

# Preschool to Kindergarten IEP

## Preschool to Kindergarten IEP Transition



**OFFICE OF EARLY LEARNING AND SCHOOL READINESS**

## Introduction

The Office of Early Learning and School Readiness provides technical assistance and resources for our partners working with families, preschool staff and communities to meet the individual needs of preschool children with disabilities. The goal of this manual is to offer information to preschool programs and school districts that are responsible for planning, developing and implementing the individualized education program (IEP) of a child who is leaving preschool to enter kindergarten. This guidance will help the child's IEP team plan for his or her success, making the transition from preschool to elementary school a positive experience.

Please contact the Preschool Special Education team for further assistance at [preschoolspecialeducation@education.ohio.gov](mailto:preschoolspecialeducation@education.ohio.gov) or (614) 369-3765.

## **One Combined, Preschool and Kindergarten IEP or Two Subsequent IEPs: (Preschool then Kindergarten)?**

First, the IEP team must decide whether it will develop and implement one IEP for the preschool special education student that will transition with the child to kindergarten or develop a preschool IEP and later assemble the school-age IEP team to develop a subsequent school-age IEP for the child's kindergarten year. The team should consider the advantages and disadvantages of both scenarios and which set-up best meets the needs of the child. The team also must ensure the child's special education and related services are not interrupted in the preschool to kindergarten transition.

### **Option 1: Combined IEP**

Developing and implementing a combined IEP may streamline the process for the child transitioning from preschool to kindergarten by reducing the paperwork required and minimizing scheduling difficulties for IEP team members. Choosing this option, the team would use the IEP form that contains both preschool and school-age sections and complete the preschool and kindergarten IEP at the same time. Ideally, representatives from preschool and school-age services collaborate to develop the combined IEP.

### **Option 2: Subsequent IEPs**

The IEP team would hold one IEP team meeting for the preschool IEP and a subsequent IEP meeting when it is time to prepare the child to transition to school-age special education services. The IEP team can complete the school-age IEP after the end of preschool or at the very beginning of kindergarten, whichever works best for the IEP team, including the parent. Again, the team must ensure services are not interrupted in the transition. Only one combined IEP or subsequent IEP (preschool or kindergarten) can be active at a given time and reported in the Education Management Information System (EMIS). The Office of Early Learning and School Readiness recommends that a subsequent, school-age IEP be written as close as possible to when the child will begin receiving school-age services. This gives the IEP team an opportunity to review the child's preschool progress and known needs for kindergarten.

## **IEP Guidance for Preschool to Kindergarten Transition**

School districts can use their discretion in choosing option 1 or option 2 when planning for a child's transition from preschool to school-age special education and related services. A district should base its choice on the child's individual needs. The option a district chooses also should ensure services are not interrupted and the transition is a positive experience for the child.

### **Option 1 Requirements: Combined IEP**

- The IEP team must use the Ohio Department of Education version of the IEP form that includes both preschool and school-age sections.
- A district cannot choose option 1 if the child is categorized as Developmentally Disabled. The team must issue an Evaluation Team Report if it needs to change from a preschool to a school-age disability category.
- Both preschool and school-age special education services will be covered during the IEP effective dates listed on the combined IEP form.
- The preschool staff must complete the Child Outcomes Summary process within 30 calendar days of the child's exit from preschool special education.
- Here are additional requirements for sections of the IEP form relating to transition:
  - Page1 – Other Information: Include these statements:

- **(Student's Name)** will transition from preschool special education services to kindergarten special education services on **(date) xx/xx/xxxx**. There **(will be/will not be)** a change in placement at the time the student transitions from preschool to kindergarten.
  - **NOTE:** This information is necessary because Section 15 will address any change of placement for preschool (from the previous IEP to the new IEP). If a change of placement occurs in the transition to kindergarten, the team must document it.
  - If there is a change in placement between preschool and kindergarten, the Office of Early Learning and School Readiness recommends the district provide prior written notice (PR-01) to the parents to indicate the placement change.
- Section 4 – Extended School-Year Services: If the IEP team determines extended school-year services are necessary, the district must determine how the services will be delivered.
- Section 5 – Postsecondary Transition: Section 5 currently is not applicable to the student, whether in preschool or kindergarten.
- Section 7 – Description of Specially Designed Services: The descriptions of Specially Designed Services must be defined separately for preschool special education services and kindergarten special education services. This must be clear for all areas: Type of Service, Goal Addressed, Provider Title, Location of Service, Begin, End, Amount of Time, and Frequency. See the example on the IEP form in Attachment A.
- Section 8 – Transportation: The team must complete this section to reflect the student's preschool transportation needs. If the team needs to make changes in this section for the child's kindergarten year, it must complete an amendment.
- Section 11 – Least Restrictive Environment: In this section, the team must complete both the For School-Age and the For Preschool areas of the form.
- Section 12 – Statewide and Districtwide Testing: The team must complete this section in accordance to kindergarten applicability.
- Section 13 – Exemptions: The team must complete this section in accordance to kindergarten applicability.
  - Third Grade Reading Guarantee: Not applicable (NA).
  - Graduation Tests: Indicate NA for a student transitioning from preschool to kindergarten.
  - Other Assessments: Indicate NA for a student transitioning from preschool to kindergarten if Other Assessment Exemptions do not apply to kindergarten.
- Section 14 – Meeting Participants:
  - The required members include a parent, general education teacher, special education teacher/provider and a district representative.
- Section 15 – Signatures: Based on the following scenarios, complete the appropriate areas of Section 15:
  - If there are no changes in placement both in preschool and kindergarten:
    - ❖ Complete the Not a Change in Placement area of the IEP Annual Review.
  - If there is a change of placement in either preschool or kindergarten:
    - ❖ Complete Not a Change in Placement area of the IEP Annual Review for the setting in which there is no change in placement and note the transition on the form. For example, if there is no change in placement from the previous

preschool IEP to the new preschool IEP, note "For preschool to preschool transition."

- ❖ Complete the Change of Placement area of the IEP Review for the setting in which there will be a change of placement and note the transition on the form. For example, if there is a change in placement from preschool to the kindergarten, note "For preschool to kindergarten transition."
- If there are changes in placement in both preschool and kindergarten:
  - ❖ For the preschool to preschool change in placement, complete the Change of Placement area of the IEP Review for preschool and note the transition on the form by stating "For preschool to preschool transition."
  - ❖ For the preschool to kindergarten change in placement, ensure the change in placement has been documented in the Other Information section (page 1 of IEP form). The Office of Early Learning and School Readiness recommends the district provide prior written notice (PR-01) to the child's parents to confirm the kindergarten change in placement. Indicate whether the parent agrees with the change in placement and obtain the parent signature.

#### Other Considerations:

Any changes in the goals or other sections of the IEP that may occur once the child transitions to kindergarten should be addressed with an amendment.

#### Option 2 Requirements: Subsequent IEPs

- First, the preschool IEP team will develop a preschool IEP.
- The preschool IEP must be written for a year (364 days), even if there are only a few weeks or months remaining in preschool.
- Only one IEP can be active at a time.
- After the end of preschool or at the very beginning of kindergarten, the school-age IEP team will meet to complete the subsequent, school-age IEP.
- The district must determine when the child's preschool services will end and when school-age services will begin. There should be no interruption in services in the preschool to school-age (kindergarten) transition.

#### Other Considerations:

- Any changes in the goals or other sections of the IEP that may occur once the child transitions to kindergarten should be addressed with an amendment.

#### EMIS Considerations

- FN270 is used only for the Federal Child Outcome.
- From the EMIS Data Collection Form: **FN270 – Least Restrictive Environments (LRE) for 5-year-old students:** A preschool LRE is appropriate as the outcome of the IEP for a student age 5 if the IEP is written while the student is in preschool. However, when the student transitions to kindergarten, the Ohio Department of Education will need a school-age code for the child. To report an LRE that differs from what was written in a previous-year IEP that is still in effect, use the FN270 data element to provide a school-age LRE code.
- The code is reported as follows:

- 5-year old in kindergarten: Report FN-270 and enter a Preschool IEP Outcome Code. For the Special Education Record, enter a School-Age Outcome.
- 6-year old in preschool: Report FN-270 and enter a School-Age Outcome. For the Special Education Record, enter a Preschool Outcome.

Keep in mind that EMIS reporting instructions may be updated to reflect potential changes in Ohio law, federal law, Ohio Administrative Code, Ohio Department of Education policies, EMIS and Ohio Department of Education systems design or responses to errors found in the manual. Please refer to the [EMIS Manual](#) on the Ohio Department of Education's website for any potential updates.

**Attachment A:** One Combined IEP (Preschool with Kindergarten IEP)

**Attachment A: One Combined IEP  
(Preschool with Kindergarten IEP)**

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

## CHILD'S INFORMATION

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 STREET: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 DISTRICT OF RESIDENCE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_ DISTRICT OF SERVICE: \_\_\_\_\_

Is the child in preschool?  YES  NO   
 Will the child be 14 years old before the end of this IEP? YES  NO   
 Is the child younger than 14 years of age but has transition and postsecondary goal information? YES  NO   
 Is the child a ward of the state? YES  NO   
 If yes, provide the name of the surrogate parent: \_\_\_\_\_  
 IEP by third birthday? (If transitioning from Part C services) YES  NO

## MEETING INFORMATION

MEETING DATE: \_\_\_\_\_  
 MEETING TYPE:  
 INITIAL IEP  
 ANNUAL REVIEW  
 REVIEW OTHER THAN ANNUAL REVIEW  
 \_\_\_\_\_  
 AMENDMENT  
 OTHER \_\_\_\_\_

## IEP TIME LINES

ETR COMPLETION DATE: \_\_\_\_\_  
 NEXT ETR DUE DATE: \_\_\_\_\_  
 IEP EFFECTIVE DATES  
 START: \_\_\_\_\_  
 END: \_\_\_\_\_  
 NEXT IEP REVIEW: \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION

NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## IEP FORM STATUS

(Check when complete)

- 1. FUTURE PLANNING
- 2. SPECIAL INSTRUCTIONAL FACTORS
- 3. PROFILE
- 4. EXTENDED SCHOOL YEAR SERVICES
- 5. POSTSECONDARY TRANSITION SERVICES
- 6. MEASURABLE ANNUAL GOALS
- 7. SPECIALLY DESIGNED SERVICES
- 8. TRANSPORTATION AS A RELATED SERVICE
- 9. NONACADEMIC AND EXTRA CURRICULAR
- 10. GENERAL FACTORS
- 11. LEAST RESTRICTIVE ENVIRONMENT
- 12. STATEWIDE AND DISTRICT TESTING
- 13. EXEMPTIONS
- 14. MEETING PARTICIPANTS
- 15. SIGNATURES

## OTHER INFORMATION:



## AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials

# 1 FUTURE PLANNING

# 2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

- Does the child have behavior which impedes his/her learning or the learning of others? YES  NO
- Does the child have limited English proficiency? YES  NO
- Is the child blind or visually impaired? YES  NO
- Does the child have communication needs (required for deaf or hearing impaired )? YES  NO
- Does the child need assistive technology devices and/or services? YES  NO
- Does the child require specially designed physical education? YES  NO

# 3 PROFILE

Child's profile to include Reading Improvement and Monitoring Plan (if applicable):

## 4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?



Yes  No

If yes, what goals determined the need?

Will the team need to collect further data and reconvene to make a determination?

No  Yes

Date to Reconvene

## 5 POSTSECONDARY TRANSITION

### POSTSECONDARY TRAINING AND EDUCATION



**MEASURABLE POSTSECONDARY GOAL:**

**Age Appropriate Transition Assessment regarding Post Secondary Training and Education**

(indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:

NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record       D. Rubric  
 B. Checklist                       E. Other (list)  
 C. Work Sample

### COMPETITIVE INTEGRATED EMPLOYMENT

**MEASURABLE POSTSECONDARY GOAL:**

**Age Appropriate Transition Assessment regarding Competitive Integrated Employment**

(indicating student's needs, strengths, preferences and interests)

# IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record       D. Rubric  
 B. Checklist                       E. Other (list)  
 C. Work Sample

## INDEPENDENT LIVING (as appropriate)

**MEASURABLE POSTSECONDARY GOAL:**

**Age Appropriate Transition Assessment regarding Independent Living**  
 (indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record       D. Rubric  
 B. Checklist                       E. Other (list)  
 C. Work Sample

### FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD COMPLETION OF TRANSITION SERVICES/ACTIVITIES TO THE CHILD'S PARENTS

*Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6B Transition Progress Report form.*

Target Date for Child to Graduate:

**6 MEASURABLE ANNUAL GOALS**

NUMBER: 1      AREA: \_\_\_\_\_

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Curriculum-Based Assessment | <input type="checkbox"/> E. Short-Cycle Assessments | <input type="checkbox"/> I. Work Samples |
| <input type="checkbox"/> B. Portfolios                  | <input type="checkbox"/> F. Performance Assessments | <input type="checkbox"/> J. Inventories  |
| <input type="checkbox"/> C. Observation                 | <input type="checkbox"/> G. Checklists              | <input type="checkbox"/> K. Rubrics      |
| <input type="checkbox"/> D. Anecdotal Records           | <input type="checkbox"/> H. Running Records         |  |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

*Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.*

Reported every  weeks

## 7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION: <span style="float: right;">+</span>			
(SDI appropriate for a language goal)	1	Preschool Classroom Teacher	Classroom
BEGIN: April 30, 2019	END: August 14, 2019	AMOUNT OF TIME: 120 Minutes	FREQUENCY: Weekly
-			
(SDI appropriate for a language goal)	1	Kindergarten Classroom Teacher	Classroom
BEGIN: August 15, 2019	END: April 29, 2020	AMOUNT OF TIME: 60 Minutes	FREQUENCY: Weekly
-			
RELATED SERVICES: <span style="float: right;">+</span>			

ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ACCOMMODATIONS:	
BEGIN:	END:

MODIFICATIONS:	
BEGIN:	END:

SUPPORT FOR SCHOOL PERSONNEL:	
BEGIN:	END:

SERVICE(S) TO SUPPORT MEDICAL NEEDS:	
BEGIN:	END:

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?

YES  NO

If yes, check any transportation accommodations/modifications below that the child needs:

- Checkboxes for: The bus driver will be notified of the child's behavioral and/or medical concerns, Aide (for transportation only), Specially Adapted Vehicle, Wheelchair lift, Safety Vest, Car Seat, Securement Systems, Other. Includes a 'Specify:' line.

9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?

Describe

Large empty rectangular box for describing participation opportunities.

If the child will not participate in non-academic/extracurricular activities, explain.

Large empty rectangular box for explaining non-participation.

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

Regarding the Third Grade Reading Guarantee, is the child on-track for reading?

YES  NO  NA

## 11 LEAST RESTRICTIVE ENVIRONMENT

**For School Age:** 

Does the child attend the school they would attend if not disabled?

YES  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 regular classroom routines and activities? YES  NO

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

## 12 STATEWIDE AND DISTRICT WIDE TESTING



Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)?

YES  NO

Click below for guidance in considering AASCD:

[Ohio AASCD Participation Criteria](#)

### Accessibility on district and statewide tests

Will the child participate in district wide and state wide assessments with accommodations?

YES  NO

For each subject tested in the child's grade, choose the method of assessment below.

If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.

1. DISTRICT TESTING (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)		
AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		

# IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

## 2. STATEWIDE TESTING

(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

Check when complete

## 13 EXEMPTIONS



**Third Grade Reading Guarantee** (See [The Ohio Third Grade Reading Guarantee Guidance Manual](#) for details)

Applicable  NA

Does the child have a significant cognitive disability?

YES  NO

**If yes**, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

**If no**, the team considered all data and made the following decision (check one):

Not to exempt the child from the retention provision of the Third Grade Reading Guarantee

To exempt the child from the retention provision of the Third Grade Reading Guarantee

## Graduation Tests

Applicable  NA

Is the child excused from the consequences of not passing required graduation tests?

YES  NO

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification

## Other Assessments

Applicable  NA

# IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

Assessment	Justification	

Check when complete

## 14 MEETING PARTICIPANTS

THIS IEP MEETING WAS:

- Face-to-Face Meeting
- Video Conference
- Telephone Conference/Conference Call
- Other

IEP EFFECTIVE DATES

START: \_\_\_\_\_

END: \_\_\_\_\_

DATE OF NEXT IEP REVIEW: \_\_\_\_\_

### IEP MEETING PARTICIPANTS

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP

NAME (Print)	POSITION	SIGNATURE	DATE

### PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

NAME (Print)	POSITION	SIGNATURE	DATE

\*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE.

\*\* THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS THERE IS NO TRANSFER OF GUARDIANSHIP.

## 15 SIGNATURES

### INITIAL IEP



- 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 Change of Placement)

- I agree with the implementation of this IEP.\*
- I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.\*\*

AREA: \_\_\_\_\_

*Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### IEP REVIEW (Change of Placement)

- I give consent for the Change of Placement as identified in this IEP.\*
- I do not give consent for the Change of Placement as identified in this IEP.\*\*
- I revoke consent for all special education and related services.\*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

YES NO 

IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

#### Transfer of Rights at Age of Majority

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES NO 

CHILD'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting.

YES NO 

IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

\* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.  
\*\* If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

## 16 CHILDREN WITH VISUAL IMPAIRMENTS

This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. **A copy of this completed form is part of, and must be attached to, the child's IEP form.**

1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Academic Achievement and Functional Performance" on the IEP and indicate both strengths and weaknesses. YES  NO
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Unified English Braille" as a special service in Section 7. YES  NO
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP. YES  NO
4. The following visual condition(s) was taken into account and discussed in making the above decision: YES  NO 
  - Condition is degenerative and progressive loss is expected. YES  NO
  - Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted. YES  NO
  - Condition is temporary and expected to improve. YES  NO
  - Condition is stable and will be monitored. YES  NO
5. Indicate the appropriate instructional media
  - Unified English Braille YES  NO
  - Large Print YES  NO
  - Regular Print YES  NO
  - Tape/auditory YES  NO
  - Pre-reader YES  NO
6. Complete if Braille reading and writing **ARE** appropriate at this time
  - Annual goals provided YES  NO
  - Short-term objectives provided YES  NO
  - Date of initiation indicated YES  NO
  - Frequency and duration of instructional sessions indicated YES  NO
  - Level of competency to be achieved annually indicated YES  NO
  - Objective determinants used to measure achievement provided YES  NO
7. Reasons Braille reading and writing **ARE NOT** appropriate this time
  - Documented visual acuity allowing the choice of larger type/regular type YES  NO
  - Child is considered a pre-reader YES  NO
  - Other YES  NO