

## 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 and Workforce, 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. (Expenditure data will be supplied by the Department.) 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 Fax: \_\_\_\_\_

School Phone: \_\_\_\_\_

Title: \_\_\_\_\_

School Administrator: \_\_\_\_\_

Phone: \_\_\_\_\_

Administrator's Email: \_\_\_\_\_

Title: \_\_\_\_\_

Special Education Director: \_\_\_\_\_

Phone: \_\_\_\_\_

Director's Email: \_\_\_\_\_

School Enrollment: \_\_\_\_\_

Grade Levels Served: \_\_\_\_\_

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	
12	

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	Number of Students	Grade Level	EMIS Code for LRE

Indicate the number of students enrolled in your school that were evaluated and placed on their initial IEP during the 2023-24 school year: \_\_\_\_\_

ASSESSMENT

Grade	Disability Category	Accommodations	Modifications



## ALTERNATE ASSESSMENT

**Please indicate the number of students that were administered an alternate assessment.**

[illegible]