E-School Sponsor Certification Plan

Plan for services to disabled students by computer-based schools.

Form A

E-School Name: _____   IRN: _____

School Address: _____

School Phone Number: _____ School Fax: _____

School Administrator: _____ Title: _____

Administrator Email: _____ Phone: _____

Special Education Director: _____

Special Education Director's Email: _____ Phone: _____

Grade Levels Served: _____   Total Enrollment: _____

Number of Students with Disabilities Enrolled: _____

1. **Describe the e-school's policies and procedures for Child Find.**

2. **Describe the continuum of services provided by the e-school.**

Ohio **Department of Education & Workforce**

3. **How does the e-school ensure the student is taught by an appropriately licensed teacher?**

[blank response box]

4. **How does the e-school ensure the specially designed instruction is individualized and being provided as stated in each individualized education program?**

[blank response box]

5. **How does the e-school ensure a student is receiving the appropriate accommodations or modifications as required per the student's IEP?**

[blank response box]

6. **How does the e-school ensure the child has an aid if required per the IEP?**

[blank response box]

Department of Education & Workforce

7. **How does the e-school ensure the child has access to assistive technology as required per the IEP?**

8. **How often are IEPs reviewed for and amended regarding progress or lack of progress?**

9. **How does the e-school provide medical supports as required per the IEP?**

Sponsor Name: _____

Sponsor Representative: _____

Date Received: _____ Date Approved: _____

Plan moved to T/A :_____

Plan not approved due to:

Revised E-School Plan:

Dates of Sponsor Monitoring Data Supported Implementation Checks:

_____   _____   _____

Outcome Summary:

Ohio Department of Education & Workforce