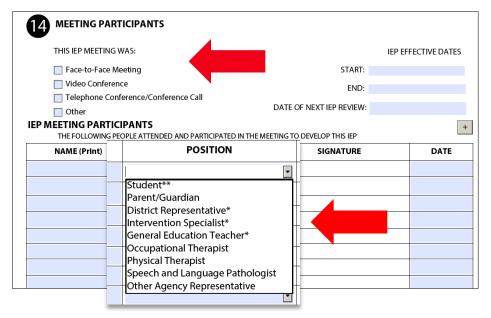


Do Not Complete for Preschool



Not applicable for Preschool IEP

Meeting Participants



NAME (Print)	POSITION	SIGNATURE	DATE
RUCTIONAL IMPLICATIONS ST BE ON FILE.	EACHER, INTERVENTION SPECIALIST, DISTRICT OF THE EVALUATION DATA HAVE SIGNED AS D MEMBER UP TO AGE 18 WHEN THEY BECOM	NOT IN ATTENDANCE AT THE IEP MEETIN	IG, A WRITTEN EXCU



Parents must be afforded the opportunity to participate



Alternate means of participation (phone or video conference) must be documented



For preschool, a general education teacher is a required team member



Excused members must provide input in the development of the IEP in writing to both the district and parent prior to the meeting



Signatures Sections Initial IEP

SIGNATURES	
INITIAL IEP	4
I give consent to initiate special education	and related services specified in this IEP.*
I give consent to initiate special education	and related services specified in this IEP except for **
AREA:	
I do not give consent for special education	and related services at this time.**
PARENT/GUARDIAN SIGNATURE:	DATE:
IEP ANNUAL REVIEW (Not a Chan	-
I agree with the implementation of this IEP	.* :ipation at the IEP team meeting, but I do not agree with the following
I agree with the implementation of this IEP I am signing to show my attendance/partic special education and related services spec AREA: Note: Not a Change of Placement does NOT requir	tipation at the IEP team meeting, but I do not agree with the following cified in this IEP.** e a parents' signature to implement the IEP.
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Placement Documentation

IEP Meeting

PR-01

IEP Implementation

COMMUNICATE PLACEMENT

general education setting, integrated class, special education class, special school, home or service provider location

COMMUNICATE
SPECIFIC LRE LOCATION

COMMUNICATE NUMBER OF HOURS

If applicable provide justification)



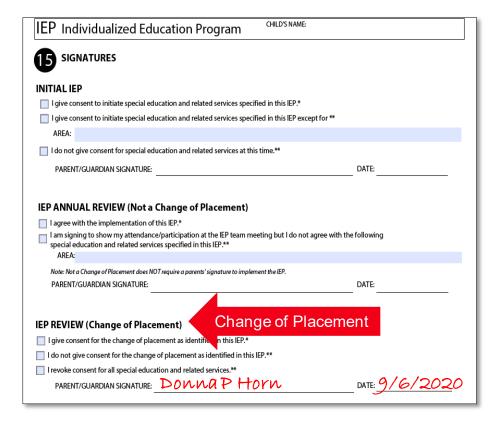
Signatures Section IEP Annual Review (Not a Change of Placement)

Remember:
On the PR-01,
must communicate
placement,
specific LRE
location and
number of hours

15 SIGNATURES	
INITIAL IEP	
I give consent to initiate special education and related services specified in this IE	D.*
I give consent to initiate special education and related services specified in this IE	P except for **
AREA:	
I do not give consent for special education and related services at this time.**	
PARENT/GUARDIAN SIGNATURE:	DATE:
IEP ANNUAL REVIEW (Not a Change of Placement) I agree with the implementation of this IEP.*	lo not agree with the following
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IEP Revisions Change of Placement



IEP team required to meet

Change of Placement: A change from one option on the continuum of alternative placements to another

Parent must give consent, in writing, if this change of placement changes the student's placement on the continuum of services





Additional Resources and Information

education.ohio.gov Search keywords: *Operating Standards* and Guidance

Contact your State Support Team education.ohio.gov
Search keywords: State Support Teams



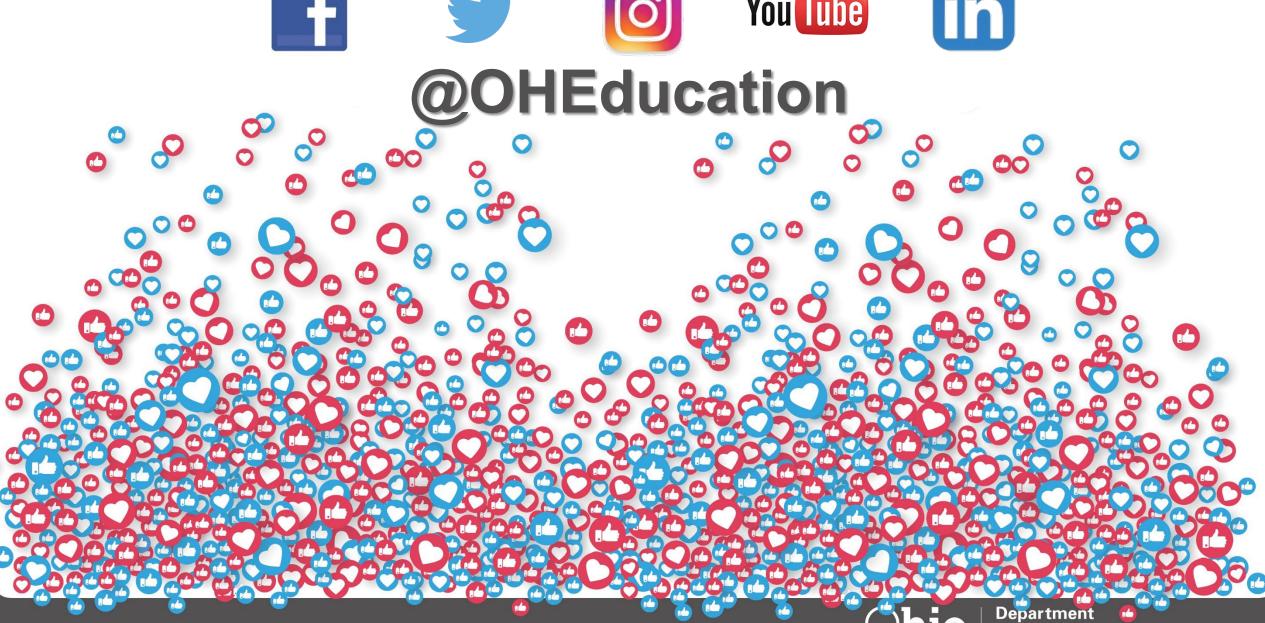








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