

Preschool Essential Evaluation Team Report

Part 1: Referral and Planning


Revised August 2024



MIKE DEWINE
GOVERNOR OF OHIO



REFERRAL FOR EVALUATION



**A Guide to Parent Rights
in Special Education**

Special Education Procedural Safeguards Notice

PR-04 REFERRAL FOR EVALUATION [Redacted]

CHILD'S INFORMATION		BUILDING OF CURRENT ATTENDANCE:
NAME: [Redacted]	ID NUMBER: [Redacted]	[Redacted]
STREET: [Redacted]	GENDER: [Redacted]	GRADE: [Redacted]
CITY: [Redacted]	STATE: OH	ZIP: [Redacted]
DATE OF BIRTH: [Redacted]		TEACHER(S): [Redacted]
		STUDENT'S NATIVE LANGUAGE (if not English): [Redacted]

PARENTS' / GUARDIAN INFORMATION	<input type="button" value="Add Parent"/>
NAME: [Redacted]	PARENT'S NATIVE LANGUAGE (if not English): [Redacted]
STREET: [Redacted]	[Redacted]
CITY: [Redacted]	STATE: OH
HOME PHONE: [Redacted]	WORK PHONE: [Redacted]
CELL PHONE: [Redacted]	EMAIL: [Redacted]

Reason for Referral:
[Redacted]

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:
[Redacted]

Provide data from previous interventions, including Interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:
[Redacted]

REFERRAL FROM PART C: TRANSITION PLANNING CONFERENCE

If invited by a Part C representative,
school district representative must attend.

**Transition Conference =
Transition Planning Conference**

Conference to discuss the
child's transition from
Early Intervention Services to
Preschool Special Education
Services.

District must document participation in the conference.

TRANSITION PLANNING CONFERENCE TIMELINE

**Not more than nine months
AND
not less than 46 days
before third birthday**

Required to have IEP in place and implemented by third birthday

**45 days or less
before
the child's third birthday**

Not required to have IEP in place and implemented by third birthday



PART C REFERRAL DATE

Part C referral date will be the **earliest** of the following:

If TPC or first notification more than 150 days before third birthday

Part C Referral Date is 150 days before third birthday

If first notification from Part C is within 150 days before third birthday

Part C Referral Date is Date of first notification from Part C

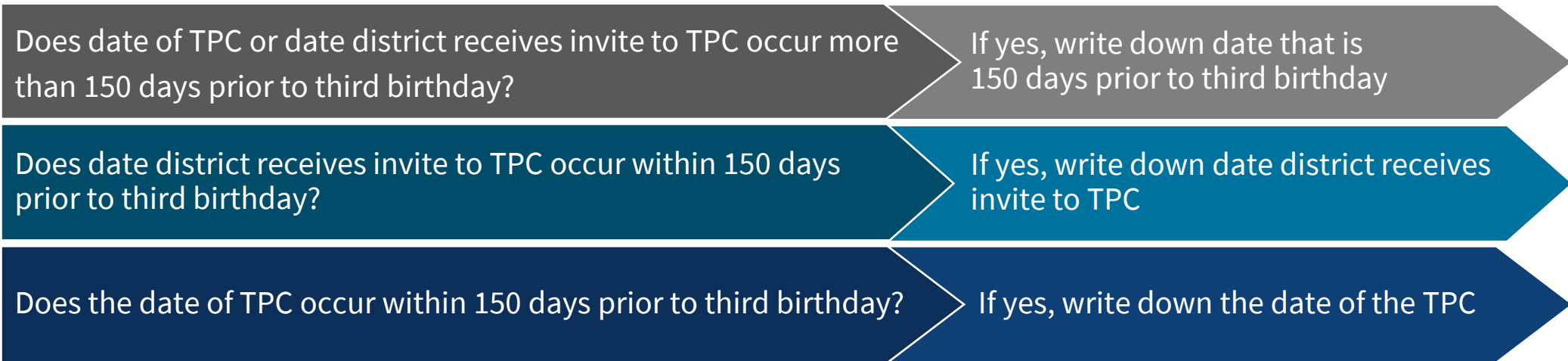
If TPC is within 150 days before third birthday

Part C Referral Date is Date of the TPC

PROCESS TO DETERMINE PART C REFERRAL DATE

1. List these four dates:
 - a. Child’s third birthday
 - b. 150 days before third birthday
 - c. Date TPC invitation received
 - d. Date of TPC
2. Order dates from earliest to latest
3. Answer the questions below
4. Earliest date from your answers to #3 will be the Part C Referral Date

Once Part C referral date is determined, this date will be what is used on PR-04 form.



PR-04 REFERRAL DATE

PR-04 REFERRAL FOR EVALUATION [Redacted]

SIGNATURES	
[Redacted] Signature of Person Initiating the Referral	[Redacted] Signature of Person Receiving the Referral
[Redacted] Position or Relationship to Student	[Redacted] Title
[Redacted] Date	[Redacted] Date Received
	[Redacted] Date District Suspects a Disability

EXAMPLE 1: DETERMINING PART C REFERRAL DATE

- 1 and 2. List these four dates and order from earliest to latest:
 - a. The date the district receives the invitation to the TPC is November 1, 2020.
 - b. The TPC is December 1, 2020.
 - c. 150 days prior to the child’s third birthday is January 2, 2021.
 - d. The third birthday is June 1, 2021.
- 3. Answer the questions below
- 4. Earliest date from your answers to #3 will be the Part C Referral Date

Does date of TPC or date district receives invite to TPC occur more than 150 days prior to third birthday?	YES - January 2, 2021
Does date district receives invite to TPC occur within 150 days prior to third birthday?	NO
Does the date of TPC occur within 150 days prior to third birthday?	NO

EXAMPLE 2: DETERMINING PART C REFERRAL DATE

- 1 and 2. List these four dates and order from earliest to latest:
 - a. 150 days prior to the child's third birthday is January 2, 2021.
 - b. The date the district receives the invitation to the TPC is February 1, 2021.
 - c. The TPC is March 1, 2021.
 - d. The third birthday is June 1, 2021.
3. Answer the questions below
4. Earliest date from your answers to #3 will be the Part C Referral Date

Does date of TPC or date district receives invite to TPC occur more than 150 days prior to third birthday?

NO

Does date district receives invite to TPC occur within 150 days prior to third birthday?

YES - February 1, 2021

Does the date of TPC occur within 150 days prior to third birthday?

YES – March 1, 2021

EXAMPLE 3: DETERMINING PART C REFERRAL DATE

- 1 and 2. List these four dates and order from earliest to latest:
 - a. The date the district receives the invitation to the TPC is December 1, 2020.
 - b. 150 days prior to the child's third birthday is January 2, 2021.
 - c. The TPC is January 15, 2021.
 - d. The third birthday is June 1, 2021.
3. Answer the questions below
4. Earliest date from your answers to #3 will be the Part C Referral Date

Does date of TPC **or** date district receives invite to TPC occur more than 150 days prior to third birthday?

YES – January 2, 2021

Does date district receives invite to TPC occur within 150 days prior to third birthday?

NO

Does the date of TPC occur within 150 days prior to third birthday?

YES – January 15, 2021

REFERRAL FOR EVALUATION

PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ BUILDING OF CURRENT ATTENDANCE: _____
 STREET: _____ GENDER: _____ GRADE: _____ TEACHER(S): _____
 CITY: _____ STATE: OH ZIP: _____
 DATE OF BIRTH: _____ STUDENT'S NATIVE LANGUAGE (if not English): _____

PARENTS' / GUARDIAN INFORMATION Add Parent

NAME: _____ PARENT'S NATIVE LANGUAGE (if not English): _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

Reason for Referral:

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

 _____ from early _____

Data from previous interventions required if the child was previously provided services from Part C or Part B.

PR-04 REFERRAL FOR EVALUATION

If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? Yes No

If yes, please explain:

B. Environmental Factors
 Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only (please check the area(s) of concern):

<input type="checkbox"/> Eating	<input type="checkbox"/> Dressing	<input type="checkbox"/> Toileting	<input type="checkbox"/> Attention
<input type="checkbox"/> Receptive Communication	<input type="checkbox"/> Expressive Communication	<input type="checkbox"/> Hearing	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Play	
<input type="checkbox"/> Vision	<input type="checkbox"/> Social/Emotional Behavior		
<input type="checkbox"/> Other			

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral _____	Signature of Person Receiving the Referral _____
Position or Relationship to Student _____	Title _____
Date _____	Date Received _____
	Date District Suspects a Disability _____

PR-02 PARENT INVITATION

PR-02 PARENT INVITATION

TO: _____ DATE: _____
 FROM: _____ WRITTEN NOTICE NUMBER: _____

I am inviting you to attend a meeting to discuss the educational needs of:
 CHILD'S NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (Check all that apply):

<input type="checkbox"/> To determine if a child has a suspected disability	<input type="checkbox"/> To discuss transition from early childhood to school-age programs
<input type="checkbox"/> To develop an evaluation plan	<input type="checkbox"/> To discuss transition from school-age to secondary programs/activities
<input type="checkbox"/> To determine eligibility for services as a child with a disability	<input type="checkbox"/> To discuss disciplinary matters
<input type="checkbox"/> To develop, review, and/or revise the student's IEP	<input type="checkbox"/> At your request to discuss: _____
<input type="checkbox"/> To determine reevaluation needs	<input type="checkbox"/> Other: _____

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

Face to face meeting Video conference Telephone conference/Conference Call

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

<input type="checkbox"/> General Education Teacher	<input type="checkbox"/> Student	<input type="checkbox"/> Other
<input type="checkbox"/> Intervention Specialist	<input type="checkbox"/> School Psychologist	
<input type="checkbox"/> Speech and Language Pathologist	<input type="checkbox"/> District Representative	

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:
 CONTACT: _____ PHONE: _____

RESPONSE TO PARENT INVITATION

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____
 DATE OF BIRTH: _____

I will attend/participate I will not attend/participate

Another/Others will accompany me (optional)

I would like the location of this meeting changed to: _____
 I would like to change the type of meeting to: _____
 I would like this meeting rescheduled for the following suggested date and time: _____

A bilingual or sign language interpreter is requested.
 Desired language/mode of communication: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PR-02 PARENT INVITATION FORM REVISED BY ODE: JUNE 8, 2017 PAGE 1 of 1

Parents must be invited to participate in the evaluation planning.

The PR-02 also includes other persons that have been invited to attend as outside agencies.

EVALUATION TEAM REPORT PLANNING

- Required component of the evaluation process
- Select preschool planning form
- No face-to-face meeting required
- Must include the parent
- Results of planning are documented
- Parent Consent for Evaluation (PR-05)

PARENT PARTICIPATION


- Consent for the evaluation must be **informed consent**
- Per the Operating Standards, parent participation is crucial to the process
- Reasonable attempts to involve the parent must be documented

OP-9 Attempts to Obtain Parent Participation (Optional Form) District Name _____

Child's Name: _____ Student ID: _____ Grade: _____
 Date of Meeting: _____

Determination of Suspected Disability
 Initial IEP
 Annual Review of IEP
 Evaluation/Reevaluation
 Other: _____


Meeting proposed for: Date: _____ Time: _____ Location: _____

Documentation of Attempts to Contact Parents 

Forms of Contact	Date(s)	Outcome
Correspondence	_____	_____
Telephone Calls	_____	_____
Home Visits	_____	_____
Outreach Activities	_____	_____
Other	_____	_____

PRESCHOOL EVALUATION PLANNING FORM

CHILD'S NAME:	_____	DATE	<input type="checkbox"/> INITIAL EVALUATION
ID NUMBER:	_____	DATE OF BIRTH:	<input type="checkbox"/> REEVALUATION
TEAM CHAIRPERSON:	_____	OF PLAN	<input type="checkbox"/> TRANSITION FROM PART C
SUSPECTED DISABILITY CATEGORY (may check more than one)			
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deaf-blindness	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Traumatic Brain Injury
			<input type="checkbox"/> Visual Impairment



ASSESSMENT METHODS

Note: Each developmental area must be assessed using one of the methods/data sources listed and all methods/data sources must be used at least once.

SEE OPERATING STANDARDS 3301-51-11 (C)(3)		ASSESSMENT METHODS/DATA SOURCES 2 (Indicate the position responsible for assessment and/or data collection, and report.)					
1 DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	Structured Interview	Structured Observations *	Norm-Referenced Assessments	Criterion-Referenced Assessments	Data from Part C and/or Community or Preschool Program Provider**
ADAPTIVE BEHAVIOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
COGNITION (including pre-academic)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					

*Structured observations are required in more than one setting and during multiple activities. [3301-51-11 \(C\)\(1\)\(b\)](#)

**Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers is required if the child attends such program in the past 12 months. [3301-51-06 \(F\)\(1\)](#)

ASSESSMENT METHODS

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DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	Structured Interview	Structured Observations *	Norm-Referenced Assessments	Criterion-Referenced Assessments	Data from Part C and/or Community or Preschool Program Provider**
ADAPTIVE BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>		Position Title			
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>			Position Title		
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>				Position Title	
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					Position Title
VISION	<input type="checkbox"/>	<input type="checkbox"/>	Position Title				Position Title
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					

*Structured observations are required in more than one setting and during multiple activities. [3301-51-11 \(C\)\(1\)\(b\)](#)

**Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers is required if the child attends such program in the past 12 months. [3301-51-06 \(F\)\(1\)](#)

STRUCTURED OBSERVATIONS

Required for all preschool initial and reevaluations:

- More than one setting and during multiple activities
- Informed Parental Consent (PR-05)
- Environment appropriate for a child of that age
- Cannot use a screener
- Not conducted as part of another assessment

Note:

Summarize all Part 1 observations within the
Part 2 Summary of Observation

INFORMAL OBSERVATIONS

Can be noted as general impressions

Used by ETR team to determine if additional assessments are needed

NOT summarized in Part 2

NOT used to make eligibility determination

INFORMAL OBSERVATION EXAMPLE

Planning Form

- OT listed for norm-referenced, sensory motor functioning
- OT not listed for an observation

Part 1 Report

- Clearly label section “General Impressions or Informal Observation”
- Clearly label section “Norm-Referenced Assessment”

ETR Team Discussion

- Any inconsistent findings
 - *Yes, SLP and OT*
- Team Decision
 - *Conduct additional assessment*

CURRENT CLASSROOM OBSERVATIONS

Current is not defined in the state or federal rules, but, in general, would be:

- Conducted during the **current school year**
- Done at least within the **past 12 Months**

IEP teams should always use the most current assessment data for evaluations and must consider the relevancy and validity of older assessments.

OBSERVATIONS IN MORE THAN ONE SETTING



At least two structured observations must occur in different physical locations *unless* those two observations occur on different days.

STRUCTURED OBSERVATIONS

Part 1 Observation to include:

- Summary of child's functional and/or academic readiness skills and behavior in specific developmental areas
- Child's learning environment including age-appropriate routines and activities
- Child's performance in terms of frequency, duration, intensity or quality

ASSESSMENTS

- Technically sound
- Do not discriminate on the basis of race or culture
- Provided and administered in the child's native language or other mode of communication
- Validated for the specific purpose for which they are being used
- Administered by knowledgeable persons in accordance with the instructions provided by the test publisher

ASSESSING IN HEARING AND VISION

DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	Structured Interview	Structured Observations*	Norm- Referenced Assessments	Criterion- Referenced Assessments	Data from Part C and/or Community or Preschool Program Provider**
ADAPTIVE BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>					
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SPECIALIZED ASSESSMENTS: Required in some situations, see 3301-51-06 (E)(3)(i) and 3301-51-06 (H)							
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

The assessment method chosen should allow the evaluation team to:

- Obtain child specific vision and hearing data within the child's learning environment including age-appropriate routines and activities
- Report on specific data related to child's hearing and vision functioning

Note:

Stating "No concerns in hearing or vision" does not reflect that an assessment was completed.

SPECIALIZED ASSESSMENTS

SPECIALIZED ASSESSMENTS: Required in some situations, see 3301-51-06 (E)(3)(i) and 3301-51-06 (H) .					
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>			
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>			
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>			

- Physical examination
- Vision examination
- Audiological examination
- Specific Learning Disability

PLANNING MEETING PARTICIPANTS

**Structured observations are required in more than one setting and during multiple activities. [3301-51-11 \(C\)\(1\)\(b\)](#)*

***Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers is required if the child attends such program in the past 12 months. [3301-51-06 \(F\)\(1\)](#)*

- The team has taken into consideration limited English proficiency in planning the assessments.
- The team has taken into consideration possible sources of racial/cultural bias in planning the assessments.

SIGNATURES

School District Representative

(Name/Date)

Parent/Guardian

(Name/Date)

PR-05 PARENT CONSENT FOR EVALUATION

PR-05 PARENT CONSENT FOR EVALUATION

TYPE OF EVALUATION Initial Evaluation Reevaluation (if additional)

PART 1: TO GRANT CONSENT

I HEREBY GIVE MY PERMISSION FOR _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

I have received a copy of my procedural safeguards and I understand the information provided.

Signature of parent/legal guardian/custodian, or student (if age 18 or older) Relationship to Child Date

PART 2: TO REFUSE CONSENT
(Do Not complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for an evaluation for: _____

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

Signature of parent, legal guardian, custodian, or student (if 18 or older) Relationship to Child

PART 3 (To be completed by the school)

Date District Received Consent or Refusal of Consent Received On 09/06/2016

Information about the evaluation and a copy of the procedural _____ sent/sent by _____

Signature of school district representative Date(s)

The parents' native language is _____

If not English, was the information provided in the native language or other mode of communication of the parents? YES NO

If no, explain: _____

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.

PR-05 PARENT CONSENT FOR EVALUATION FORM REVISED BY ODE, June 8, 2017 PAGE 1 of 1

Parents must provide written consent for evaluation

Start 60-day timeline for initial evaluations

Date stamped to indicate the date the district received the signed consent

Parents receive the PR-05 along with the Planning Form

ATTEMPTS TO OBTAIN CONSENT

OP-9 Attempts to Obtain Parent Participation (Optional Form) District Name

Child's Name: [REDACTED] Student ID: [REDACTED] Grade: [REDACTED]
 Date of Meeting: [REDACTED]

Determination of Suspected Disability
 Initial IEP
 Annual Review of IEP
 Evaluation/Reevaluation
 Other: [REDACTED]

Meeting proposed for: Date: [REDACTED] Time: [REDACTED] Location: [REDACTED]

Documentation of Attempts to Contact Parents

Forms of Contact	Date(s)	Outcome
Correspondence		
Sent Home Notice	8/25/2019	No Response ←
Resent Home Notice	8/30/2019	No Response ←
Telephone Calls		
Called	8/26/2019	No Answer, left message ←
Home Visits		
Phone Call	8/29/2019	No Answer, mailbox was full.
Phone Call	9/1/2019	No Answer
Outreach Activities		
Sent Social Worker to the house.	9/2/2019	Nobody was home ←
Other		
Sent note home with child.	9/3/2019	Did not bring back. ←

Reasonable efforts include:

- Detailed records of telephone calls made or attempted and the results of those calls
- Copies of correspondence sent to the parents and any responses received
- Detailed records of visits made to the parent's home or place of employment and the results of those visits.

CHANGES TO THE PLANNING FORM

The Planning Team must reconvene to address any new suspected disability or any additions or deletions to the planning form by either:

1. Have parent sign and date addition/deletion on current planning form; **OR**
2. Complete new planning form that includes ALL assessments - parent must sign and date bottom

The district will send the Prior Written Notice (PR-01) to the parent explaining the changes proposed and enacted by the district.

If changes are made **after** consent, then new PR-05 must be signed to consent to changes. The original date of consent is reported to EMIS and starts the 60-day timeline.

PR-01 PRIOR WRITTEN NOTICE REQUIREMENTS

PR-01 PRIOR WRITTEN NOTICE TO PARENTS		
CHILD'S INFORMATION		
NAME:	DATE OF BIRTH:	DATE OF NOTICE:
This is to notify you of the district's action:		
TYPE OF ACTION TAKEN		
<input type="checkbox"/> Proposes to initiate an initial evaluation <input type="checkbox"/> Refusal to initiate an evaluation <input type="checkbox"/> Expedited evaluation <input type="checkbox"/> Change of placement <input type="checkbox"/> Change of placement for disciplinary reasons <input type="checkbox"/> Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE <input type="checkbox"/> Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE <input type="checkbox"/> Reevaluation <input type="checkbox"/> IEP issues/meetings where the parent(s) disagree with the district <input type="checkbox"/> Revocation of Consent <input type="checkbox"/> Due process hearing, or an expedited due process hearing, initiated by the district <input type="checkbox"/> Graduation from high school <input type="checkbox"/> Exiting high school due to exceeding the age eligibility for FAPE <input type="checkbox"/> Other		
2. A description of the action proposed or refused by the school district:		
3. An explanation of why the school district proposes or refuses to take the action:		
4. A description of other options that the IEP team considered and the reasons why those options were rejected:		
5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:		
6. A description of other factors that are relevant to the school district's proposal or refusal:		
PROVISION OF PROCEDURAL SAFEGUARDS		
<p>As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. You will be given a copy of your procedural safeguards once per year. In addition, you will be given a copy of your procedural safeguards when you request a copy, when your child is referred for their first evaluation, when you request an evaluation for your child, when you file a formal written complaint or request a due process hearing and in accordance with the discipline procedures in 34 CFR 300.530(h).</p> <p>If you have any questions about the action(s) described in this form, your rights as described in the Procedural Safeguards Notice, other related concerns, or you wish to obtain a copy of the Procedural Safeguards Notice, please contact the following:</p>		
Name:	Title:	
Address:		
City:	State:	Zip Code:
Telephone:	E-mail:	
School District:		

PR-01 must be sent after the planning meeting, explaining all the assessments and evaluations proposed in the meeting.

SUMMARY OF REQUIRED FORMS FOR EVALUATION

INITIAL REQUEST FOR EVALUATION

- PR-04: Referral for Evaluation
- A Guide to Parent Rights in Special Education

DOES NOT SUSPECT DISABILITY

- PR-01: Notice to Parent
Send to parent if the district decides not to initiate the evaluation process

SUSPECTS DISABILITY

- PR-01: Notice to Parent
- PR-02: Invite Parent to Planning Meeting
- PR-06: Evaluation Planning Form Only
- PR-05: Consent for Evaluation
- PR-01: Notice to Parent

EVALUATION TEAM REPORT

ETR Evaluation Team Report		District: <input style="width: 150px;" type="text"/>
CHILD'S NAME: <input style="width: 100px;" type="text"/>	ID NUMBER: <input style="width: 100px;" type="text"/>	DATE OF BIRTH: <input style="width: 100px;" type="text"/>
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">1</div> <div> <p>INDIVIDUAL EVALUATOR'S ASSESSMENT</p> <p>Section to be completed by each individual evaluator</p> </div> </div>		
EVALUATOR NAME: <input style="width: 200px;" type="text"/> POSITION: <input style="width: 200px;" type="text"/>		
AREAS OF ASSESSMENT: Communication		
<small>Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.</small>		
EVALUATION METHODS AND STRATEGIES <small>Indicate the types of assessment strategies used to gather information about the child's performance</small>		
<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM-BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM-BASED ASSESSMENTS
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)	<input type="checkbox"/> OTHER (Specify) <input style="width: 200px;" type="text"/>	
<p>ASSESSMENT INFORMATION</p> <p>Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data</p>		
SUMMARY OF ASSESSMENT RESULTS: <input style="width: 100%; height: 20px;" type="text"/>		
DESCRIPTION OF EDUCATIONAL NEEDS: <input style="width: 100%; height: 20px;" type="text"/>		
IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING: <input style="width: 100%; height: 20px;" type="text"/>		
Evaluator's Signature: _____		Date: _____
		<input type="button" value="Add Part 1"/>
		<input type="checkbox"/> Part 1 Complete

INDIVIDUAL EVALUATOR'S ASSESSMENT

ETR Evaluation Team Report District:

CHILD'S NAME: ID NUMBER: DATE OF BIRTH:

1 INDIVIDUAL EVALUATOR'S ASSESSMENT
Section to be completed by each individual evaluator

EVALUATOR NAME:
POSITION:

AREAS OF ASSESSMENT:

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES
Indicate the types of assessment strategies used to gather information about the child's performance

<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM-BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM-BASED ASSESSMENTS
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)	<input type="checkbox"/> OTHER (Specify) <input type="text"/>	

ASSESSMENT INFORMATION
Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: _____ Date: _____

Part 1 Complete

Summary of Assessment Results

- **Source of the assessment**, testing or information collection protocols involved
- The **date the assessment** was conducted or the date of previously available information
- The **interpretation of the assessment** results where applicable

ADDITIONAL RESOURCES AND INFORMATION

education.ohio.gov

Search keywords: *Preschool Special Education*

Search keywords: *Federal and State Requirements*

Contact your State Support Team

education.ohio.gov

Search keywords: *State Support Teams*



MIKE DEWINE

GOVERNOR OF OHIO

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