

Preschool Essential Individualized Education Program

Part 3: Transportation and Least Restrictive Environment

Revised August 2024






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GOVERNOR OF OHIO



TRANSPORTATION SECTION

8 TRANSPORTATION AS A RELATED SERVICE

-  Does the child require special transportation? YES NO
-  Does the child need transportation to and from services? YES NO
-  Does the child need accommodations or modifications for transportation? YES NO

If yes, check any transportation accommodations/modifications below that the child needs:

- The bus driver will be notified of the child's behavioral and/or medical concerns Aide (for transportation only)
- Specially Adapted Vehicle Wheelchair lift Safety Vest Car Seat Securement Systems
- Other Specify: Parents are transporting the child from home to school and back.

GENERAL FACTORS SECTION

10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

The strengths of the child?

YES NO

The concerns of the parents for the education of the child?

YES NO

The results of the initial or most recent evaluations of the child?

YES NO

As appropriate, the results of performance on any state or district-wide assessments?

YES NO

The academic, developmental and functional needs of the child?

YES NO

In consideration of Third Grade Reading Guarantee, is the child on-track for reading?

YES NO

LEAST RESTRICTIVE ENVIRONMENT (LRE)

11 LEAST RESTRICTIVE ENVIRONMENT

For School Age:

Does the child attend the school they would attend if not disabled?

YES NO

If no, justify:

Does this child receive all special education services with nondisabled peers?

YES NO

For Preschool:

Does the child attend a general education setting? YES NO

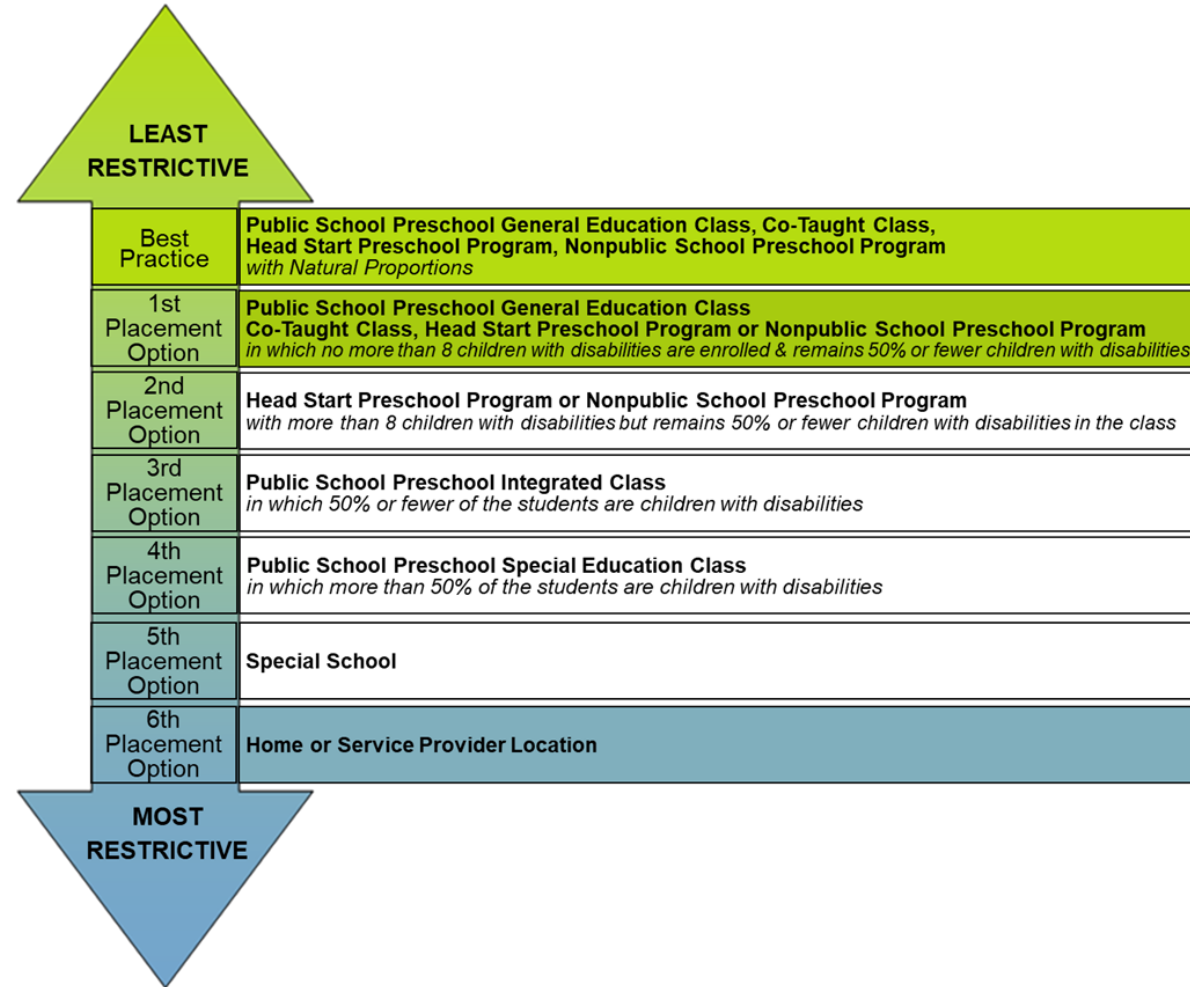
Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities? YES NO

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

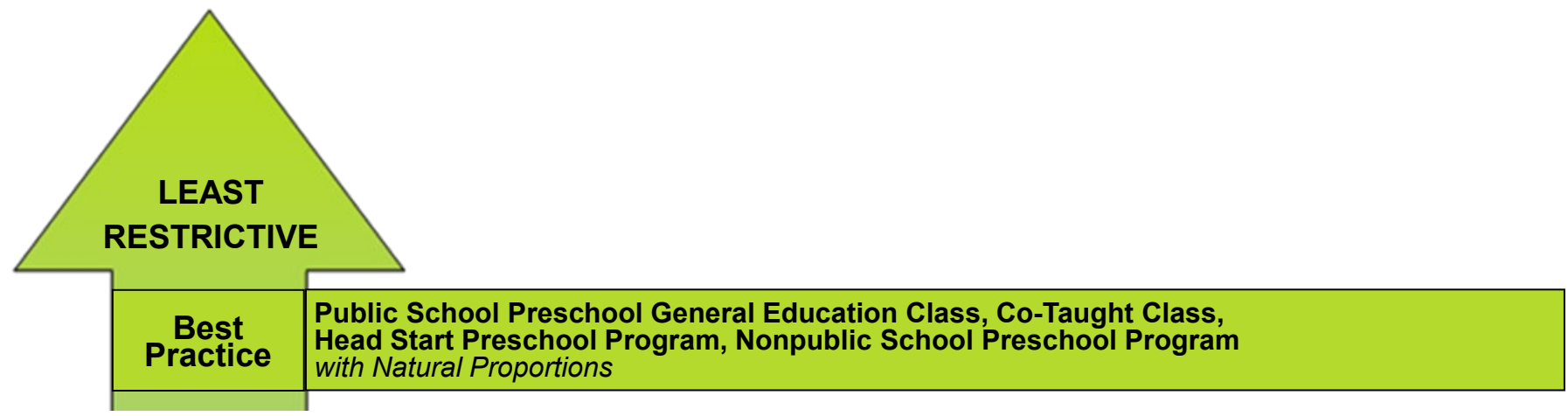
What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

LEAST RESTRICTIVE ENVIRONMENT PRESCHOOL CONTINUUM OF LRE PLACEMENT OPTIONS



BEST PRACTICE OPTION



Natural Proportions:
including children with disabilities in proportion to their presence in the general population

OPTIONAL FORM LRE IEP TEAM GUIDING QUESTIONS

PRESCHOOL LEAST RESTRICTIVE ENVIRONMENT GUIDING QUESTIONS

Optional Form

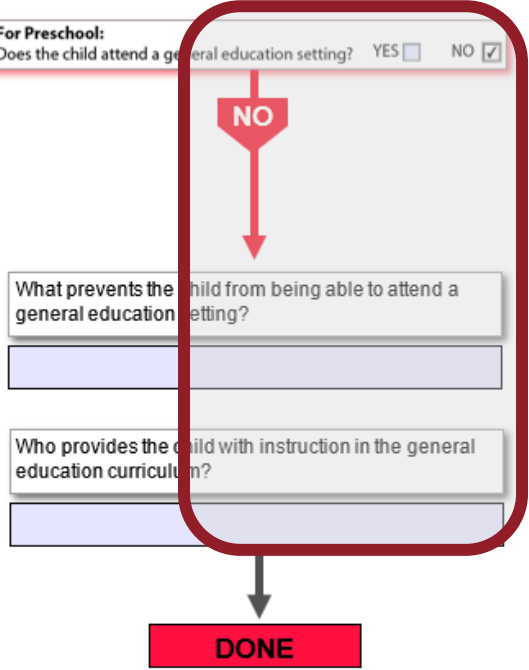
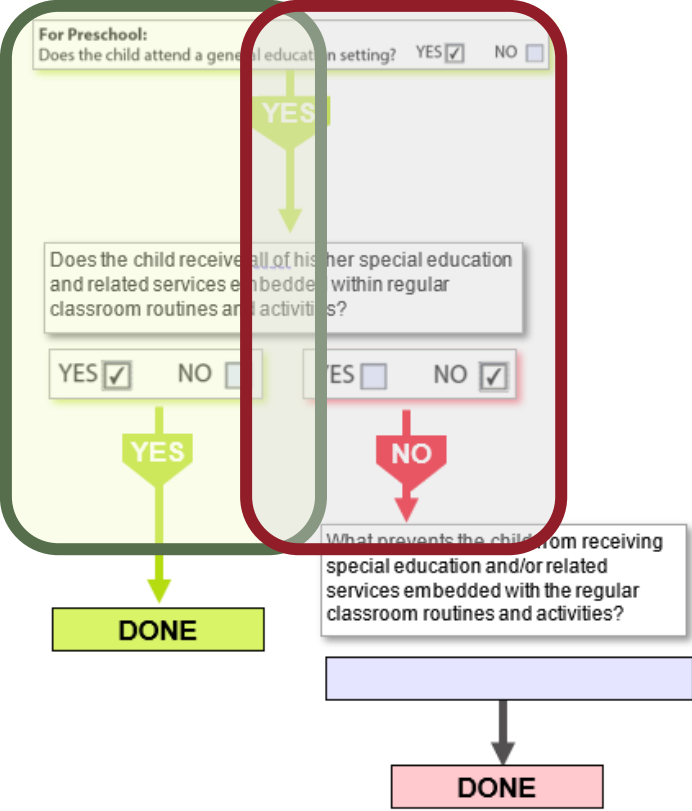
This optional form is provided to assist the preschool IEP team's (includes the parent) LRE decision-making process within the context of the IEP process. In all cases, placement decisions must be individually determined on the basis of each child's abilities and needs and each child's IEP, and not solely on factors such as category of disability, severity of disability, availability of special education and related services, configuration of the service delivery system, availability of space, or administrative convenience.

-U.S. Department of Education (2006). [Federal Register Vol. 71, No. 156](#), p.46588

Part 1 | CONSIDERATIONS

PRESCHOOL LRE: SEQUENCE OF QUESTIONS

11 LEAST RESTRICTIVE ENVIRONMENT



LRE SCENARIO #1

LEAST RESTRICTIVE

Best Practice	Public School Preschool General Education Class, Co-Taught Class, Head Start Preschool Program, Nonpublic School Preschool Program <i>with Natural Proportions</i>
1st Placement Option	Public School Preschool General Education Class Co-Taught Class, Head Start Preschool Program or Nonpublic School Preschool Program <i>in which no more than 8 children with disabilities are enrolled & remains 50% or fewer children with disabilities</i>

For Preschool:

Does the child attend a general education setting? YES NO

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities? YES NO

ALL special education and related services embedded + with non-disabled peers

There are no further questions to respond to in this section.

LRE SCENARIO #2

For Preschool:

Does the child attend a general education setting? YES NO

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities? YES NO

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

What prevents the child from being able to attend a general education setting?

Justify

JUSTIFICATION: Must explain why the instruction or service **CANNOT** be delivered in the general education setting with non-disabled peers

PR-01: Must explain why the child cannot receive special education and related services in the first placement option

There are no further questions to respond to in this section.

LRE SCENARIO #3

For Preschool:

Does the child attend a general education setting? YES NO

What prevents the child from being able to attend a general education setting?

Justify

Who provides the child with instruction in the general education curriculum?

Respond: Role, How, Time & Frequency

PR-01: Must explain why the child cannot receive special education and related services in the first placement option

The presence of a disability alone is NOT a reason for removal.

DO NOT COMPLETE FOR PRESCHOOL

12 STATEWIDE AND DISTRICT WIDE TESTING

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)?

YES NO

Click below for guidance in considering AASCD:
[Ohio AASCD Participation Criteria](#)

13 EXEMPTIONS

Third Grade Reading Guarantee (See [The Ohio Third Grade Reading Guarantee Guidance Manual](#) for details)

Applicable NA


Does the child have a significant cognitive disability?

YES NO

Not applicable for Preschool IEP

MEETING PARTICIPANTS

14 MEETING PARTICIPANTS

THIS IEP MEETING WAS: 

Face-to-Face Meeting
 Video Conference
 Telephone Conference/Conference Call
 Other

IEP EFFECTIVE DATES

START: _____


END: _____


DATE OF NEXT IEP REVIEW: _____

IEP MEETING PARTICIPANTS +

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP

NAME (Print)	POSITION	SIGNATURE	DATE
	Student**		
	Parent/Guardian		
	District Representative*		
	Intervention Specialist*		
	General Education Teacher*		
	Occupational Therapist		
	Physical Therapist		
	Speech and Language Pathologist		
	Other Agency Representative		



PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS 

NAME (Print)	POSITION	SIGNATURE	DATE

*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, A WRITTEN EXCUSE MUST BE ON FILE.
 ** THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS NO TRANSFER OF GUARDIANSHIP.

Check when complete



Parents must be afforded the opportunity to participate



Alternate means of participation (phone or video conference) must be documented



For preschool, a general education teacher is a required team member

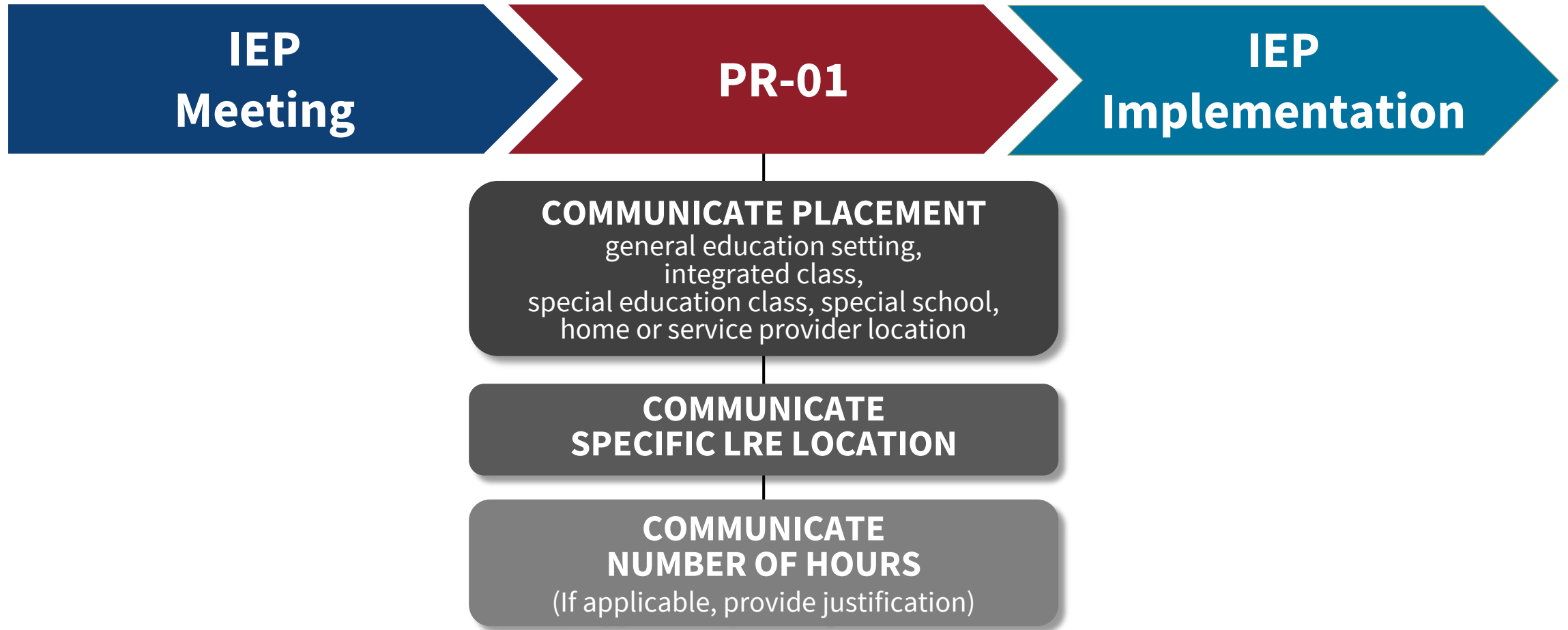


Excused members must provide input in the development of the IEP in writing to both the district and parent prior to the meeting


SIGNATURES SECTIONS INITIAL IEP

IEP Individualized Education Program	CHILD'S NAME: _____ <small>DOB</small> <small>ID Number</small>
15 SIGNATURES	
INITIAL IEP	
<input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP.*	
<input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP except for**	
AREA: _____	
<input type="checkbox"/> I do not give consent for special education and related services at this time.**	
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____	
IEP ANNUAL REVIEW (Not a Change of Placement)	
<input type="checkbox"/> I agree with the implementation of this IEP.*	
<input type="checkbox"/> I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.**	
AREA: _____	
<small>Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.</small>	
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____	
IEP REVIEW (Change of Placement)	
<input type="checkbox"/> I give consent for the Change of Placement as identified in this IEP.*	
<input type="checkbox"/> I do not give consent for the Change of Placement as identified in this IEP.**	
<input type="checkbox"/> I revoke consent for all special education and related services.**	
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____	

PLACEMENT DOCUMENTATION



SIGNATURES SECTION IEP ANNUAL REVIEW (NOT A CHANGE OF PLACEMENT)

IEP Individualized Education Program		CHILD'S NAME:
	DOB	ID Number
15 SIGNATURES		
INITIAL IEP		
<input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP.*		
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AREA: _____		
<input type="checkbox"/> I do not give consent for special education and related services at this time.**		
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____
IEP ANNUAL REVIEW (Not a Change of Placement) 		
<input type="checkbox"/> I agree with the implementation of this IEP.*		
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<input type="checkbox"/> I revoke consent for all special education and related services.**		
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____

Remember:

Must
communicate
placement,
specific LRE
location, and
number of
hours
on the PR-01

IEP REVISIONS: CHANGE OF PLACEMENT

IEP Individualized Education Program	CHILD'S NAME:
15 SIGNATURES	
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PARENT/GUARDIAN SIGNATURE: _____	DATE: _____
IEP REVIEW (Change of Placement)	
<input type="checkbox"/> I give consent for the change of placement as identified in this IEP.*	
<input type="checkbox"/> I do not give consent for the change of placement as identified in this IEP.**	
<input type="checkbox"/> I revoke consent for all special education and related services.**	
PARENT/GUARDIAN SIGNATURE: <u>Donna P Horn</u>	DATE: <u>9/6/2020</u>

Change of Placement

IEP team required to meet

Change of Placement: A change from one option on the continuum of alternative placements to another

Parent must give consent, in writing, if this change of placement changes the student's placement on the continuum of services

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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