

Preschool Essential Individualized Education Program

Part 1: Development of the IEP

Revised August 2024



MIKE DEWINE
GOVERNOR OF OHIO



INITIAL IEP

IEP Individualized Education Program	CHILD'S NAME:	DOB	ID Number
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15 SIGNATURES

INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP.*
- I give consent to initiate special education and related services specified in this IEP except for **

AREA:

- I do not give consent for special education and related services at this time.**

PARENT/GUARDIAN SIGNATURE: Donna P. Horn DATE: 9/26/2020

IEP must be reviewed at least annually.

IEP is a working document.

COVER PAGE

- Accurate dates and information
- District of Residence (DOR) is responsible for Free Appropriate Public Education (FAPE)
- Other information

IEP

Individualized Education Program

District: _____

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
 STREET: _____ GENDER: MALE FEMALE GRADE: _____
 CITY: _____ STATE: OH ZIP: _____
 DATE OF BIRTH: _____

DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____ DISTRICT OF SERVICE: _____

Is the child in Preschool? YES NO
 Will the child be 14 years old before the end of this IEP? YES NO
 Is the child younger than 14 years of age but has transition and postsecondary goal information? YES NO
 Is the child a ward of the state? YES NO
 IEP by 3rd birthday? (If transitioning from Part C services) YES NO

PARENT/ GUARDIAN INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

MEETING INFORMATION

MEETING DATE: _____
 MEETING TYPE:
 INITIAL IEP
 ANNUAL REVIEW
 REVIEW OTHER THAN ANNUAL REVIEW

 AMENDMENT
 OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____
 NEXT ETR DUE DATE: _____
 IEP EFFECTIVE DATES
 START: _____
 END: _____
 NEXT IEP REVIEW: _____

IEP FORM STATUS
 (Check when complete)

- 1. FUTURE PLANNING
- 2. SPECIAL INSTRUCTIONAL FACTORS
- 3. PROFILE
- 4. EXTENDED SCHOOL YEAR SERVICES
- 5. POSTSECONDARY TRANSITION SERVICES
- 6. MEASURABLE ANNUAL GOALS
- 7. SPECIALLY DESIGNED SERVICES
- 8. TRANSPORTATION AS A RELATED SERVICE
- 9. NONACADEMIC AND EXTRA CURRICULAR
- 10. GENERAL FACTORS
- 11. LEAST RESTRICTIVE ENVIRONMENT
- 12. STATEWIDE AND DISTRICT TESTING
- 13. EXEMPTIONS
- 14. MEETING PARTICIPANTS
- 15. SIGNATURES

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials	
					+ -

COVER PAGE

- Date of meeting and meeting type
- IEP Timelines
- Effective Start Date = IEP Implementation
- Amendments

IEP Individualized Education Program District: _____

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: MALE FEMALE GRADE: _____

CITY: _____ STATE: OH ZIP: _____

DATE OF BIRTH: _____

DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____ DISTRICT OF SERVICE: _____

Is the child in Preschool? YES NO

Will the child be 14 years old before the end of this IEP? YES NO

Is the child younger than 14 years of age but has transition and postsecondary goal information? YES NO

Is the child a ward of the state? YES NO

IEP by 3rd birthday? (If transitioning from Part C services) YES NO

PARENT/ GUARDIAN INFORMATION Add Parent

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

INITIAL IEP

ANNUAL REVIEW

REVIEW OTHER THAN ANNUAL REVIEW

AMENDMENT

OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____

NEXT ETR DUE DATE: _____

IEP EFFECTIVE DATES

START: _____

END: _____

NEXT IEP REVIEW: _____

IEP FORM STATUS
(Check when complete)

1. FUTURE PLANNING

2. SPECIAL INSTRUCTIONAL FACTORS

3. PROFILE

4. EXTENDED SCHOOL YEAR SERVICES

5. POSTSECONDARY TRANSITION SERVICES

6. MEASURABLE ANNUAL GOALS

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AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials

FUTURE PLANNING AND SPECIAL INSTRUCTIONAL FACTORS

IEP Individualized Education Program CHILD'S NAME: _____

1 FUTURE PLANNING

Parents, teachers and other staff provide input

Check when complete

2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

Does the child have behavior which impedes his/her learning or the learning of others? YES NO

Does the child have limited English proficiency? YES NO

Is the child blind or visually impaired? YES NO

Does the child have communication needs (required for deaf or hearing impaired)? YES NO

Does the child need assistive technology devices and/or services? YES NO

Does the child require specially designed physical education? YES NO

Check when complete

3 PROFILE

Child's Profile to include Reading Improvement and Monitoring Plan (if applicable):

Check when complete

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary? Yes No

If yes, what goals determined the need? _____

Will the team need to collect further data and reconvene to make a determination? Yes No

Date to Reconvene _____

Check when complete

Must be addressed in the IEP

YES? →

THE PROFILE

3 PROFILE

Child's Profile to include Reading Improvement and Monitoring Plan (if applicable):

Check when complete

- Data and background information
- Strengths, areas of concern, and instructional strategies
- Relevant academic/behavioral information
- Language understandable to all team members



EXTENDED SCHOOL YEAR SERVICES

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary? Yes No

If yes, what goals determined the need?

Will the team need to collect further data and reconvene to make a determination? Yes No

Date to Reconvene

Check when complete

Team may collect further data and reconvene.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE

IEP Individualized Education Program		CHILD'S NAME:
6	MEASURABLE ANNUAL GOALS	
NUMBER: 1	AREA: <input type="text"/>	
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		Current
Annual Goal must relate to the present levels of performance		

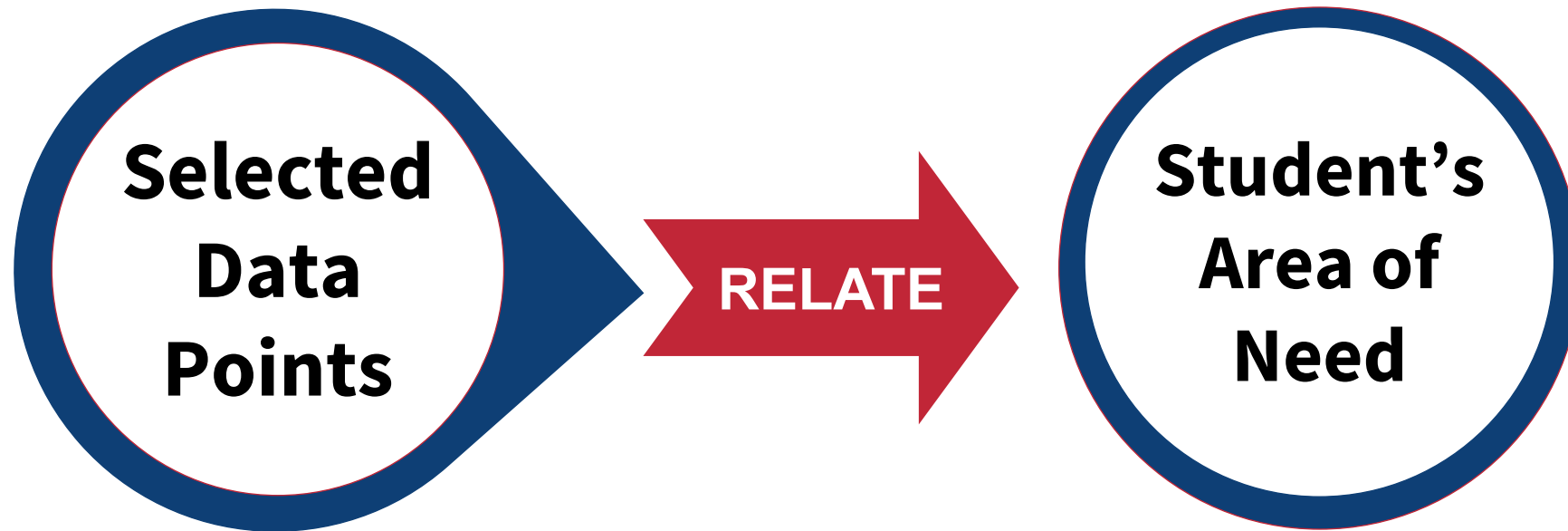
Contain sufficient information to establish a baseline from which each annual goal is developed. It must indicate the child’s current academic and functional levels compared to expected developmental standards in order to provide a frame of reference.

PRESENT LEVELS

IEP Individualized Education Program	CHILD'S NAME:
6 MEASURABLE ANNUAL GOALS	
NUMBER: 1	AREA: <input type="text"/>
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE	
<input type="text"/>	

- Focus on **CURRENT** and specific academic and behavioral performance
- Described in measurable terms of growth using the same condition, behavior, and performance criteria as the goal

FOCUS ON THE ESSENTIAL NEED



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*



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 <https://www.youtube.com/@OhioDCY>





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