# **Optional - Tier 2 PS IDEA Monitoring Questions Response Form**

**District Name:** Click or tap here to enter text.

**District IRN:** Click or tap here to enter text.

This optional form is provided for districts selected for Tier 2 Preschool (PS) Individuals with Disabilities Education Act (IDEA) Monitoring to assist with recording responses to the PS IDEA Monitoring Questions. Districts **will not** submit this response form or evidence documents to the Preschool Special Education team for the state of Ohio as part of the PS Tier 2 monitoring process.

**Steps:**

1. The district establishes a preschool leadership team for review and discussion of the PS IDEA Monitoring Questions. The district will identify the members of the preschool leadership team on the Tier 2 PS IDEA Monitoring Questions Acknowledgment.
2. The preschool leadership team reviews the assigned questions, the criteria and district documents to determine whether the district is compliant for each item number.
3. Record the preschool leaderships team's determination of compliance with Yes, No or Not Applicable (NA) foreach item number in the chart below.

The district can utilize the Comments column for any relevant notes, to detail compliance criteria and/or to document potential next steps for continuous improvement.

**Section 1: Questions for District**

| **Item Number** | **Compliant** | **Comments** |
| --- | --- | --- |
| **WORKLOAD/CASELOAD** | | |
| **WC-1** | YES  NO | Click or tap here to enter text. |
| **WC-2** | YES  NO  NA | Click or tap here to enter text. |

| **Item Number** | **Compliant** | **Comments** |
| --- | --- | --- |
| **STAFF QUALIFICATIONS/CREDENTIALS** | | |
| **SQ-1** | YES  NO | Click or tap here to enter text. |
| **SQ-2** | YES  NO  NA | Click or tap here to enter text. |
| **SQ-3** | YES  NO  NA | Click or tap here to enter text. |
| **SQ-4** | YES  NO  NA | Click or tap here to enter text. |
| **PROFESSIONAL DEVELOPMENT** | | |
| **PD-1** | YES  NO | Click or tap here to enter text. |
| **PD-2** | YES  NO  NA | Click or tap here to enter text. |
| **DELIVERY OF SERVICES/LEAST RESTRICTIVE ENVIRONMENT** | | |
| **DS/**  **LRE-1** | YES  NO | Click or tap here to enter text. |
| **DS/**  **LRE-2** | YES  NO | Click or tap here to enter text. |
| **DS/**  **LRE-3** | YES  NO  NA | Click or tap here to enter text. |
| **DS/**  **LRE-4** | YES  NO | Click or tap here to enter text. |
| **DS/**  **LRE-5** | YES  NO  NA | Click or tap here to enter text. |
| **DS/**  **LRE-6** | YES  NO  NA | Click or tap here to enter text. |
| **DS/**  **LRE-7** | YES  NO  NA | Click or tap here to enter text. |
| **DS/**  **LRE-8** | YES  NO | Click or tap here to enter text. |
| **DS/**  **LRE-9** | YES  NO  NA | Click or tap here to enter text. |
| **CHILD OUTCOMES SUMMARY** | | |
| **CO-1** | YES  NO | Click or tap here to enter text. |
| **CO-2** | YES  NO  NA | Click or tap here to enter text. |
| **PART C TO PART B TRANSITION** | | |
| **C/B-1** | YES  NO | Click or tap here to enter text. |
| **C/B-2** | YES  NO | Click or tap here to enter text. |
| **C/B-3** | YES  NO | Click or tap here to enter text. |
| **C/B-4** | YES  NO | Click or tap here to enter text. |
| **ETR/IEP** | | |
| **ETR/**  **IEP-1** | YES  NO | Click or tap here to enter text. |
| **ETR/**  **IEP-2** | YES  NO  NA | Click or tap here to enter text. |
| **ETR/**  **IEP-3** | YES  NO  NA | Click or tap here to enter text. |
| **ETR/**  **IEP-4** | YES  NO  NA | Click or tap here to enter text. |
| **ETR/**  **IEP-5** | YES  NO  NA | Click or tap here to enter text. |
| **ETR/**  **IEP-6** | YES  NO  NA | Click or tap here to enter text. |
| **POLICIES and PROCEDURES** | | |
| **PP-1** | YES  NO | Click or tap here to enter text. |

**Section 2: Questions for District When Contracting Services**

| **Item Number** | **Compliant** | | **Comments** |
| --- | --- | --- | --- |
| **1** | YES  NO | | Click or tap here to enter text. |
| **2** | YES  NO | | Click or tap here to enter text. |
| **3** |  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
| **4** |  | YES  NO | Click or tap here to enter text. |
|  | YES  NO | Click or tap here to enter text. |
| **5** |  | YES  NO | Click or tap here to enter text. |
|  | YES  NO | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
| **6** | YES  NO | | Click or tap here to enter text. |
| **7** | YES  NO | | Click or tap here to enter text. |
| **8** |  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |
|  | YES  NO  NA | Click or tap here to enter text. |