

Preschool Essential Evaluation Team Report

Part 2: Summaries of Assessment and Determining Eligibility

Revised August 2024



MIKE DEWINE
GOVERNOR OF OHIO



ETR TEAM SUMMARY

ETR Evaluation Team Report District:

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

2 TEAM SUMMARY
Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY
Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

REASON(S) FOR EVALUATION:

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

SUMMARY OF OBSERVATIONS:

MEDICAL INFORMATION:

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Part 2 Complete

- ✓ Be organized, concise and relevant
- ✓ Report areas of consistency
- ✓ Address discrepancy areas
- ✓ Use language understandable to all team members

SUMMARY OF INTERVENTIONS

ETR Evaluation Team Report		District:	<input type="text"/>
CHILD'S NAME:	<input type="text"/>	ID NUMBER:	<input type="text"/>
		DATE OF BIRTH:	<input type="text"/>
2 TEAM SUMMARY Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary			
INTERVENTIONS SUMMARY Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations, provide a summary of interventions routinely provided to this child.			
Initial Evaluation:	<input type="text"/>		
Reevaluation:	<input type="text"/>		

Required for Preschool Special Education if child:

- Previously received services under Part C and/or Part B **or**
- Is being evaluated under category of specific learning disability

SUMMARY OF INTERVENTIONS: INITIAL EVALUATIONS

ETR Evaluation Team Report District:

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

2 TEAM SUMMARY
Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY
Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

REASON(S) FOR EVALUATION:

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

SUMMARY OF OBSERVATIONS:

MEDICAL INFORMATION:

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Part 2 Complete

Summary of Interventions
MUST Include:

1. Intervention(s) provided

2. Length of Time

3. Intensity

4. Results of intervention(s)
compared to baseline

5. Decision made as a result of
the interventions

SUMMARY OF INTERVENTIONS: REEVALUATIONS

ETR Evaluation Team Report District:

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

2 TEAM SUMMARY
Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY
Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations, provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

If the child has an Individualized Education Program (IEP) and is making adequate progress, then interventions do not need to be summarized, but state: “No additional interventions are needed at this time beyond the current IEP services since the student continues to make adequate progress in the curriculum given these interventions.”

If the child has an IEP but is **not** making adequate progress, then additional interventions should be put into place and monitored. These new interventions need to be noted in this section.

If the child is receiving other specific interventions not documented in the IEP, then interventions must be summarized in this section.

REASON(S) FOR EVALUATION

REASON(S) FOR EVALUATION:

Initial Evaluation:

- Disability suspected, determine eligibility

Reevaluation:

- Refer to the need to determine continued qualification

INFORMATION PROVIDED BY PARENT

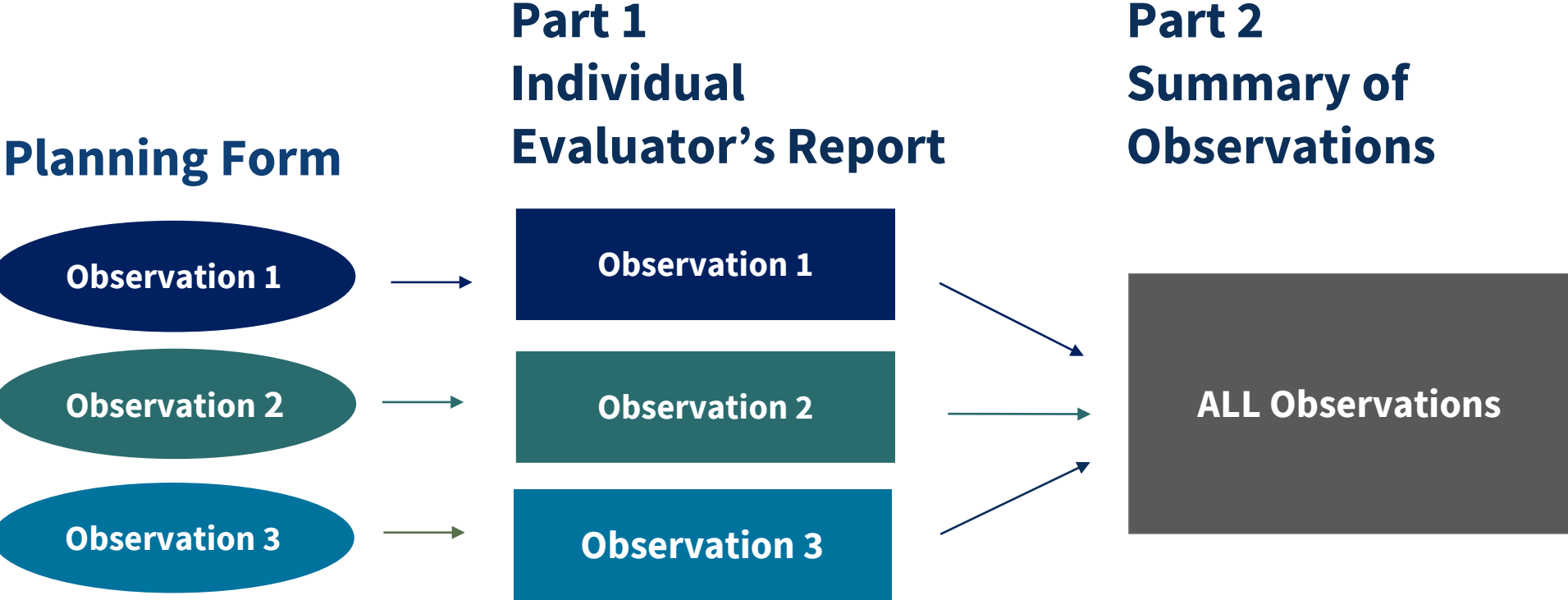
SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

- Required to be addressed for Preschool Evaluation



Operating Standards 3301-51-11(C)(1)(c)

SUMMARY OF OBSERVATIONS IN PART 2



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 within at least 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.

MEDICAL INFORMATION

MEDICAL INFORMATION:

- Educationally relevant and current
- Impacts current functioning or requires related services
- Medical information as it potentially affects behavior or learning
- Medically-related assistive technology

Note: Medical diagnosis alone does not support eligibility determination

Note:
All information in
Part 1 must be
summarized in
Part 2

SUMMARY OF ASSESSMENT RESULTS

SUMMARY OF ASSESSMENT RESULTS:

- Key findings across all areas assessed or reported
- Relationship of results to the referral and suspected disability
- Child's performance compared to baseline data
- Understandable language to all team members

Note:
All information in
Part 1 must be
summarized in
Part 2

DESCRIPTION OF EDUCATIONAL NEEDS

DESCRIPTION OF EDUCATIONAL NEEDS:

- How the child qualifies for special education services and/or related services
- Ties directly to implications for instruction
- This description should:
 - ✓ Include relevant strengths and weaknesses
 - ✓ Be clear and concise
 - ✓ Include current skills and functional levels
 - ✓ Explain difficulty in accessing or making progress in general education curriculum
 - ✓ Be available in language understood by all team members
 - ✓ Provide direction to access to the general education curriculum
 - ✓ Consider results of interventions

All information in Part 1 must be summarized in Part 2 or omitted with explanation

These are **suggested** educational needs. Be careful not to predetermine services.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

- Suggest adult evidence-based strategies to address the child's needs
- Address educational and functional needs
- NOT a list of accommodations or modifications
- Suggest progress monitoring and data collection procedures

All information in Part 1 must be summarized in Part 2 or omitted with explanation

A QUALIFIED TEAM

For **Initial Evaluations** this group includes:

1. Parent
2. At least two representatives of the school district who collectively meet specific requirements
3. Additional group members for determining a specific learning disability (SLD)

A QUALIFIED TEAM 2

For **Reevaluations**, the IEP team is the qualified team and includes:

1. Parent
2. General education teacher
3. Special education provider
4. At least two representatives of the school district who collectively meet specific requirements
5. Other individuals who have knowledge or special expertise

PART 4: ELIGIBILITY DETERMINATION

ETR Evaluation Team Report District: _____

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

4 ELIGIBILITY

ELIGIBILITY DETERMINATION
It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child, the determining factor for the child's poor performance is not due to a lack of preschool pre-academics. YES NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document. YES NO

The child demonstrates an educational need that requires specially designed instruction. YES NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.
If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of: _____

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)
Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). Include how the disability affects the child's progress in the general education curriculum.

Part 4 Complete

- Not the result of the lack of appropriate instruction or limited English proficiency
- Presence of a disability adversely affects the child's progress
- Meets eligibility criteria
- Requires specially designed instruction

BASIS FOR ELIGIBILITY DETERMINATION OR CONTINUED ELIGIBILITY

ETR Evaluation Team Report District: _____

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

4 ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child, the determining factor for the child's poor performance is not due to a lack of preschool pre-academics. YES NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document. YES NO

The child demonstrates an educational need that requires specially designed instruction. YES NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.
If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of: _____

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)
Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). **Include** how the disability affects the child's progress in the general education curriculum.

Part 4 Complete

- Justification for the eligibility determination decision
- If two or more suspected disabilities are identified during ETR planning, then the eligibility statement *must* indicate how the student meets the eligibility criteria for the selected disability category AND how the student does not meet the eligibility criteria for the other suspected disability categories.
- Describe ***how the disability affects the child's progress in the general education curriculum***

Operating Standards 3301-51-01 (B)(10) (Definitions) and 3301-51-06 (Evaluations)

ETR SIGNATURES

ETR Evaluation Team Report District: _____

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

5 SIGNATURES

DATES
 DATE OF MEETING: _____
 DATE OF LAST ETR: _____
 REFERRAL DATE: _____

EVALUATION TEAM
 The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE (No Abbreviations)	SIGNATURE	DATE	STATUS
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Parent/Guardian			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Student			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	District Representative			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Intervention Specialist			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	General Education Teacher			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	School Psychologist			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Speech-Language Pathologist			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Occupational Therapist			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

STATEMENT OF DISAGREEMENT
 If a team member is not in agreement with the team's determination, the team member shall attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.

Part 5 Complete

- Signatures of all the evaluation team members
- Date of the meeting
- Date of the last ETR (for reevaluations)
- Date of the referral for evaluation
- Copy to parents within 14 days

Operating Standards 3301-51-06 (G)(1)(b)

REVIEW OF IEP AFTER A REEVALUATION

Operating Standards state: The IEP team **MUST** review and revise the IEP, as appropriate, to address the results of any reevaluation.

Recommend that the review and revision be conducted within 30 calendar days of the date of the most recent reevaluation.

Send parents a Prior Written Notice explaining why the review was done, what was considered and the date it was done.

If the district decides the IEP should be **REVISED**, then an IEP team meeting or amendment process must take place.

Operating Standards: Rule 3301-51-07 section (L)(1) and (L)(2)

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



CONNECT WITH DCY



<https://childrenandyouth.ohio.gov/home>



info@childrenandyouth.ohio.gov



<https://www.facebook.com/ohdcy>



<https://twitter.com/OhioDCY>



<https://www.instagram.com/ohiodcy/>



**THE HEART
OF IT ALL™**

Ohio.org