

Office for Exceptional Children Forms Revision Comparison – Required Forms



**Department of
Education &
Workforce**

Introduction

The Department of Education and Workforce's Office of Exceptional Children has proposed revisions to the state required and optional forms for special education to streamline and clarify expectations of state and federal requirements. This document provides a side-by-side comparison of all changes made to the current forms. This comparison is meant to provide a broad visual overview of the changes; to view a full-size copy of the current form, click on "Current Form" or to view the full-size copy of the proposed revised form, click on "Revised Form".

Legend:

Removed: Teal/Strikethrough

Moved: Pink

Additions: Yellow

PR-01 Prior Written Notice to Parents

Current Form	Revised Form
<p>PR-01 PRIOR WRITTEN NOTICE TO PARENTS</p> <p>CHILD'S INFORMATION</p> <p>NAME: _____ DATE OF BIRTH: _____ DATE OF NOTICE: _____</p> <p>This is to notify you of the district's action:</p> <p>TYPE OF ACTION TAKEN</p> <ul style="list-style-type: none"><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 or 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 _____ <p>1. A description of the action proposed or refused by the school district: _____</p> <p>2. An explanation of why the school district proposes or refuses to take the action: _____</p> <p>3. A description of other options that the IEP team considered and the reasons why those options were rejected: _____</p> <p>4. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action: _____</p> <p>5. A description of other factors that are relevant to the school district's proposal or refusal: _____</p> <p>PROVISION OF PROCEDURAL SAFEGUARDS</p> <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 (IDEA) 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 to 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> <p>Name: _____ Title: _____ Address: _____ City: _____ Zip: _____ Telephone: _____ Email: _____ School District: _____</p> <p>PR-01-PRIOR WRITTEN NOTICE TO PARENTS FORM Replaced by CODE MAY 28, 2008 (revised 1.1.2022 to Microsoft Word format) PAGE 1 OF 1</p>	<p>PR-01 PRIOR WRITTEN NOTICE TO PARENTS</p> <p>SCHOOL DISTRICT: _____ DATE OF NOTICE: _____</p> <p>NAME: _____ DATE OF BIRTH: _____</p> <p>This is notification to parents prior to actions the district will take.</p> <p>TYPE OF ACTION TAKEN</p> <ul style="list-style-type: none"><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"/> Reevaluation<input type="checkbox"/> Change of placement<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"/> IEP meeting, annual review, or amendment<input type="checkbox"/> Acceptance or rejection of a transfer IEP or ETR<input type="checkbox"/> Revocation or consent<input type="checkbox"/> Due process hearing request, or an expedited due process hearing request, initiated by the district<input type="checkbox"/> Manifestation Determination<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 (Explain) _____ <p>1. A description of the action proposed or refused by the school district: _____</p> <p>2. An explanation of why the school district (a) proposes or (b) refuses to take the action: _____</p> <p>3. A description of other options that the IEP team considered and the reasons why those options were rejected: _____</p> <p>4. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action: _____</p> <p>5. A description of other factors that are relevant to the school district's proposal or refusal: _____</p> <p>PROVISION OF PROCEDURAL SAFEGUARDS</p> <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 (IDEA) of 2004. You will be given a copy of your procedural safeguards in your primary language 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> <p>Name: _____ Title: _____ Address: _____ City: _____ Zip: _____ Telephone: _____ Email: _____</p> <p>PR-01-PRIOR WRITTEN NOTICE TO PARENTS FORM Replaced by CODE MAY 28, 2008 (revised 1.1.2022 to Microsoft Word format) PAGE 1 OF 1</p>

PRIOR WRITTEN NOTICE TO PARENTS

Removed:

- Change of Placement for Disciplinary Reasons (Covered under Change of Placement)
- IEP issues/meetings where the parent(s) disagree with the district

Moved:

- Moved "School District" answer line to top of page.
- The order of the checkable answer choices under "Type of Action Taken" has been changed.

Additions:

- Under "Type of Action Taken" added: "IEP meeting, annual review, or amendment"; "Acceptance or rejection of a transfer IEP or ETR"; "Manifestation Determination"
- Under "Provision of Procedural Safeguards" added: "in your primary language" to second sentence
- Next to "other" added "(explain)" and answer line

PR-02 Parent Invitation

Current Form	Revised Form
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">PR-02 PARENT INVITATION</div> <p>TO: _____ DATE: _____ FROM: _____ WRITTEN NOTICE NUMBER: _____</p> <p>I am inviting you to attend a meeting to discuss the educational needs of:</p> <p>CHILD'S NAME: _____ DATE OF BIRTH: _____</p> <p>PURPOSE FOR MEETING: (Check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> To determine if a child has a suspected disability <input type="checkbox"/> To develop an evaluation plan <input type="checkbox"/> To determine eligibility for services as a child with a disability <input type="checkbox"/> To develop, review, and/or revise the student's IEP <input type="checkbox"/> To determine reevaluation needs </div> <div style="width: 50%;"> <input type="checkbox"/> To discuss transition from early childhood to school-age programs <input type="checkbox"/> To discuss transition from school-age to secondary programs/activities <input type="checkbox"/> To discuss disciplinary matters <input type="checkbox"/> At your request to discuss: _____ <input type="checkbox"/> Other: _____ </div> </div> <p>THIS CONFERENCE WILL BE SCHEDULED AS A: (Check all that apply)</p> <p><input type="checkbox"/> Face-to-face meeting <input type="checkbox"/> Video conference <input type="checkbox"/> Telephone conference/Conference Call</p> <p>DATE: _____ TIME: _____ LOCATION: _____</p> <p>OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> Speech and Language Pathologist </div> <div style="width: 33%;"> <input type="checkbox"/> Student <input type="checkbox"/> School Psychologist <input type="checkbox"/> District Representative </div> <div style="width: 33%;"> <input type="checkbox"/> Other: _____ </div> </div> <p><small>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.</small></p> <p><small>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:</small></p> <p>CONTACT: _____ PHONE: _____</p> <hr/> <p>RESPONSE TO PARENT INVITATION COMPLETE AND RETURN TO THE CHILD'S SCHOOL</p> <p>CHILD'S NAME: _____ DATE OF BIRTH: _____</p> <p><input type="checkbox"/> I will attend/participate <input type="checkbox"/> I will not attend/participate</p> <p><input type="checkbox"/> Another/Other will accompany me (optional)</p> <p><input type="checkbox"/> I would like the location of this meeting changed to: _____</p> <p><input type="checkbox"/> I would like to change the type of meeting to: _____</p> <p><input type="checkbox"/> I would like this meeting rescheduled for the following suggested date and time: _____</p> <p><input type="checkbox"/> A bilingual or sign language interpreter is requested. Desired language/mode of communication: _____</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p style="font-size: small;">PR-02-PARENT INVITATION FORM REVISED BY DOE: December 1, 2017 (revised 5.2.2022 to Microsoft Word format) Page 1 of 1</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">PR-02 PARENT/STUDENT INVITATION</div> <p>TO: _____ DATE: _____ FROM: _____ WRITTEN NOTICE NUMBER: _____</p> <p>I am inviting you to attend a meeting to discuss the educational needs of:</p> <p>CHILD'S NAME: _____ DATE OF BIRTH: _____</p> <p>PURPOSE FOR MEETING: (Check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> To develop an evaluation plan due to suspected disability <input type="checkbox"/> To determine eligibility for services as a child with a disability <input type="checkbox"/> To develop, review, and/or revise the child's IEP <input type="checkbox"/> To discuss the child's services plan <input type="checkbox"/> To determine reevaluation needs <input type="checkbox"/> To discuss transition from preschool to school-age programs <input type="checkbox"/> To discuss transition from school-age to post-secondary programs/activities </div> <div style="width: 50%;"> <input type="checkbox"/> To discuss disciplinary matters <input type="checkbox"/> Manifestation Determination Review <input type="checkbox"/> To develop, review or revise functional behavior assessment (FBA) or behavior intervention plan (BIP) <input type="checkbox"/> At your request to discuss: _____ <input type="checkbox"/> Other: _____ </div> </div> <p>THIS MEETING WILL BE SCHEDULED AS: (Check all that apply)</p> <p><input type="checkbox"/> In person <input type="checkbox"/> Virtual Meeting <input type="checkbox"/> Hybrid Meeting</p> <p>DATE: _____ TIME: _____ LOCATION: _____</p> <p>OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> School Psychologist <input type="checkbox"/> District Representative <input type="checkbox"/> Other: _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Speech and Language Pathologist <input type="checkbox"/> Behavior Specialist <input type="checkbox"/> Student <small>(Must be invited starting at the first IEP in effect when the student will turn age 14 and whenever transition services are discussed)</small> <input type="checkbox"/> Agency Representative <small>(Required when providing or paying for secondary transition services in the IEP)</small> </div> <div style="width: 33%;"> <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist </div> </div> <ul style="list-style-type: none"> Parent and/or student are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. Parent or Student at the Age of Majority (18 years of age or older) may invite other individuals who have knowledge or special expertise to assist at the meeting. <p>RESPONSE TO PARENT INVITATION</p> <p><small>If you would like to schedule this meeting at a different time, date or location, or schedule a different type of meeting, or if you require an interpreter, please contact:</small></p> <p>CONTACT NAME: _____ PHONE (Call): _____</p> <p>EMAIL: _____</p> <p><small>Please contact the individual listed above by phone email, or text message by (date) to respond to this invitation. Please include the child's name, date of birth, whether or not you will be attending the meeting and whether or not you will be bringing anyone with you (optional).</small></p>

PARENT INVITATION

Removed:

- “To determine if a child has a suspected disability” under Purpose for Meeting – repetitive this is covered under other choice in section “To determine eligibility for services as a child with a disability”
- Removed the word “Conference” and replaced it with “Meeting” in all instances
- Options for how meeting will be conducted “face to face meeting”, “video conference”, and “telephone conference/conference call” were removed and replaced with “In person”, “Virtual Meeting”, and “Hybrid Meeting.”
- All questions under Response to Parent Invitation as this form will not be required to be returned.

Moved:

- The option to schedule the conference at a different time moved to under the heading the Response to Parent Invitation section.

Additions:

- Under “Purpose for Meeting” added: “Due to suspected disability”; “To discuss the child’s services plan”; “Manifestation Determination Review”; “To develop, review or revise functional behavior assessment FBA or behavior intervention plan BIP”
- Added “Behavior Specialist”, “Agency Representative (Required when providing or paying for secondary transition services in the IEP)”, “Occupational Therapist”, and “Physical Therapist” as options for “Other persons who have been invited to attend this meeting include.”
- Added statement after student check box that states, “(Must be invited starting at the first IEP in effect when the student will turn age 14 and whenever transition services are discussed)”

- Replaced “You” with “Parent and/or student” are welcome to bring any information including formal or informal test results, work samples, etc. to the meeting.
- Added statement, “Parent and or Student at the age of majority (18 years of age or older) may invite individuals who have knowledge or special expertise to assist at the meeting.”
- Contact information: space added for Contact Name, Phone(call), and Email
- Added statement “Please contact the individual listed above by phone, email, or text message by (date) to respond to this invitation. Please include the child’s name, date of birth, whether or not you will be attending the meeting and whether or not you will be bringing anyone with you (optional)” to require the parent to contact district to confirm meeting attendance as well as provide additional attendee information.

DRAFT

PR-03 Manifestation Determination

The updated PR-03 form combines elements of the old PR-03 with the optional *OP-03 form*. These changes can be seen in the differences between existing sections of the PR-03 as well as the inclusion of new sections from the OP-03 form. The OP-03 Form will no longer exist.

Current Form	Revised Form								
<div><h3>PR-03 MANIFESTATION DETERMINATION REVIEW</h3><p><small>In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child.</small></p><p>CHILD'S INFORMATION</p><p>CHILD'S NAME: _____ DATE OF BIRTH: _____ ID NUMBER: _____</p><p>NATURE OF THE CHILD'S DISABILITY</p><p>_____</p><p>NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION</p><p>_____</p><p>DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR OF CONCERN TO THE STUDENT'S DISABILITY</p><p>1. In relationship to the behavior subject to disciplinary action</p><p>a. Did the IEP team review relevant information in the student's file and the student's IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>b. Did the IEP team review relevant information presented by the parents and teacher observations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>c. Did the IEP team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>d. Was the child's conduct a direct result of the district's failure to implement the IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>The behavior is a manifestation of the student's disability, if the IEP team indicated "Yes" on item 6.c-f above.</p><p>CONCLUSION</p><p>_____</p><p>DATE OF MANIFESTATION DETERMINATION REVIEW: _____</p><p>SIGNATURES</p><table><tr><td>Signature _____</td><td>Title _____</td></tr><tr><td>Signature _____</td><td>Title _____</td></tr><tr><td>Signature _____</td><td>Title _____</td></tr><tr><td>Signature _____</td><td>Title _____</td></tr></table></div>	Signature _____	Title _____	Signature _____	Title _____	Signature _____	Title _____	Signature _____	Title _____	<div><h3>PR-03 MANIFESTATION DETERMINATION REVIEW</h3><p>THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT.</p><p>The manifestation determination review is conducted by the child's parents and the relevant members of the child's IEP team, as determined by the parents and the educational agency. (NOTE: No manifestation determination review is required when a child is removed from his current placement for NOT MORE THAN 10 SCHOOL DAYS to an interim alternative educational setting (IAES), another setting or via suspension and for additional removals of not more than 10 cumulative days in that same school year for separate incidents of misconduct, as long as those removals do not constitute a pattern. Schools may make such short-term removals for violations of a code of student conduct to the extent that such alternative settings are also applied to students without disabilities. In addition, schools may remove a student to an IAES for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability in cases where a child carries or possesses a weapon to or at school, on school premises or at a school function; knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises or at a school function; has inflicted serious bodily injury upon another person while at school, on school premises or at a school function.</p><p>Date of Manifestation Determination Review</p><p>CHILD'S INFORMATION</p><p>CHILD'S NAME: _____ DATE OF BIRTH: _____ ID NUMBER: _____</p><p>DESCRIBE THE CHILD'S DISABILITY (include eligibility category and how the disability impacts the student):</p><p>_____</p><p>DESCRIPTION OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION:</p><p>_____</p><p>REVIEW OF INFORMATION (All boxes must be completed).</p><p>Information provided by Parents:</p><p>_____</p><p>Information provided by the Student's Teachers including observations:</p><p>_____</p><p>Information provided by other members of the team:</p><p>_____</p><p>Relevant information from the IEP and the implementation of the IEP:</p><p>_____</p><p>Relevant information from the Student's ETR (include dates of most recent evaluation):</p><p>_____</p></div>
Signature _____	Title _____								
Signature _____	Title _____								
Signature _____	Title _____								
Signature _____	Title _____								

OP-3 Current Form									
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> OP-3 Manifestation Determination (Optional Form) District Name: _____ </div> <p>Child's Name: _____ Student ID: _____ Grade: _____ Date of Meeting: _____</p> <p style="text-align: center;">MANIFESTATION DETERMINATION WORKSHEET</p> <p><small>THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 SCHOOL DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT.</small></p> <p>I. Nature of the behavior Subject to Disciplinary Action Describe the student's behavior that violated a rule or code of conduct (in observable, measurable terms). _____</p> <p>II. Nature of Disability Describe the nature and severity of the student's disability (in observable, measurable terms). _____</p> <p>III. Relevant Information</p> <p>a. Evaluation/Diagnostic Results: _____ Date of last evaluation report: _____ Evaluation current (less than 3 years): Yes <input type="checkbox"/> No <input type="checkbox"/> Do existing evaluation/diagnostic results address current areas of concern? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>IV. Describe How the Disability Affects the Student's:</p> <p>a. Academic Progress _____</p> <p>b. Social Skills Development _____</p> <p>c. Self-care, Domestic, and/or Community Skills _____</p> <p>d. Receptive and Expressive Language _____</p> <p>V. Relevant Information Continued</p> <p>b. Relevant Parent Information: _____</p> <p>Sources of Information: _____</p> <p>c. Observations of the Child: _____</p> <p>Sources of Information: _____</p> <p>d. IEP: _____</p> <p>Date of last IEP: _____ Is IEP current? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>e. Placement: Describe current placement appropriate to meet student's needs. _____</p> <p><small>THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 SCHOOL DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT.</small></p> <p><small>The manifestation determination review is conducted by the child's parents and the relevant members of the child's IEP team, as determined by the parents and the school system. (NOTE: No manifestation determination review is required when a child is removed from his current placement for NOT MORE THAN 10 SCHOOL DAYS to an interim alternative educational setting (IAES), another setting or via suspension and for additional removals of not more than 10 cumulative days in that same school year for separate incidents of misconduct, as long as those removals do not constitute a pattern. Schools may make such short-term removals for violations of a code of student conduct to the extent that such alternative settings are also applied to students without disabilities. In addition, schools may remove a student to an IAES for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability in cases where a child carries or possesses a weapon to or at school, on school premises or at a school function; knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises or at a school function; has inflicted serious bodily injury upon another person while at school, on school premises or at a school function.</small></p>	<p>Relevant information from the FBA/BIP, if applicable: _____</p> <p>Information from the team (including the Parent) which explains how the behavior is directly and substantially related to the student's disability or is not directly and substantially related: _____</p> <p>DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR OF CONCERN TO THE STUDENT'S DISABILITY</p> <p>1. In relationship to the behavior subject to disciplinary action</p> <p>a. Did the IEP team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. Was the child's conduct a direct result of the district's failure to implement the IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>The behavior is a manifestation of the student's disability, if the IEP team indicated "Yes" on items a or b above.</p> <p>TEAM DECISION WITH JUSTIFICATION _____</p> <p>Required Next Steps</p> <ul style="list-style-type: none"> • If it is determined that the behavior is not a manifestation of the disability, relevant discipline procedures can be followed with the provision of IEP services and ensuring the Student is able to make progress in the general education curriculum. Where and how will Student receive IEP services and instruction in the general education curriculum? • If it is determined that the behavior is a manifestation of the disability, the Student must be returned to their placement prior to the disciplinary incident. Then, the district must complete an FBA (or review the current one) and implement a BIP. If already in place, the BIP must be reviewed and modified, if necessary. Include the dates to complete or review the FBA and to complete or revise the BIP. <p>SIGNATURES</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Parent Signature _____</td> <td style="width: 50%;">Parent Name (Printed) _____</td> </tr> <tr> <td>Signature _____</td> <td>Title _____</td> </tr> <tr> <td>Signature _____</td> <td>Title _____</td> </tr> <tr> <td>Signature _____</td> <td>Title _____</td> </tr> </table>	Parent Signature _____	Parent Name (Printed) _____	Signature _____	Title _____	Signature _____	Title _____	Signature _____	Title _____
Parent Signature _____	Parent Name (Printed) _____								
Signature _____	Title _____								
Signature _____	Title _____								
Signature _____	Title _____								

CHILD'S INFORMATION

Removed:

- Removed "In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child" and replaced with clarifying language.
- Removed "Nature of the Child's Disability" and "Nature of the Behavior subject to disciplinary action" and replaced with clarifying language.

Additions:

- Added language from the previous OP-03 form regarding the manifestation determination review, "THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT" and, "The manifestation determination review is conducted by the child's parents and the relevant members of the child's IEP team, as determined by the parents and the educational agency. (NOTE: No manifestation determination review is required when a child is removed from his current placement for NOT MORE THAN 10 SCHOOL DAYS

to an interim alternative educational setting (IAES), another setting or via suspension and for additional removals of not more than 10 cumulative days in that same school year for separate incidents of misconduct, as long as those removals do not constitute a pattern. Schools may make such short-term removals for violations of a code of student conduct to the extent that such alternative settings are also applied to students without disabilities. In addition, schools may remove a student to an IAES for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability in cases where a child carries or possesses a weapon to or at school, on school premises or at a school function; knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises or at a school function; has inflicted serious bodily injury upon another person while at school, on school premises or at a school function."

- Wording changed from "Nature of the Child's Disability" to "Describe the Child's Disability (include eligibility category and how the disability impacts the student)"
- Wording changed from "Nature of the Behavior subject to disciplinary action" to "Description of the behavior subject to disciplinary action"

REVIEW OF INFORMATION

Additions:

- Added the "Review of Information" section from the previous OP-03 form including areas and text boxes labeled, "Information provided by parents"; "Information provided by the Student's Teachers including observations"; "Information provided by other members of the team"; "Relevant information from the IEP and the implementation of the IEP"; "Relevant information from the Student's ETR (include dates of most recent evaluation)"; "Relevant information from the FBA/BIP, if applicable"; "Information from the team (including the Parent) which explains how the behavior is directly and substantially related to the student's disability or is not directly or substantially related."

DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR

Removed:

- Removed questions "a. Did the IEP team review relevant information in the student's file and the student's IEP (yes/no)" and "b. Did the IEP team review relevant information presented by the parents and teacher observations (yes/no)" from the current form as this information is added in the previous section.

Additions:

- Added "Team's Decision with Justification" section with text box.
- Added "Required Next Steps":
 - "If it is determined that the behavior is not a manifestation of the disability, relevant discipline procedures can be followed with the provision of IEP services and ensuring the Student is able to make progress in the general education curriculum. Where and how will Student receive IEP services and instruction in the general education curriculum."
 - "If it is determined that the behavior is a manifestation of the disability, the Student must be returned to their placement prior to the disciplinary incident. Then, the district must complete an FBA (or review the current one) and implement a BIP. If already in place, the BIP must be reviewed and modified, if necessary. Include the dates to complete or review the FBA and to complete or revise the BIP"

CONCLUSION

Moved:

- "Date of Manifestation Determination Review" is moved to the top of the form

Removed:

- Removal of the 'Conclusion' section and text box on the revised form

SIGNATURES

Additions:

- Created a specific signature line for the Parent signature

PR-04 ETR PACKAGE (Page 1)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
<div><h3>PR-06 ETR Evaluation Team Report</h3><p>DISTRICT: _____</p><p>CHILD'S INFORMATION</p><p>NAME: _____ ID NUMBER: _____ STREET: _____ GENDER: _____ GRADE: _____ CITY: _____ STATE: OH ZIP: _____ DATE OF BIRTH: _____ DISTRICT OF RESIDENCE: _____ DISTRICT OF SERVICE: _____</p><p>PARENT/GUARDIAN INFORMATION</p><p>NAME: _____ STREET: _____ CITY: _____ STATE: OH ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____</p><p>NAME: _____ STREET: _____ CITY: _____ STATE: OH ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____</p><p>INSTRUCTIONS</p><p>Reference of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) that are included with this ETR form is required (Prior to PR-06 Parent Consent for Evaluation).</p><p>There are five parts to this form: i.e., Part 1, 2, 3, 4, and 5. Parts 1, 2, and 4, 5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability.</p><p>In Part 3, each member of the evaluation team will list in the "Areas of Assessment" how they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluation will also provide, in Part 3, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment.</p><p>Part 3 will be completed by the team chair or district representative by gathering all team members' assessment (Part 3) and summarizing them in the box provided in Part 3. Complete the interventions summary for both initial evaluations and reevaluations per the instructions found on the form. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklist, interview or meeting and outside evaluations.</p><p>Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box.</p><p>The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may stop Part 3 and move into Part 4.</p><p>In Part 4, the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination.</p><p>In Part 5, all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.</p></div>	<div><h3>PR-04 ETR Complete Evaluation Package</h3><p>DISTRICT: _____</p><p>BUILDING OF CURRENT ATTENDANCE: _____</p><p>TEACHER(S): _____</p><p>CHILD'S INFORMATION</p><p>NAME: _____ ID NUMBER: _____ STREET: _____ GENDER: _____ GRADE: _____ CITY: _____ STATE: OH ZIP: _____ DATE OF BIRTH: _____ DISTRICT OF RESIDENCE: _____ DISTRICT OF SERVICE: _____</p><p>PARENT/GUARDIAN INFORMATION</p><p>NAME: _____ STREET: _____ CITY: _____ STATE: OH ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____</p><p>NAME: _____ STREET: _____ CITY: _____ STATE: OH ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____</p><p>FOR INITIAL EVALUATIONS ONLY</p><p>REASON FOR REFERRAL: _____</p><p>EDUCATIONAL HISTORY</p><p>Provide data about the child's progress and present levels in the general curriculum or, for preschool-age child, data pertaining to the child's growth and development: _____</p><p>Provide data from previous interventions, including those required by Rule 3301-35-06 or for preschool child, data from previous interventions is only required if the preschool child is receiving services under Part C and/or Part B of IDEA or may be evaluated under the suspected disability category of specific learning disability. Information should include a description of the intervention(s), the amount of time the intervention(s) was provided and data which shows the effect of the intervention(s): _____</p><p>Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs: _____</p></div>

Current Form

PR-04 REFERRAL FOR EVALUATION

DISTRICT: _____

CHILD'S INFORMATION

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

PARENT/GUARDIAN INFORMATION

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

NAME: _____
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: _____

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: _____

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs: _____

CHILD'S INFORMATION

Removed:

- Removed text under “ETR Form Status” including: “Part 1: Individual Evaluator’s Assessment (Separate assessment from each evaluator)”;
- “Part 2: Team Summary”;
- “Part 3: Documentation for Determining the Existence of a Specific Learning Disability”;
- “Part 4: Eligibility”;
- “Part 5: Signatures”
- Removed the “Instructions” off the first page: “Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) that are included with this ETR form is required (Prior to PR-05 Parent Consent for Evaluation). There are five parts to this form, i.e., Part 1, 2, 3, 4 and 5. Parts 1, 2 and 4, 5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability. In Part 1, each member of the evaluation team will list in the “Areas of Assessment” box the area or areas that they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the “Summary of Assessment Results” section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment. Part 2 will be completed by the team chair or district representative by gathering all team members' assessments (Part 1) and summarizing them in the boxes provided in Part 2. Complete the interventions summary for both initial evaluations and reevaluations per the instructions found on the form. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings and outside evaluations. Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box. The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4. In Part 4, the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination. In Part 5, all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.”

Moved (from PR-04 Referral for Evaluation)

- “Building of Current Attendance”, “Teacher(s)”, “Student’s Primary Language (If not English)” and “Parent’s Primary Language (if not English)” to the top of the first page.

REASON FOR REFERRAL MOVED (from PR-04 Referral for Evaluation)

Additions: Added header distinguishing “For initial evaluations only”.

EDUCATIONAL HISTORY MOVED (from PR-04 Referral for Evaluation)

Removed:

- Removed “...early intervention, community or preschool providers...” from “Provide data from previous interventions, including interventions required by Rule 3301-35-06 or; for the preschool child, data from...” and **added** “previous interventions is only required if the preschool child is receiving services under Part C and/or Part B of IDEA or may be evaluated under the suspected disability category of specific learning disability. Information should include a description of the intervention(s), the amount of time the intervention(s) was provided and data which shows the effect of the intervention(s)”

Additions:

- Added “present levels” in the statement “Provide data about the child’s progress in the general curriculum or for the preschool aged child data pertaining to the child’s growth and development”

PR-04 ETR PACKAGE (Page 2)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
PR-04 REFERRAL FOR EVALUATION Number of school districts attended: _____ Years at present school building: _____ List schools/early childhood programs and dates: _____ ATTENDANCE: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Is this student age appropriate for grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No BACKGROUND INFORMATION A. Health Data Do you suspect problems with <input type="checkbox"/> Vision <input type="checkbox"/> Hearing Does the student <input type="checkbox"/> Wear Glasses <input type="checkbox"/> Use Hearing Aid(s) Does the student take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type and purpose: _____ Does the student have any health/developmental/physical problems of which you are aware? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Date: _____ Date Received: _____ <input type="checkbox"/> Date District Suspects a Disability	Number of school districts attended: _____ Years at present school building: _____ Number of buildings attended: _____ List schools/early childhood programs and dates: _____ ATTENDANCE: Are there attendance concerns for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is there any type of attendance plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student at grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No BACKGROUND INFORMATION A. Health Data Do you suspect problems with <input type="checkbox"/> Vision What was the date of the Student's last vision screening/test? _____ <input type="checkbox"/> Hearing What was the date of the Student's last hearing screening/test? _____ Does the student wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Use Hearing Aid(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type and purpose: _____ Does the student have any health/developmental/physical problems of which you are aware? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Sensory Motor <input type="checkbox"/> Vision <input type="checkbox"/> Social/Emotional Behavior <input type="checkbox"/> Other Describe any other pertinent information not previously described: _____ Date referral was made: _____ Date referral was received: _____ Method of initial referral: _____ <input type="checkbox"/> District agrees to evaluate ("continue to next section") <input type="checkbox"/> District does not agree to evaluate ("stop after this section") SIGNATURES Signature of Person Initiating the Referral: _____ Signature of Person Receiving the Referral: _____ Position or Relationship to Student: _____ Date: _____ Date: _____

EDUCATIONAL HISTORY (CONTINUED) MOVED (from PR-04 Referral for Evaluation)

Additions:

- Added number of buildings attended

ATTENDANCE MOVED (from PR-04 Referral for Evaluation)

Removed:

- "Regular" and "Irregular" and **added** "Are there attendance concerns for this student? (yes/no)" and "If so, is there an attendance plan in place? (yes/no)"
- "Is the student age appropriate for grade level (yes/no)" and **added** "Is the student at grade level?"

BACKGROUND INFORMATION MOVED (from PR-04 Referral for Evaluation)

A. Health Data Moved:

- Rearranged current language from the referral form
- Added** "Vision: What was the date of the students last vision screening/test" and "Hearing: What was the date of the students last hearing screening/test"

B. Environmental Factors Moved:

- Added** "Sensory Motor" to "For Preschool Children Only (please check the area(s) of concern)"

Additions:

- "Date referral was made", "Date referral was received", and "Method of initial referral"
- Checkboxes for "District agrees to evaluate (continue to next section)", "District does not agree to evaluate (stop after this section)"

Removed: "Date District Suspects a Disability"

PR-04 ETR PACKAGE (Preschool Planning Form – Page 3)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form																																																																																																																		
<p>PRESCHOOL EVALUATION PLANNING FORM</p> <p>DATE OF PLAN: _____</p> <p>CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____</p> <p>TEAM CHAIRPERSON: _____</p> <p>SUSPECTED DISABILITY CATEGORY (may check more than one)</p> <p> <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"/> Developmental Delay – <u>If selecting only this category, the team has considered the disability categories above and determined that they are not applicable to the child. See 3301-51-11 (C) (6) (b) & (d).</u> </p> <p><small>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.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DEVELOPMENTAL AREAS (Required for all)</th> <th colspan="2">EXISTING DATA AVAILABLE</th> <th colspan="5">ASSESSMENT METHODS/DATA SOURCES (Indicate the position responsible for assessment and/or data collection, and report)</th> </tr> <tr> <th>Structured Interview</th> <th>Structured Observations*</th> <th>Norm-Referenced Assessments</th> <th>Criterion-Referenced Assessments</th> <th>Data from Part C and/or Community or Preschool Program Provider**</th> </tr> </thead> <tbody> <tr><td>ADAPTIVE BEHAVIOR</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>COGNITION (including pre-academic)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>COMMUNICATION</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HEARING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>VISION</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>SENSORY/MOTOR FUNCTIONING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>SOCIAL/EMOTIONAL FUNCTIONING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>BEHAVIORAL FUNCTIONING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><small>*Structured observations are required in more than one setting and during multiple activities. See 3301-51-11 (C)(1)(b)</small></p> <p><small>**Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers required if the child attends such program in the past 12 months. See 3301-51-06 (F)(1)</small></p> <p> <input type="checkbox"/> The Team has taken into consideration limited English proficiency in planning the assessments. <input type="checkbox"/> The Team has taken into consideration possible sources of racial or cultural bias in planning the assessments. </p> <p>SIGNATURES</p> <p>_____ School District Representative (Name/Date)</p> <p>_____ Parent/Guardian (Name/Date)</p> <p>_____ General Education Teacher (Name/Date)</p> <p>_____ Intervention Specialist (Name/Date)</p>	DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE		ASSESSMENT METHODS/DATA SOURCES (Indicate the position responsible for assessment and/or data collection, and report)					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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>PRESCHOOL EVALUATION PLANNING FORM (Required)</p> <p><u>Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) is required.</u></p> <p>DATE OF PLAN: _____ DISTRICT OF RESIDENCE: _____</p> <p> <input type="checkbox"/> INITIAL EVALUATION <input type="checkbox"/> TRANSITION FROM PART C <input type="checkbox"/> REEVALUATION </p> <p>CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____</p> <p>DISTRICT REPRESENTATIVE: _____</p> <p>SUSPECTED DISABILITY CATEGORY (may check more than one)</p> <p> <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"/> Developmental Delay <input type="checkbox"/> Visual Impairment </p> <p><small>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.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DEVELOPMENTAL AREAS (Required for all)</th> <th colspan="5">ASSESSMENT METHODS/DATA SOURCES (For assessment and/or data collection, indicate the position responsible for the Part 1 Report AND whether existing data is available and/or additional data is needed)</th> </tr> <tr> <th>Structured Interview</th> <th>Structured Observations*</th> <th>Norm-Referenced Assessments</th> <th>Criterion-Referenced Assessments</th> <th>Data from Part C and/or Community or Preschool Program Provider**</th> </tr> </thead> <tbody> <tr><td>ADAPTIVE BEHAVIOR</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>COGNITION (including pre-academic)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>COMMUNICATION</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HEARING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>VISION</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>SENSORY/MOTOR FUNCTIONING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>SOCIAL/EMOTIONAL/BEHAVIORAL FUNCTIONING</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><small>*Structured observations are required in more than one setting and during multiple activities. See O.A.C. 3301-51-11 (G)(1)(b)</small></p> <p><small>**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. 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COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														
HEARING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														
VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														
SOCIAL/EMOTIONAL/BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														

PRESCHOOL EVALUATION PLANNING FORM

Removed:

- “Team Chairperson” and **added** “District Representative”
- Language after Developmental Delay, “If selecting only this category, the team has considered the disability categories above and determined that they are not applicable to the child. See 3301-51-11 (C) (6) (b & d)”
- In chart, above “Developmental Areas”, removed “SEE OPERATING STANDARDS 3301-51-11 (C) (3)”
- Under “Assessment Methods/Data Sources”, removed “assessment and/or data collection, and report”
- In chart, next to “Developmental Areas”, removed “Existing Data Available” and “Additional Data Needed” columns
- Removed “General Education Teacher (Name/Date)” and “Intervention Specialist (Name/Date)” signature lines

Moved:

- Combined “Behavioral Functioning” with “Social/Emotional Functioning” under “Developmental Areas”

Additions:

- At top of page, “Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) is required”
- “District of residence”
- Under “Assessment Methods/Data Sources”, added “For assessment and/or data collection, indicate the position responsible for the Part 1 Report AND whether existing data is available and/or additional data is needed”

PR-04 ETR PACKAGE (School Age Planning Form – Page 4)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form																																																																																																																														
<div style="border: 1px solid black; padding: 5px;"><h3 style="margin: 0;">ETR Evaluation Team Report</h3><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;">DISTRICT: _____NAME: _____ID NUMBER: _____DATE OF BIRTH: _____</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">SCHOOL-AGE EVALUATION PLANNING FORM/</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;">DATE OF PLAN: _____<input type="checkbox"/> INITIAL EVALUATION <input type="checkbox"/> REEVALUATION</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;">CHILD'S NAME: _____ID NUMBER: _____DATE OF BIRTH: _____</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;">TEAM CHAIRPERSON: __________</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;">TEAM MEMBERS: __________</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;">SUSPECTED DISABILITY(IES): __________</div><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"><thead><tr><th style="width: 35%;">ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)</th><th style="width: 30%;">DATA FOR REVIEW</th><th style="width: 35%;">PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT</th></tr></thead><tbody><tr><td style="background-color: #e0ffff;">Information Provided by Parent</td><td></td><td></td></tr><tr><td>General Intelligence</td><td></td><td></td></tr><tr><td>Academic Skills</td><td></td><td></td></tr><tr><td>Classroom-based Evaluations and Progress in the General Curriculum</td><td></td><td></td></tr><tr><td>Data from Interventions</td><td></td><td></td></tr><tr><td>Communicative Status</td><td></td><td></td></tr><tr><td>Vision</td><td></td><td></td></tr><tr><td>Hearing</td><td></td><td></td></tr><tr><td>Social Emotional Status</td><td></td><td></td></tr><tr><td>Physical Exam/General Health</td><td></td><td></td></tr><tr><td>Gross Motor</td><td></td><td></td></tr><tr><td>Fine Motor</td><td></td><td></td></tr><tr><td>Vocational/Transition</td><td></td><td></td></tr><tr><td style="background-color: #e0ffff;">Background History</td><td></td><td></td></tr><tr><td>Observations</td><td></td><td></td></tr><tr><td>Behavior Assessment</td><td></td><td></td></tr><tr><td>Adaptive Behavior</td><td></td><td></td></tr><tr><td>Braille Needs</td><td></td><td></td></tr><tr><td>Audiological Needs</td><td></td><td></td></tr><tr><td>Assistive Technology Needs</td><td></td><td></td></tr><tr><td>Other: _____</td><td></td><td></td></tr></tbody></table><div style="font-size: 0.8em; 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SCHOOL AGE PLANNING FORM

Removed:

- “Information Provided by Parent” and “Background History” (this information will be collected and documented in Part 2 of the Evaluation Team Report, Page 7)

Additions:

- For “Observations” an * to indicate “REQUIRED FOR ALL EVALUATIONS AND REEVALUATIONS”

PR-04 ETR PACKAGE (Parent Consent for Evaluation – Page 5)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
<div>PR-05 PARENT CONSENT FOR EVALUATION</div> <p>TYPE OF EVALUATION <input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Reevaluation <input type="checkbox"/> If additional assessment is to be conducted</p> <p>PART 1: TO GRANT CONSENT</p> <p>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.</p> <p>I have received a copy of my procedural safeguards and I understand the information provided.</p> <p>Signature of parent/legal guardian/custodian, or student (if age 18 or older) _____ Relationship to Child _____ Date _____</p> <p>PART 2: TO REFUSE CONSENT (Do Not complete Part 2 if you completed Part 1)</p> <p>I received a copy of my procedural safeguards and I understand the information provided.</p> <p>I DO NOT GIVE MY PERMISSION for an evaluation for: _____</p> <p>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.)</p> <p>_____</p> <p>Signature of parent/legal guardian/custodian, or student (if age 18 or older) _____ Relationship to Child _____ Date _____</p> <p>PART 3 (To be completed by the school)</p> <p>Date District Received Consent or Refusal of Consent: _____</p> <p>Information about the evaluation and a copy of the procedural safeguards notice were presented/sent by:</p> <p>Signature of School District Representative _____ Date _____</p> <p>The parents' native language is: _____</p> <p>If not English, was the information provided in the native language or other mode of communication of the parents? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____</p> <p>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.</p>	<div>PR -04 ETR Complete Evaluation Package</div> <p>NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____</p> <p>PARENT CONSENT FOR EVALUATION</p> <p>TYPE OF EVALUATION <input checked="" type="checkbox"/> Initial Evaluation <input checked="" type="checkbox"/> Reevaluation</p> <p>PART 1: GRANT CONSENT</p> <p>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.</p> <p>I have received a copy of my procedural safeguards, and I understand the information provided.</p> <p>Signature of parent/legal guardian/custodian, or student (if age 18 or older) _____ Relationship to Child _____ Date _____</p> <p>PART 2: TO REFUSE CONSENT (Do Not complete Part 2 if you completed Part 1)</p> <p>I received a copy of my procedural safeguards, and I understand the information provided.</p> <p>I DO NOT GIVE MY PERMISSION for an evaluation for: _____</p> <p>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.)</p> <p>_____</p> <p>Signature of parent/legal guardian/custodian, or student (if age 18 or older) _____ Relationship to Child _____ Date _____</p> <p>PART 3 (To be completed by the school)</p> <p>Date District Received Consent or Refusal of Consent: _____</p> <p>Information about the evaluation and a copy of the procedural safeguards notice were presented/sent by:</p> <p>Signature of School District Representative _____ Date _____</p> <p>The parents' native language is: _____</p> <p>If not English, was the information provided in the native language or other mode of communication of the parents? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, explain: _____</p> <p>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.</p>

PARENT CONSENT FOR EVALUATION FORM (PR-05)

- Was **moved** to page 5 of the new PR-04 Evaluation Package
- **Removed** "If additional testing is to be conducted" after Reevaluation checkbox. Consent is required for ANY evaluation (OAC 3301-51-05 (C)(4)(a)(i)).

PR-04 ETR PACKAGE (Part 1 Individual Evaluator's Assessment – Page 6)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
<div>1 INDIVIDUAL EVALUATOR'S ASSESSMENT Part 1 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) _____ 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: _____</div>	<div>1 INDIVIDUAL EVALUATOR'S ASSESSMENT In Part 1, each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, such as vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability as stated on the planning form. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment. EVALUATOR NAME: _____ POSITION: _____ AREA(S) OF ASSESSMENT: Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan with date the assessment was conducted. General Intelligence Observations Specialized Assessments: Cognition (including pre-academic) Physical Exam/General Health Physical Examination Academic Skills Sensory/Motor Functioning Vision Examination Classroom-based Evaluations Gross Motor Audiological Examination Data from Interventions Fine Motor Other: Communication/Communicative Status Vocational/Transition Vision Behavior Assessment Hearing Social Emotional Status Braille Needs Social/Emotional/Behavioral Functioning Audiological Needs Adaptive Behavior Assistive Technology Needs EVALUATION METHODS AND STRATEGIES Indicate the types of assessment strategies used to gather information about the child's performance. <input type="checkbox"/> NORM-REFERENCED ASSESSMENTS <input type="checkbox"/> EVIDENCE-BASED INTERVENTIONS <input type="checkbox"/> OBSERVATIONS <input type="checkbox"/> CLASSROOM-BASED ASSESSMENTS <input type="checkbox"/> CURRICULUM-BASED ASSESSMENTS <input type="checkbox"/> INTERVIEWS <input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (school records, work samples, educational history) <input type="checkbox"/> DATA FROM PART C AND/OR COMMUNITY OR PRESCHOOL PROGRAM PROVIDER <input type="checkbox"/> CRITERION-REFERENCED ASSESSMENTS <input type="checkbox"/> OTHER (Specify) _____ ASSESSMENT INFORMATION Provide information obtained from the assessment results per the evaluation plan, including the child's strengths, areas of need and baseline data. ASSESSMENT DATA _____ STUDENT'S NEEDS Include specific skills (such as academic, behavioral, functional) needed to allow the IEP team to develop effective and actionable goals. _____ RECOMMENDED SUPPLEMENTARY AIDS AND SERVICES (instructional approaches including strategies, accommodations, and progress monitoring) _____ SUMMARY OF RESULTS (outlining the student's strengths and weaknesses in parent friendly language) _____ Evaluator's Signature: _____ Date: _____</div>

INDIVIDUAL EVALUATOR'S ASSESSMENT

Additions:

- Guidance Language at the top of the page, "In Part 1, each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, such as vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability as stated on the planning form. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment."

AREA(S) OF ASSESSMENT

Additions:

- "...with date the assessment was conducted" as an additional requirement to listing the area(s).
- List of areas from the planning form: General Intelligence, Cognition (including pre-academic), Academic Skills, Classroom-based Evaluations, Data from Interventions, Communication/Communicative Status, Vision, Hearing, Braille Needs, Audiological Needs, Assistive Technology Needs, Observations, Physical Exam/General Health, Sensory/Motor Functioning, Gross Motor, Fine Motor, Vocational/Transition, Behavior Assessment, Social Emotional Status, Social/Emotional/Behavioral Functioning, Adaptive Behavior, Specialized Assessments: Physical Examination, Vision Examination, Audiological Examination, Other.

EVALUATION METHODS AND STRATEGIES

Additions:

- Check boxes: "Evidence-based" (replaced "scientific, research-based") to "Interventions", "Data from Part C and/or Community or Preschool Program Provider", "Criterion-Referenced Assessments"

ASSESSMENT INFORMATION

Removed:

- “Summary of Assessment Results”, “Description of Educational Needs”, and “Implications for Instruction and Progress Monitoring” under “Assessment Information” and replaced with new wording (see **Additions**)

Additions:

- Information required with text boxes include, “Assessment Data”, “Student’s Needs (Include specific skills (such as academic, behavioral, functional) needed to allow the IEP team to develop effective and actionable goals)”, “Recommended Supplemental Aids and Services (instructional approaches including strategies, accommodations, and progress monitoring)”, and “Summary of Results (outlining the student’s strengths and weaknesses in parent friendly language).”

DRAFT

PR-04 ETR PACKAGE (Part 2 Additional Evaluation Information – Page 7)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
<p>2 TEAM SUMMARY <u>Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary.</u></p> <p>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.</p> <p>INITIAL EVALUATION: <input type="text"/></p> <p>RE-EVALUATION: <input type="text"/></p> <p>REASON(S) FOR EVALUATION: <input type="text"/></p> <p>SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD: <input type="text"/></p> <p><u>SUMMARY OF OBSERVATIONS:</u> <input type="text"/></p> <p><u>MEDICAL INFORMATION:</u> <input type="text"/></p> <p><u>SUMMARY OF ASSESSMENT RESULTS:</u> <input type="text"/></p> <p><u>DESCRIPTION OF EDUCATIONAL NEEDS:</u> <input type="text"/></p> <p><u>IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:</u> <input type="text"/></p>	<p>2 ADDITIONAL EVALUATION INFORMATION <u>Part 2 will be completed by the team chair or district representative</u></p> <p>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 any NEW interventions provided to the child.</p> <p>INITIAL EVALUATION: Describe the evidence-based intervention(s) used: <input type="text"/> How long was/were the intervention(s) provided: <input type="text"/> Intensity of the intervention (How often and for how many minutes): <input type="text"/> Describe the results compared to the baseline data: <input type="text"/> What was the decision as a result of the intervention(s): <input type="text"/></p> <p>REEVALUATION: <input type="checkbox"/> No. It was determined by the team that the student is making adequate progress with current special education supports and services required in the IEP so no new interventions were provided. <input type="checkbox"/> Yes. New interventions were provided (please complete the following information) Describe the research-based intervention(s) used: <input type="text"/> How long was/were the intervention(s) provided: <input type="text"/> Intensity of the intervention (How often and for how many minutes): <input type="text"/> Describe the results compared to the baseline data: <input type="text"/> What was the decision as a result of the intervention(s): <input type="text"/></p> <p>REASON(S) FOR EVALUATION: <input type="text"/></p> <p>INFORMATION PROVIDED BY PARENTS OF THE CHILD <u>include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings and outside evaluations for which consent was provided.</u> <input type="text"/></p> <p>MEDICAL INFORMATION: <input type="text"/></p> <p><u>BACKGROUND HISTORY INFORMATION</u> <input type="text"/></p>

TEAM SUMMARY/ADDITIONAL EVALUATION INFORMATION

Removed:

- “Team Summary” and **added** new title “Additional Evaluation Information.”
- “Combine all Part 1’s Individual Evaluator’s Assessment from all evaluators into team summary” and **added** “Part 2 will be completed by the team chair or district representative.”

INTERVENTIONS SUMMARY

Removed:

- “Summary of observations”, “Summary of Assessment Results”, “Description of Educational Needs” and “Implications for Instruction and Progress monitoring” – these are all covered in the individual Part 1 (page 6). This was due to the feedback that this section was duplicative of the Part 1 report.

Added:

- “...any NEW...” to statement: “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 “any NEW” interventions provided to the child.”
- Questions for Initial Evaluation: “Describe the evidence-based intervention(s) used”, “How long was/were the intervention(s) provided”, “Intensity of the intervention (How often and for how many minutes)”, “Describe the results compared to the baseline data”, and “What was the decision as a result of the intervention(s).”
- Questions for Reevaluation: “No. It was determined by the team that the student is making adequate progress with current special education supports and services required in the IEP so no new interventions were provided”, “Yes. New interventions were provided (please complete the following information)”, “Describe the research-based intervention(s) used”, “How long was/were the intervention(s) provided”, “Intensity of the intervention (How often and for how many minutes)”, “Describe the results compared to the baseline data”, and “What was the decision as a result of the intervention(s).”
- In “Information Provided by Parents of the Child”: “include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings and outside evaluations for which consent was provided”
- “Background History Information”

PR-04 ETR PACKAGE (Part 3 Specific Learning Disability Documentation for Determination – Page 8)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
<div>3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION</div> <div>REQUIRED NOTIFICATION If the child has participated in a process that assesses the child's response to scientific, research-based intervention, indicate if the parents were notified about the following prior to the evaluation: The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided <input type="checkbox"/> YES <input type="checkbox"/> NO Strategies for increasing the child's rate of learning <input type="checkbox"/> YES <input type="checkbox"/> NO The parents' right to request an evaluation <input type="checkbox"/> YES <input type="checkbox"/> NO Section A must be completed Either Section B OR Section C must be completed A. IDENTIFIED AREAS Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards: <input type="checkbox"/> Oral Expression <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Written Expression <input type="checkbox"/> Mathematics Calculation <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Basic Reading Skill <input type="checkbox"/> Mathematics Problem Solving B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A. <div></div> C. PATTERNS OF STRENGTHS AND WEAKNESSES Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A. <div></div> D. EXCLUSIONARY FACTORS The evaluation team has determined that its findings are NOT primarily the result of: <input type="checkbox"/> A Visual, Hearing, or Motor Disability <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Environmental or Economic Disadvantage <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Cultural Factors E. DOCUMENTATION OF UNDERACHIEVEMENT NOT DUE TO A LACK OF APPROPRIATE INSTRUCTION Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information: <ol style="list-style-type: none">Data that demonstrate that prior to, or as part of the referral process, a qualified personnel delivered appropriate instruction to the child in general education settings. Summarize the data the team used to document this requirement: <div></div>Data-based documentation that the child's parent received about repeated formal assessments of student progress during instruction, done at reasonable intervals. Summarize the data-based information the team used to document this requirement: <div></div> F. OBSERVATION Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment, including the general classroom setting. <div></div> G. MEDICAL FINDINGS Describe the educationally relevant medical findings, if any. <div></div></div>	<div>3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION</div> <div>Part 3 must be completed for initial evaluations if Specific Learning Disabilities is one of the suspected areas of disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability. The team will consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4. Section A must be completed. Either Section B OR Section C must be completed. A. IDENTIFIED AREAS Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards. <input type="checkbox"/> Oral Expression <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Written Expression <input type="checkbox"/> Mathematics Calculation <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Basic Reading Skill <input type="checkbox"/> Mathematics Problem Solving B. RESPONSE TO EVIDENCE-BASED INTERVENTION Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to evidence-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A. <div></div> C. PATTERNS OF STRENGTHS AND WEAKNESSES Assessment information should be summarized in this section, if the evaluation team used alternative evidence-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A. <div></div> D. EXCLUSIONARY FACTORS The evaluation team has determined that its findings are NOT primarily the result of: <input type="checkbox"/> A Visual, Hearing, or Motor Disability <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Environmental or Economic Disadvantage <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Cultural Factors E. DOCUMENTATION OF UNDERACHIEVEMENT NOT DUE TO A LACK OF APPROPRIATE INSTRUCTION Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information: <ol style="list-style-type: none">Data that demonstrate that prior to, or as part of the referral process, qualified personnel delivered appropriate instruction to the child in general education settings. Summarize the data the team used to document this requirement: <div></div>Data-based documentation that the child's parent received about repeated formal assessments of student progress during instruction, done at reasonable intervals. Summarize the data-based information the team used to document this requirement: <div></div> F. OBSERVATION Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment, including the general classroom setting. <div></div> G. MEDICAL FINDINGS Describe the educationally relevant medical findings, if any. <div></div></div>

SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

Removed:

- “Required Notification: If the child has participated in a process that assesses the child's response to scientific, research-based intervention, indicate if the parents were notified about the following prior to the evaluation: The state's policies regarding the amount and nature of the student performance data that would be collected and the general services that would be provided (yes/no), Strategies for increasing the child's rate of learning (yes/no), The parents' right to request an evaluation (yes/no)” and **added** “Part 3 must be completed for initial evaluations if Specific Learning Disabilities is one of the suspected areas of disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability. The team will consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4.”

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION/RESPONSE TO EVIDENCE-BASED INTERVENTION

Removed:

- “Scientific Research-Based” and **added** “Evidence-Based”

PR-04 ETR PACKAGE (Part 4 Eligibility – Page 9)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

Current Form	Revised Form
<p>4 ELIGIBILITY</p> <p>ELIGIBILITY DETERMINATION It is the determination of the team that:</p> <p>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. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>The child demonstrates an educational need that requires specially designed instruction. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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.</p> <p>The child is eligible for special education and related services in the category of: _____</p> <p>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). <u>Include</u> how the disability affects the child's progress in the general education curriculum.</p> <p>_____</p>	<p>4 ELIGIBILITY</p> <p>Once all assessment information is gathered the team will meet and review all information provided in the Part 1s and Part 2 to determine whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination.</p> <p>ELIGIBILITY DETERMINATION It is the determination of the team that:</p> <p>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. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>The child demonstrates an educational need that requires specially designed instruction. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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.</p> <p>The child is eligible for special education and related services in the category of: _____</p> <p>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). <u>Include how the disability affects the child's progress in the general education curriculum.</u></p> <p>_____</p>

ELIGIBILITY

Additions:

- At top of form: "Once all assessment information is gathered the team will meet and review all information provided in the Part 1s and Part 2 to determine whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination."

PR-04 ETR PACKAGE (Part 5 Signatures – Page 10)

The PR-04, PR-05, and PR-06 were combined into a single ETR package containing Referral Information and Parent Consent for Evaluation.

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SIGNATURES

Additions:

- At top of form: "In Part 5, all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report."

PR-05 IEP Individualized Education Program (Page 1)

Current Form	Revised Form																				
<div style="border: 1px solid black; padding: 5px;"> <h3 style="margin: 0;">IEP Individualized Education Program</h3> <p style="font-size: 0.8em; color: #008000; background-color: #e0ffe0; padding: 2px;">THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DISTRICT: _____</p> <p>CHILD'S INFORMATION</p> <p>NAME: _____ ID NUMBER: _____</p> <p>STREET: _____ GENDER: _____ GRADE: _____</p> <p>CITY: _____ STATE: OH ZIP: _____</p> <p>DATE OF BIRTH: _____</p> <p>DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____ DISTRICT OF SERVICE: _____</p> <p>Is the child in preschool? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Will the child be 14 years old before the end of this IEP? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the child younger than 14 years of age but has transition and postsecondary goal information? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the child a ward of the state? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, provide the name of the surrogate parent: _____</p> <p>IEP by third birthday? 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COVER PAGE

Removed:

- At top of page: "This IEP will be implemented during the regular school term unless noted in Section 4 Extended School Year Services" and **added** "The services in this IEP will be pro-rated per days school is in session."
- "IEP by third birthday? (If transitioning from Part C services) (yes/no)" and **added** "Is the child transitioning from Part C services?"
- "Next IEP Review" and **added** "Annual Review"

Additions:

- Question: "Does the child have a healthcare/medical plan on file? (yes/no)"
- Checkboxes regarding Parent/Guardian information: "This is a surrogate parent", "Surrogate Parent was assigned per court order on: (textbox)", "Parent cannot be identified, or parent cannot be located" and "Child is an unaccompanied homeless youth."
- Under Amendment section: "Please be sure to change the applicable section(s) affected by the amendment."

Moved/Removed/Addition:

- The checkboxes under IEP Form Status reflect changes made to the order and titles of the sections within the IEP and added Section 16 Children with Visual Impairments which was not on the previous IEP Form Status.

PR-05 IEP Individualized Education Program (Page 2)

Current Form	Revised Form
1 FUTURE PLANNING <hr/>	1 FUTURE PLANNING <hr/> <p>See the Optional Future Planning form for additional information and guidance on this section.</p>
2 SPECIAL INSTRUCTIONAL FACTORS <p>Items checked "YES" will be addressed in this IEP.</p> <p>Does the child have behavior which impedes his/her learning or the learning of others? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child have limited English proficiency? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the child blind or visually impaired? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child have communication needs (required for deaf or hearing impaired)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child need assistive technology devices and/or services? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child require specially designed physical education? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	2 SPECIAL INSTRUCTIONAL FACTORS <p>The following must be considered by the team and items checked "YES" must be addressed in this IEP:</p> <p>a. Does the child have behavior which impedes his/her learning or the learning of others? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>b. Does the child have limited English proficiency? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, consider the language needs of the child as those needs relate to the child's individualized education program. Considerations could include: ensuring instruction takes into account and provides supports for the child's current levels of English language proficiency, individualized language supports and accommodations for instruction and assessment, an individual with training related to the instruction of multilingual learners has been involved in the development of the individualized education program, the family's language supports to communicate with the team.</p> <p>c. Is the child blind or visually impaired (regardless if that is their primary eligibility category on their Evaluation Team Report)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>d. Does the child have communication needs? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>e. Is the child deaf or hard of hearing? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, document consideration of the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. The Sample Communication Plan is located in the Guidance Document.</p> <p>f. Does the child need assistive technology devices and services? If yes, refer to guidance document for additional information YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>g. Will the child be afforded the opportunity to participate in the regular physical education program available to non-disabled children? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, please select:</p> <p><input type="checkbox"/> The child is enrolled full time in a separate facility (the educational agency responsible for service for a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services); or</p> <p><input type="checkbox"/> The IEP Team has determined the child needs specially designed physical education provided by a certified Adapted Physical Education Teacher.</p> <p>If yes, specially designed physical education will be included in the IEP.</p>
3 PROFILE <p>Child's profile to include Reading Improvement and Monitoring Plan (if applicable):</p> <hr/>	3 PROFILE <p>Child's profile to include Reading Improvement and Monitoring Plan (if applicable):</p> <hr/>
4 EXTENDED SCHOOL YEAR SERVICES <p>Has the team determined that ESY services are necessary? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, what goals determined the need?</p> <hr/> <p>Will the team need to collect further data and reconvene to make a determination? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Date to Reconvene: Enter Date</p>	3 PROFILE <p>Child's profile to include Reading Improvement and Monitoring Plan (if applicable):</p> <hr/>

FUTURE PLANNING

Additions: Below textbox: "See the Optional Future Planning form for additional information and guidance on this section"

SPECIAL INSTRUCTIONAL FACTORS

Removed:

- "Items checked "YES" will be addressed in this IEP" and **added** "The following must be considered by the team and items checked "YES" must be addressed in this IEP:"
- "(required for deaf or hearing impaired)?" and **added** "Is the child deaf or hard of hearing? (yes/no). If yes, document consideration of the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. The Sample Communication Plan is located in the Guidance Document."
- "/or" from "Does the child need assistive technology and services?" and **added** "If yes, refer to guidance document for additional information."
- "Does the child require specially designed physical education?" and **added** "Will the child be afforded the opportunity to participate in the regular physical education program available to non-disabled children? If no, please select: The child is enrolled full time in a separate facility (the educational agency responsible for service for a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services); or The IEP Team has determined the child needs specially designed physical education provided by a certified Adapted Physical Education Teacher. If yes, specially designed physical education will be included in the IEP."

Additions:

- Under limited English proficiency, "If yes, consider the language needs of the child as those needs relate to the child's individualized education program. Considerations could include: ensuring instruction takes into account and provides supports for the child's current levels of English language proficiency, individualized language supports and accommodations for instruction and assessment, an individual with training related to the instruction of multilingual learners has been involved in the development of the individualized education program, the family's language supports to communicate with the team."
- Under blind or visually impaired, "(regardless if that is their primary eligibility category on their Evaluation Team Report)"

PROFILE - NO CHANGES

EXTENDED SCHOOL YEAR SERVICES - MOVED: Extended school year services from section 4 to section 12

PR-05 IEP Individualized Education Program (Postsecondary Transition Plan - Page 3)

Current Form	Revised Form																																																																																																																																																																																																								
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See OP-68 Transition Progress Report form.</i></p> <p>TARGET DATE FOR CHILD TO GRADUATE: _____</p>	TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE											TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE											TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE											<div style="background-color: #f2f2f2; padding: 5px; border: 1px solid #ccc; margin-bottom: 10px;"> 4 POSTSECONDARY TRANSITION </div> <p>AGE-APPROPRIATE TRANSITION ASSESSMENTS</p> <p>List Assessments Given (include person giving/source of assessments and date/time period of assessments for each):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Education/Training</th> <th>Competitive Integrated Employment</th> <th>Independent Living (as appropriate)</th> </tr> </thead> <tbody> <tr><td>Preferences</td><td> </td><td> </td><td> </td></tr> <tr><td>Interests</td><td> </td><td> </td><td> </td></tr> <tr><td>Needs</td><td> </td><td> </td><td> </td></tr> <tr><td>Strengths</td><td> </td><td> </td><td> </td></tr> <tr><td>Summarize how information supports the Post Secondary Goal:</td><td colspan="3"> </td></tr> </tbody> </table> <p>POSTSECONDARY TRAINING AND EDUCATION</p> <p>MEASURABLE POSTSECONDARY GOAL:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TRANSITION SERVICE(S)/ACTIVITY(IES)</th> <th>ANNUAL IEP GOAL(S) Number Related to Transition Needs</th> <th>PROJECTED BEGINNING DATE</th> <th>PROJECTED END DATE</th> <th>FREQUENCY</th> <th>PERSON/AGENCY RESPONSIBLE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED</p> <p><input type="checkbox"/> A. 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If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-68 Transition Progress Report form.</i></p> <p>TARGET DATE FOR CHILD TO GRADUATE: _____</p> <p>Consider using the Students with IEP's Graduation Decision Making Tool for making these decisions.</p>		Education/Training	Competitive Integrated Employment	Independent Living (as appropriate)	Preferences				Interests				Needs				Strengths				Summarize how information supports the Post Secondary Goal:				TRANSITION SERVICE(S)/ACTIVITY(IES)	ANNUAL IEP GOAL(S) Number Related to Transition Needs	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE													TRANSITION SERVICE(S)/ACTIVITY(IES)	ANNUAL IEP GOAL(S) Number Related to Transition Needs	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE													TRANSITION SERVICE(S)/ACTIVITY(IES)	ANNUAL IEP GOAL(S) Number Related to Transition Needs	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE													Subjects	Middle School	9th Grade	10th Grade	11th Grade	12th Grade	Continuing in high school longer than four years.	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POSTSECONDARY TRANSITION

Removed:

- “Age-Appropriate Transition Assessment regarding...”, “Courses of Study”, and “Numbers of the...” options for each transition area

Additions:

- Separate table for Age-Appropriate Transition Assessments to cover all three transition areas (Education/Training, Competitive Integrated Employment, and Independent Living (as appropriate)) and include preferences, interests, needs, strengths, and a space to summarize how information supports the Post Secondary Goal for each area.
- “IEP Number” to the Annual Goals column

- “Courses of Study, Include a multi-year description of coursework from the child’s current to anticipated exit year that will reasonably enable the child to meet his or her postsecondary goals. Beginning in 9th grade, this course of study should mirror that in the child’s Graduation Plan.” and fillable table
- “Describe how the course of study aligns with the child’s postsecondary goals: textbox”
- “Consider using the Students with IEP’s Graduation Decision Making Tool for making these decisions” with link included to tool.

DRAFT

PR-05 IEP Individualized Education Program (Measurable Annual Goals - Page 4)

Current Form	Revised Form
<div><div>6</div><div>MEASURABLE ANNUAL GOALS</div></div> <div>NUMBER: _____ AREA: _____</div> <div>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE</div> <div></div> <div>MEASURABLE ANNUAL GOALS</div> <div></div> <div>METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL</div> <div><div><input type="checkbox"/> A. Curriculum-Based Assessment</div><div><input type="checkbox"/> E. Short-Cycle Assessments</div><div><input type="checkbox"/> I. Work Samples</div></div> <div><div><input type="checkbox"/> B. Portfolios</div><div><input type="checkbox"/> F. Performance Assessments</div><div><input type="checkbox"/> J. Inventories</div></div> <div><div><input type="checkbox"/> C. Observation</div><div><input type="checkbox"/> G. Checklists</div><div><input type="checkbox"/> K. Rubric</div></div> <div><div><input type="checkbox"/> D. Anecdotal Records</div><div><input type="checkbox"/> H. Running Records</div></div>	

Objectives

MEASURABLE OBJECTIVES

Click  above to add rows

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.

Reported every _____ weeks

MEASURABLE ANNUAL GOALS

Additions:

- To Present Levels of Academic Achievement and Functional Performance “must include baseline data that relates to measurable annual goal, along with comparison statement.”

Removed:

- Checkboxes: “Curriculum Based Assessment, Portfolios, Observation, Anecdotal Records, Short-Cycle Assessments, Performance Assessments, Checklists, Running Records, Work Samples, Inventories, Rubric” and added textbox.

PR-05 IEP Individualized Education Program (Description of Specially Designed Instruction - Page 5)

Current Form	Revised Form																																																																																																																																																																																												
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DESCRIPTION OF SPECIALLY DESIGNED SERVICES

Removed:

- Column heading “Provider Title” and **added** “Direct Service Provider”

Additions:

- At top of section: “*The IS or Related Service Provider must oversee the special education services of a child and have the primary responsibility, to design the SDI, and ensure documentation of minutes of service.”
- For Specially Designed Instruction, Related Services, Supplementary Aids and Services, and Assistive Technology Services: “Title of Personnel Overseeing Provision of Service *IS or Related Service Provider”
- “Services” to “Assistive Technology” box
- Box “Assistive Technology Devices” with “Describe feature of device”
- Under Assistive Technology Device added space to “Describe Feature of Device”
- To Support for School Personnel: “Amount of Time” and “Frequency”

PR-05 IEP Individualized Education Program (Page 6)

Current Form	Revised Form
<p>8 TRANSPORTATION AS A RELATED SERVICE</p> <p>Does the child require special transportation? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child need transportation to and from services? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child need accommodations or modifications for transportation? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, check any transportation accommodations/modifications below that the child needs:</p> <p><input type="checkbox"/> The bus driver will be notified of the child's behavioral and/or medical concerns <input type="checkbox"/> Aide (for transportation only)</p> <p><input type="checkbox"/> Specially Adapted Vehicle <input type="checkbox"/> Wheelchair lift <input type="checkbox"/> Safety Vest <input type="checkbox"/> Car Seat <input type="checkbox"/> Securement Systems</p> <p><input type="checkbox"/> Other - Specify: _____</p>	<p>7 TRANSPORTATION AS A RELATED SERVICE</p> <p>Does the child need transportation to and from the educational agency/ies? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Explain: _____</p> <p>Does the child need accommodations or modifications for transportation? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, check any transportation accommodations/modifications below that the child needs:</p> <p><input type="checkbox"/> The bus driver will be notified of the child's behavioral and/or medical concerns <input type="checkbox"/> Aide (for transportation only)</p> <p><input type="checkbox"/> Specially Adapted Vehicle <input type="checkbox"/> Wheelchair lift <input type="checkbox"/> Safety Vest <input checked="" type="checkbox"/> Child Safety Restraint System (5-point) <input type="checkbox"/> Securement Systems</p> <p><input type="checkbox"/> Other _____</p> <p>Explain any boxes checked above: _____</p>
<p>9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES</p> <p>In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?</p> <p>Describe: _____</p> <p>If the child will not participate in non-academic/extracurricular activities, explain. _____</p>	<p>8 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES</p> <p>In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?</p> <p>Describe: _____</p> <p>If the child will not participate in non-academic/extracurricular activities, explain. _____</p>
<p>10 GENERAL FACTORS</p> <p>HAS THE IEP TEAM CONSIDERED:</p> <p>The strengths of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The concerns of the parents for the education of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The results of the initial or most recent evaluation of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>As appropriate, the results of performance on any state or district-wide assessments? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The academic, developmental and functional needs of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Regarding the Third Grade Reading Guarantee, is the child on-track for reading? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/></p>	<p>9 LEAST RESTRICTIVE ENVIRONMENT</p> <p>For Preschool:</p> <p>1. Does the child attend a general education classroom (1st placement option on the preschool LRE continuum of placement options)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES to question 1:</p> <p>Does the child receive all special education and related services embedded within the general education classroom's routines and activities? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, provide justification for why the child is not receiving all special education and related services embedded within the general education classroom's routines and activities. _____</p> <p>IF NO to question 1:</p> <p>Provide justification for why the child cannot receive special education and related services in a general education classroom even with the use of supplementary aids and services. _____</p> <p>List the placement option the child will be attending (from the preschool LRE continuum of placement options). _____</p> <p>Does the child receive all special education and related services embedded within that placement option's routines and activities? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, provide justification for why the child cannot receive services in a general education classroom even with the use of supplementary aids and services. _____</p> <p>2. Describe the preschool child's access to the general education curriculum. _____</p> <p>For School Age:</p> <p>Does the child attend the school they would attend if not disabled? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, justify: _____</p> <p>Does the child receive all special education services with nondisabled peers? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, justify (justification may not be solely because of needed modifications in the general education curriculum): _____</p>
<p>11 LEAST RESTRICTIVE ENVIRONMENT</p> <p>For School Age:</p> <p>Does the child attend the school they would attend if not disabled? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, justify: _____</p> <p>Does the child receive all special education services with nondisabled peers? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, justify (justification may not be solely because of needed modifications in the general education curriculum): _____</p> <p>For Preschool:</p> <p>Does the child attend a general education setting? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the child receive all his/her special education and related services embedded within regular classroom routines and activities? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities? _____</p> <p>What prevents the child from being able to attend a general education setting? _____</p> <p>Who provides the child with instruction in the general education curriculum? _____</p>	

TRANSPORTATION AS RELATED SERVICE

Removed:

- Questions: "Does the child require special transportation (yes/no)", "Does the child need transportation to and from services (yes/no)" and **added**: "Does the child need transportation to and from the educational agency/ies? (yes/no) Explain: textbox."

Additions:

- To the list of accommodations/modifications for transportation: "Child Safety Restraint System (5-point)" and "Explain any boxes checked above: textbox."

NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

- No changes

GENERAL FACTORS

Moved:

- General Factors from Section 10 to Section 13

LEAST RESTRICTIVE ENVIRONMENT

Removed:

- For Preschool section: "setting", "his/her", "regular", "What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities: textbox?", "What prevents the child from being able to attend a general education setting: textbox?", and "Who provides the child with instruction in the general education curriculum: textbox?" and **added**: "Does the child attend a general education classroom (1st placement option on the preschool LRE continuum of placement options) (yes/no)? If YES to question 1: Does the child receive all special education and related services embedded within the general education classroom's routines and activities (yes/no)? If NO, provide justification for why the child is not receiving all special education and related services embedded within the general education classroom's routines and activities: textbox. If NO to question 1: Provide justification for why the child cannot

receive special education and related services in a general education classroom even with the use of supplementary aids and services: textbox. List the placement option the child will be attending (from the preschool LRE continuum of placement options): textbox. Does the child receive all special education and related services embedded within that placement option's routines and activities (yes/no)? If NO, provide justification for why the child cannot receive services in a general education classroom even with the use of supplementary aids and services: textbox."

Additions:

- For Preschool Section, Question 2: "Describe the preschool child's access to the general education curriculum: textbox."

DRAFT

PR-05 IEP Individualized Education Program (Statewide and district wide testing - Page 7)

Current Form	Revised Form																																																																											
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: #0056b3; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">12</div> <div>STATEWIDE AND DISTRICT WIDE TESTING</div> </div> <p>Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Click below for guidance in considering AASCD: Ohio's Alternate Assessment Participation Decision-Making Tool</p> <p>Accessibility on district and statewide tests</p> <p>Will the child participate in district wide and statewide assessments with accommodations? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>For each subject tested in the child's grade, choose the method of assessment below. If "With Accommodations" is chosen for any subject, provide a description of the accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.</p> <div style="border: 1px solid black; padding: 2px;"> <p>1. DISTRICT TESTING (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">AREA</th> <th style="width: 30%;">ASSESSMENT TITLE</th> <th style="width: 50%;">DETAIL OF ACCOMMODATIONS</th> </tr> </thead> <tbody> <tr><td><input type="radio"/> ELA</td><td></td><td></td></tr> <tr><td><input type="radio"/> Mathematics</td><td></td><td></td></tr> <tr><td><input type="radio"/> Science</td><td></td><td></td></tr> <tr><td><input type="radio"/> Social Studies</td><td></td><td></td></tr> <tr><td><input type="radio"/> Other</td><td></td><td></td></tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 2px;"> <p>2. 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Yes No</p> <p style="background-color: yellow;">If yes, structured literacy intervention targeting child's specific reading concerns must be provided.</p> <p style="background-color: yellow;">Third Grade Reading Guarantee Assessment</p> <p style="background-color: yellow;">What approved Tier 1 reading diagnostic/screener is being used to measure child on-track or not-on-track status in kindergarten-second grade?</p> <p style="background-color: yellow;">The child's score indicates the child is</p> <p style="background-color: yellow;"><input type="checkbox"/> On track</p> <p style="background-color: yellow;"><input type="checkbox"/> Not on track</p> <p style="background-color: yellow;">If not on track, a RIMP is required until the child's score indicates they are on track at their grade level.</p> <p style="background-color: yellow;">If the child has a RIMP indicate the area of focus:</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="background-color: yellow;">This section is applicable in 3rd grade. Is the child in 3rd grade? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="background-color: yellow;">If Yes, has the IEP team determined that a child has a significant cognitive disability? Yes No</p> <p style="background-color: yellow;">If Yes, indicate justification (including data measures used to determine):</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="background-color: yellow;">If Yes for all of the above, the IEP Team considered all progress monitoring and reading achievement data and made the following decision:</p> <p style="background-color: yellow;"><input type="checkbox"/> NOT to exempt the child from the retention provision of the Third Grade Reading Guarantee</p> <p style="background-color: yellow;"><input type="checkbox"/> To exempt the child from the retention provision of the Third Grade Reading Guarantee</p> <p style="background-color: yellow;">If the child is exempt from the retention provision and The IEP team has read and utilized the Third Grade Reading Guarantee manual to make the determination below knowing that a very small percentage of children with disabilities will be eligible for exemption from all provisions of the Third Grade Reading Guarantee.</p> <p style="background-color: yellow;">Is the child removed from all provisions of the third grade reading guarantee? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="background-color: yellow;">Ohio's Alternate Assessment for Students with the Most Significant Cognitive Disabilities</p> <p style="background-color: yellow;">Click the link below to determine eligibility for the AASCD for grades 3-12: Ohio's Alternate Assessment Participation Decision-Making Tool</p> <p style="background-color: yellow;">Does the child have a most Significant Cognitive Disability? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="background-color: yellow;">Is the child participating in Ohio's Alternate Assessment for Students with the Most Significant Cognitive Disabilities (AASCD)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="background-color: yellow;">If yes, did the child meet testing requirements? YES <input type="checkbox"/> Date: NO <input type="checkbox"/></p> <p>Accessibility on district and statewide tests</p> <p>Will the child participate in district wide and statewide assessments with accommodations? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>For each subject tested in the child's grade, choose the method of assessment below. If "With Accommodations" is chosen for any subject, provide a description of the accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.</p> <div style="border: 1px solid black; padding: 2px;"> <p>1. 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Accessibility to Ohio's State Tests https://education.ohio.gov/Topics/Testing/Accommodations-on-State-Assessments)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">AREA</th> <th style="width: 30%;">ASSESSMENT TITLE</th> <th style="width: 50%;">DETAIL OF ACCOMMODATIONS</th> </tr> </thead> <tbody> <tr><td><input type="radio"/> ELA</td><td></td><td></td></tr> <tr><td><input type="radio"/> Mathematics</td><td></td><td></td></tr> <tr><td><input type="radio"/> Science</td><td></td><td></td></tr> <tr><td><input type="radio"/> Social Studies</td><td></td><td></td></tr> <tr style="background-color: yellow;"><td><input checked="" type="radio"/> English Language Proficiency</td><td></td><td></td></tr> <tr><td><input type="radio"/> Other</td><td></td><td></td></tr> </tbody> </table> </div> </div>	AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS	<input type="radio"/> ELA			<input type="radio"/> Mathematics			<input type="radio"/> Science			<input type="radio"/> Social Studies			<input type="radio"/> Other			AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS	<input type="radio"/> ELA			<input type="radio"/> Mathematics			<input type="radio"/> Science			<input type="radio"/> Social Studies			<input checked="" type="radio"/> English Language Proficiency			<input type="radio"/> Other		
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STATEWIDE AND DISTRICT WIDE TESTING

Additions:

- At top of page: "Guidance document can provide further information"
- "Dyslexia Screener: What approved Tier 1 dyslexia screener is being used to measure child at-risk status after January 1 of the kindergarten year? (text line) NA (check line). Date of screener: (text line). Was the child identified as at-risk for dyslexia (yes/no). If yes, structured literacy intervention targeting child's specific reading concerns must be provided."

- “[Third Grade Reading Guarantee](#) Assessment. What approved Tier 1 reading diagnostic/screener is being used to measure child on-track or not-on-track status in kindergarten-second grade? The child’s score indicates the child is On track/Not on track (checkboxes). If not on track, a RIMP is required until the child’s score indicates they are on track at their grade level. If the child has a RIMP indicate the area of focus: (textbox). This section is applicable in 3rd grade. Is the child in 3rd grade (yes/no) If yes, has the IEP team determined that a child has a significant cognitive disability? (yes/no) If yes, indicate justification (including data measures used to determine): (textbox). If yes for all of the above, the IEP team considered all progress monitoring and reading achievement data and made the following decision: (check boxes) NOT to exempt the child from the retention provision of the Third Grade Reading Guarantee/To exempt the child from the retention provision of the Third Grade Reading Guarantee. If the child is exempt from the retention provision and the IEP team has read and utilized the [Third Grade Reading Guarantee Manual](#) to make the determination below knowing that a very small percentage of children with disabilities will be eligible for exemption from all provisions of the Third Grade Reading Guarantee. Is the child removed from all provisions of the third grade reading guarantee: (yes/no)?”
- “Ohio’s Alternate Assessment for Students with the Most Significant Cognitive Disabilities: Click the link below to determine eligibility for the AASCD for grades 3-12: [Ohio’s Alternate Assessment Participation Decision-Making Tool](#). Does the child have a most significant cognitive disability (yes/no) Is the child participating in Ohio’s alternate assessment for students with the most significant cognitive disabilities (AASCD)? (yes/no) If yes, did the child meet testing requirements? YES Date: (text line) No.”
- In “Accessibility on district and statewide tests”, to “1. District Testing”, “(Note the specific test(s) the child will be taking and any test specific allowable accommodations)”, and to “2. Statewide Testing”, “(Note the specific test(s) the child will be taking and any test specific allowable accommodations. Accessibility to Ohio’s State Tests <https://education.ohio.gov/Topics/Testing/Accommodations-on-State-Assessments>)” and to the table, “English Language Proficiency”

PR-05 IEP Individualized Education Program (Page 8)

Current Form	Revised Form										
<p>13 EXEMPTIONS</p> <p>Third Grade Reading Guarantee (See The Ohio Third Grade Reading Guarantee Guidance Manual for details)</p> <p>Applicable <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Does the child have a significant cognitive disability? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).</p> <p>If no, the team considered all data and made the following decision (check one):</p> <p><input type="checkbox"/> Not to exempt the child from the retention provision of the Third Grade Reading Guarantee</p> <p><input type="checkbox"/> To exempt the child from the retention provision of the Third Grade Reading Guarantee</p> <hr/> <p>Graduation Tests</p> <p>Applicable <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Is the child excused from the consequences of not passing equivalent graduation tests? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The child is excused from the consequences of not passing the required graduation tests in the following subjects:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 40%;">Course Title</th> <th style="width: 30%;">Justification</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Other Assessments</p> <p>Applicable <input type="checkbox"/> NA <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Assessment</th> <th style="width: 50%;">Justification</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Category	Course Title	Justification				Assessment	Justification			<p>11 Excusals</p> <p>Graduation Tests</p> <p>Applicable <input type="checkbox"/> NA <input type="checkbox"/></p> <p>See the Department's website for additional information regarding children with IEPs and graduation requirements.</p> <p>Is the child excused from earning the required scores on state tests to demonstrate competency? YES <input type="checkbox"/> NA <input type="checkbox"/></p> <p>If YES, which test(s):</p> <p><input type="checkbox"/> English language arts II end of course test</p> <p><input type="checkbox"/> Algebra I (or integrated math I) end-of-course tests</p> <p><input type="checkbox"/> ELA AASCD</p> <p><input type="checkbox"/> Math AASCD</p> <p><input type="checkbox"/> The child must participate in remediation and retest prior to excusal.</p> <p>Explain why the IEP Team determined that the child is excused from the consequences of not passing the required graduation test(s):</p> <p> </p> <hr/> <p>12 EXTENDED SCHOOL YEAR SERVICES</p> <p>Has the team determined that ESY services are necessary? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, what goals determined the need?</p> <p> </p> <p>Will the team need to collect further data to determine regression/recoupment and reconvene to make a determination? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, enter the date to reconvene: Enter Date</p> <hr/> <p>13 GENERAL FACTORS</p> <p>HAS THE IEP TEAM CONSIDERED:</p> <p>The strengths of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The concerns of the parents for the education of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The results of the initial or most recent evaluation of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>As appropriate, the results of performance on any state or district-wide assessments? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The academic, developmental, and functional needs of the child? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The child's reading proficiency for their current grade level and documented the information as appropriate? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Category	Course Title	Justification									
Assessment	Justification										

EXCUSALS/EXEMPTIONS

Removed:

- Section title: "Exemptions" and **added** "Excusals"
- "Graduation Tests: Is the child excused from the consequences of not passing required graduation tests (yes/no)? The child is excused from the consequences of not passing the required graduation tests in the following subjects: Table: Category/Course Title/Justification" and **added**: "Graduation Tests: (Applicable/NA) See the Department's website for additional information regarding child with IEPs and [graduation requirements](#). Is the child excused from earning the required scores on state tests to demonstrate competency (yes/no)? If YES, which test(s): English language arts II end of course test/Algebra I (or integrated math I) end-of-course tests/ELA AASCD/ Math AASCD/The child must participate in remediation and retest prior to excusal. Explain why the IEP Team determined that the child is excused from the consequences of not passing the required graduation test(s): (textbox)."
- "Other Assessments: (applicable/NA): Table: Assessment/Justification"

Moved:

- Moved "Third Grade Reading Guarantee" to Statewide and District Wide Testing Section 10

EXTENDED SCHOOL YEAR SERVICES

Moved:

- Extended School Year Services from Section 4 to Section 12

Additions:

- "If YES, enter the date to reconvene: Enter Date"

GENERAL FACTORS

Moved:

- General Factors from Section 10 to Section 13

Additions:

- "The child's reading proficiency for their current grade level and documented the information as appropriate? (yes/no)"

PR-05 IEP Individualized Education Program (Meeting Participants – Page 9)

Current Form	Revised Form																																																																																																												
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MEETING PARTICIPANTS

Removals:

- At bottom of page, “student” and added “child” and “...unless there is no transfer of Guardianship” from “The child is a preferred member up to age 18 when they become a required member.”

Additions:

- To date of next IEP Review, “Must occur prior to.”
- At bottom of page, “Beginning at age 14, the child must be invited to the IEP meeting to discuss transition services”

PR-05 IEP Individualized Education Program (Signatures – Page 10)

Current Form	Revised Form
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> 15 SIGNATURES </div> <p>INITIAL IEP</p> <p><input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP. *</p> <p><input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP except for **</p> <p>AREA: _____</p> <p><input type="checkbox"/> I do not give consent for special education and related services at this time. **</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>IEP ANNUAL REVIEW (Not a Change of Placement)</p> <p><input type="checkbox"/> I agree with the implementation of this IEP *</p> <p><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. **</p> <p>AREA: _____</p> <p><i>Note: Not a Change of Placement does NOT require a parent's signature to implement the IEP.</i></p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>IEP REVIEW (Change of Placement)</p> <p><input type="checkbox"/> I give consent for the Change of Placement as identified in this IEP. *</p> <p><input type="checkbox"/> I do not give consent for the Change of Placement as identified in this IEP. **</p> <p><input type="checkbox"/> I revoke consent for all special education and related services. **</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>PROCEDURAL SAFEGUARDS NOTICE</p> <p>The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:</p> <p>_____ YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, DATE SENT TO PARENTS: _____</p> <p>Transfer of Rights at Age of Majority</p> <p>By the child's 17th birthday, the child and the child's parents or guardian received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CHILD'S SIGNATURE: _____ DATE: _____</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>COPY OF THE IEP</p> <p>The parents received a copy of the IEP at the IEP meeting. YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, DATE SENT TO PARENTS: _____</p> <p><small>* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP. ** If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.</small></p> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> 15 SIGNATURES </div> <p>INITIAL IEP</p> <p><input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP. *</p> <p><input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP except for **</p> <p>AREA: _____</p> <p><input type="checkbox"/> I do not give consent for special education and related services at this time. **</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>IEP ANNUAL REVIEW (Not a Change of Placement)</p> <p><input type="checkbox"/> I agree with the implementation of this IEP *</p> <p><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. **</p> <p>AREA: _____</p> <p><i>Note: Not a Change of Placement does NOT require a parent's signature to implement the IEP.</i></p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>IEP REVIEW (Change of Placement)</p> <p><input type="checkbox"/> I give consent for the Change of Placement as identified in this IEP. *</p> <p><input type="checkbox"/> I do not give consent for the Change of Placement as identified in this IEP. **</p> <p><input type="checkbox"/> I revoke consent for all special education and related services. **</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>PROCEDURAL SAFEGUARDS NOTICE</p> <p>The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:</p> <p>_____ YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, DATE SENT TO PARENTS: _____</p> <p>Transfer of Rights at Age of Majority</p> <p>By the child's 17th birthday, the child and the child's parents or guardian received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday, and that there are additional options available to support the child with decision making.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>At the Age of Majority and every year thereafter, the child has been made aware that they can invite anyone to participate in the IEP meeting/special education process, who can support the child with decision making.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CHILD'S SIGNATURE: _____ DATE: _____</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>COPY OF THE IEP</p> <p>The parents received a copy of the IEP at the IEP meeting. YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, DATE SENT TO PARENTS: _____</p> <p><small>* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP. ** If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.</small></p> </div>

SIGNATURES

Additions:

- To Transfer of Rights at Age of Majority: "...and that there are additional options available to support the child with decision making."
- To Transfer of Rights at Age of Majority: "At the Age of Majority and every year thereafter, the child has been made aware that they can invite anyone to participate in the IEP meeting/special education process, who can support the child with decision making."

PR-05 IEP Individualized Education Program (Children with Visual Impairments – Page 11)

Current Form	Revised Form
<div><div>16</div><div>CHILDREN WITH VISUAL IMPAIRMENTS</div><p>This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. A copy of this completed form is part of, and must be attached to, the child's IEP form.</p><p>1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Academic Achievement and Functional Performance" on the IEP and indicate both strengths and weaknesses. <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Unified English Braille" as a special service in Section 7. <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP. <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>4. The following visual condition(s) was taken into account and discussed in making the above decision: <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p> a. Condition is degenerative and progressive loss is expected.</p><p> b. Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.</p><p> c. Condition is temporary and expected to improve.</p><p> d. Condition is stable and will be monitored.</p><p>5. Indicate the appropriate instructional media:</p><p><input type="checkbox"/> Unified English Braille</p><p><input type="checkbox"/> Large Print</p><p><input type="checkbox"/> Regular Print</p><p><input type="checkbox"/> Tape/auditory</p><p><input type="checkbox"/> Pre-reader</p><p>6. Complete if Braille reading and writing ARE appropriate at this time:</p><p><input type="checkbox"/> Annual goals provided</p><p><input type="checkbox"/> Short-term objectives provided</p><p><input type="checkbox"/> Date of initiation indicated</p><p><input type="checkbox"/> Frequency and duration of instructional sessions indicated</p><p><input type="checkbox"/> Level of competency to be achieved annually indicated</p><p><input type="checkbox"/> Objective determinants used to measure achievement provided</p><p>7. Reasons Braille reading and writing ARE NOT appropriate this time:</p><p><input type="checkbox"/> Documented visual acuity allowing the choice of larger type/regular type</p><p><input type="checkbox"/> Child is considered a pre-reader</p><p><input type="checkbox"/> Other: _____</p></div>	<div><div>16</div><div>CHILDREN WITH VISUAL IMPAIRMENTS</div><p>This form shall be completed for any child with a visual impairment (including blindness), regardless of primary disability category, and is required in the individualized education program, pursuant to section 3323.013 of Ohio's Revised Code.</p><p>A copy of this completed form is part of, and must be attached to, the child's IEP form.</p><p>1. Was an annual assessment of reading and writing skills conducted in each medium in which instruction is specified as appropriate for the child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>2. Are the results of each assessment provided in a written statement that specifies the child's strengths and weaknesses in each medium assessed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>3. Was instruction in braille reading and writing carefully considered for this child and pertinent literature describing the educational benefits of instruction in braille reading and writing reviewed by the persons developing this child's IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>4. Through the annual assessment indicated above, the team has identified one or more reading and writing media in which instruction is appropriate for the child's educational needs: (select all that apply):</p><p><input type="checkbox"/> Print</p><p><input type="checkbox"/> Large print</p><p><input type="checkbox"/> Braille</p><p><input type="checkbox"/> Tactile</p><p><input type="checkbox"/> Auditory</p><p><input type="checkbox"/> Other: Describe: _____</p><p>5. Is instruction in braille reading and writing appropriate for the child, indicated above? <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p>If yes:</p><p>a. specify the date on which the instruction is to commence: _____</p><p>b. the frequency and duration of instruction sessions: _____</p><p>c. the level of competency in braille reading and writing expected to be achieved annually: _____</p><p>d. objective assessment measures to be used: _____</p><p>If no:</p><p>Each annual review of the child's IEP shall include a written statement specifying the reasons (data or evaluation results) for why instruction in braille reading and writing is not appropriate for the child. Statement: _____</p></div>

CHILDREN WITH VISUAL IMPAIRMENTS

Removed:

- “This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. **A copy of this completed form is part of, and must be attached to, the child's IEP form.** 1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in “Present Levels of Academic Achievement and Functional Performance” on the IEP and indicate both strengths and weaknesses (yes/no). 2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding “Unified English Braille” as a special service in Section 7 (yes/no). 3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child’s IEP (yes/no). 4. The following visual condition(s) was taken into account and discussed in making the above decision: Condition is degenerative and progressive loss is expected, Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted, Condition is temporary and expected to improve, Condition is stable and will be monitored. 5. Indicate the appropriate instruction media: Unified English Braille, Large Print, Regular Print, Tape/auditory, Pre reader. 6. Complete if Braille reading and writing ARE appropriate at this time: Annual goals provided, Short term objectives provided, Date of initiation indicated, Frequency and duration of instructional sessions indicated, Level of competency to be achieved annually indicated, Objective determinants used to measure achievement provided. 7. Reasons Braille reading and writing ARE NOT appropriate this time: Documented visual acuity allowing the choice of larger type/regular type, Child is considered a pre reader, Other.”

Additions:

- This form shall be completed for any child with a visual impairment (including blindness), regardless of primary disability category, and is required in the individualized education program, pursuant to section

3323.013 of Ohio's Revised Code. **A copy of this completed form is part of, and must be attached to, the child's IEP form.** 1. Was an annual assessment of reading and writing skills conducted in each medium in which instruction is specified as appropriate for the child (yes/no)? 2. Are the results of each assessment provided in a written statement that specifies the child's strengths and weaknesses in each medium assessed (yes/no)? 3. Was instruction in braille reading and writing carefully considered for this child and pertinent literature describing the educational benefits of instruction in braille reading and writing reviewed by the persons developing this child's IEP (yes/no)? 4. Through the annual assessment indicated above, the team has identified one or more reading and writing media in which instruction is appropriate for the child's educational needs: **(select all that apply):** Print, Large print, Braille, Tactile, Auditory, Other: Describe: (text line) 5. Is instruction in braille reading and writing appropriate for the child, indicated above (yes/no) **If yes:** a. specify the date on which the instruction is to commence: b. the frequency and duration of instruction sessions: c. the level of competency in braille reading and writing expected to be achieved annually: d. objective assessment measures to be used: **If no:** Each annual review of the child's IEPO shall include a written statement specifying the reasons (data or evaluation results) for why instruction in braille reading and writing is not appropriate for the child. Statement: (textbox)"