# **Tier 2 PS IDEA Monitoring Questions Acknowledgment**

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

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

Districts identified for Tier 2 Preschool (PS) Individuals with Disabilities Education Act (IDEA) monitoring should email this completed and signed form to your assigned consultant from the Preschool Special Education team for the state of Ohio.

**The district superintendent assures:**

1. The district established a preschool leadership team for the review and discussion of the PS IDEA Monitoring Questions.

Identify the members of the preschool leadership team (see ***Tier 2 Preschool IDEA Monitoring Process Guide*** for required team members):

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DISTRICT TITLE** | **EMAIL ADDRESS** | **REQUIRED ROLE(S)** |
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1. The preschool leadership team reviewed the questions and criteria of the PS IDEA Monitoring Questions identified below and supporting evidence documents.

[ ] Workload/Caseload

[ ] Staff Qualifications and Credentials

[ ] Professional Development

[ ] Delivery of Services/Least Restrictive Environment

[ ] Child Outcomes

[ ] Part C to B Transition

[ ] Evaluation Team Report (ETR)/Individualized Education Program (IEP)

[ ] Preschool Special Education Policies, Procedures, Processes

[ ] Section 2 Questions: When Contracting for Services

(*districts that purchase special education and/or related services for preschool children)*

1. The preschool leadership team determined:

[ ]  The district will use all PS IDEA Monitoring Questions to maintain compliance with all state and federal special education regulations.

[ ] The district will use all PS IDEA Monitoring Questions to drive continuous improvement, and will make the necessary updates to district policy, practices and/or procedures so that the district can improve outcomes for all children with disabilities.

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| **Superintendent (or authorized representative)** |
| Click or tap here to enter text. |
| **Signature of Superintendent (or authorized representative) Date of Signature** |
| Click or tap here to enter text. | Click or tap to enter a date. |