

# PR-05 IEP Individualized Education Program

THE SERVICES IN THIS IEP WILL BE PRO-RATED PER DAYS SCHOOL IS IN SESSION.

Educational Agency: \_\_\_\_\_

## CHILD'S INFORMATION

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DISTRICT OF RESIDENCE: \_\_\_\_\_

DISTRICT OF SERVICE: \_\_\_\_\_

Is the child in preschool? YES ☐ NO ☐

Is the child transitioning from Part C services? YES ☐ NO ☐

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

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

Is the child a ward of the state? YES ☐ NO ☐

If yes, provide the name of the surrogate parent: \_\_\_\_\_

Does the child have a healthcare/medical plan on file? YES ☐ NO ☐

## 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: \_\_\_\_\_

☐ This is a surrogate parent.

☐ Surrogate Parent was assigned per court order on: \_\_\_\_\_

☐ Parent cannot be identified, or parent cannot be located

☐ Child is an unaccompanied homeless youth

## OTHER INFORMATION

## MEETING INFORMATION

MEETING DATE: \_\_\_\_\_

MEETING TYPE:

☐ INITIAL IEP

☐ ANNUAL REVIEW

☐ REVIEW OTHER THAN ANNUAL REVIEW

☐ AMENDMENT (Does not change annual review date).

☐ OTHER: \_\_\_\_\_

## IEP TIMELINES

ETR COMPLETION DATE: \_\_\_\_\_

NEXT ETR DUE DATE: \_\_\_\_\_

IEP EFFECTIVE DATES:

START: \_\_\_\_\_

END: \_\_\_\_\_

ANNUAL REVIEW: \_\_\_\_\_

## IEP FORM STATUS

(Check when complete)

☐ 1. FUTURE PLANNING

☐ 2. SPECIAL INSTRUCTIONAL FACTORS

☐ 3. PROFILE

☐ 4. POSTSECONDARY TRANSITION SERVICES

☐ 5. MEASURABLE ANNUAL GOALS

☐ 6. SPECIALLY DESIGNED SERVICES

☐ 7. TRANSPORTATION AS A RELATED SERVICE

☐ 8. NONACADEMIC AND EXTRA CURRICULAR

☐ 9. LEAST RESTRICTIVE ENVIRONMENT

☐ 10. STATEWIDE AND EDUCATIONAL AGENCY

TESTING

☐ 11. EXCUSALS

☐ 12. EXTENDED SCHOOL YEAR SERVICES

☐ 13. GENERAL FACTORS

☐ 14. MEETING PARTICIPANTS

☐ 15. SIGNATURES

☐ 16. CHILDREN WITH VISUAL IMPAIRMENTS

**AMENDMENTS:** (Complete only if amending the IEP. Please be sure to change the applicable section(s) affected by the amendment.)

IEP SECTION AMENDED	THE EDUCATIONAL AGENCY AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	INITIALS


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Click  above to add rows

## 1 FUTURE PLANNING

See the Optional Future Planning form for additional information and guidance on this section.

## 2 SPECIAL INSTRUCTIONAL FACTORS

The following must be considered by the team and items checked "YES" must be addressed in this IEP:

- a. Does the child have behavior which impedes his/her learning or the learning of others? YES ☐ NO ☐
- b. Does the child have limited English proficiency? YES ☐ NO ☐  
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.
- c. Is the child blind or visually impaired (regardless if that is their primary eligibility category on their Evaluation Team Report)? YES ☐ NO ☐
- d. Does the child have communication needs? YES ☐ NO ☐
- e. 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.
- f. Does the child need assistive technology devices and services? If yes, refer to guidance document for additional information YES ☐ NO ☐
- g. Will the child be afforded the opportunity to participate in the regular physical education program available to non-disabled children? YES ☐ NO ☐  
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.

## 3 PROFILE

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

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## POSTSECONDARY TRANSITION

### AGE-APPROPRIATE TRANSITION ASSESSMENTS

List Assessments Given (include person giving/source of assessments and date/time period of assessments for each:

	Education/Training	Competitive Integrated Employment	Independent Living (as appropriate)
Preferences			
Interests			
Needs			
Strengths			
Summarize how information supports the Post Secondary Goal.			

### POSTSECONDARY TRAINING AND EDUCATION

MEASURABLE POSTSECONDARY 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

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record  
☐ B. Checklist  
☐ C. Work Sample

- ☐ D. Rubric  
☐ E. Other (list) \_\_\_\_\_

### COMPETITIVE INTEGRATED EMPLOYMENT

MEASURABLE POSTSECONDARY 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

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record  
☐ B. Checklist  
☐ C. Work Sample

- ☐ D. Rubric  
☐ E. Other (list) \_\_\_\_\_

### INDEPENDENT LIVING (as appropriate)

MEASURABLE POSTSECONDARY 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

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record  
☐ B. Checklist  
☐ C. Work Sample

- ☐ D. Rubric  
☐ E. Other (list) \_\_\_\_\_

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## Course 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 9<sup>th</sup> grade, this course of study should mirror that in the child's Graduation Plan.

Subjects	Middle School	9th Grade	10th Grade	11th Grade	12th Grade	Continuing in high school longer than four years.
English						
Mathematics						
Social Studies						
Science						
Health						
Physical Education						
Economics/Financial Literacy						
Fine Arts						
Electives						
School-Specific Requirements						

Describe how the course of study aligns with the child's postsecondary goals:

## FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD COMPLETION OF TRANSITION SERVICES/ACTIVITIES 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-6B Transition Progress Report form.*

## TARGET DATE FOR CHILD TO GRADUATE:

Consider using the [Students with IEP's Graduation Decision Making Tool](#) for making these decisions.

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## MEASURABLE ANNUAL GOALS

NUMBER: \_\_\_\_\_ AREA: \_\_\_\_\_

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** (must include baseline data that relates to measurable annual goal, along with comparison statement)


### MEASURABLE ANNUAL GOALS

### METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL:

## Objectives

### MEASURABLE OBJECTIVES

NUM	OBJECTIVE	

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

Click  to Add New Goal

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## DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

\*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.

### SPECIALLY DESIGNED INSTRUCTION

TYPE OF SERVICE	GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
TITLE OF PERSONNEL OVERSEEING PROVISION OF SERVICE			
*IS or Related Service Provider			

Click  above to add rows

### RELATED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
TITLE OF PERSONNEL OVERSEEING PROVISION OF SERVICE			
*IS or Related Service Provider			

### SUPPLEMENTARY AIDS AND SERVICES


TYPE OF SERVICE	GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
TITLE OF PERSONNEL OVERSEEING PROVISION OF SERVICE			
*IS or Related Service Provider			

### ASSISTIVE TECHNOLOGY SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:


### ASSISTIVE TECHNOLOGY DEVICE

DESCRIBE FEATURE OF DEVICE

Click  above to add rows

### ACCOMMODATIONS

BEGIN:	END:

Click  above to add rows


### MODIFICATIONS

BEGIN:	END:

Click  above to add rows

### SUPPORT FOR SCHOOL PERSONNEL

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

Click  above to add rows

### SERVICE(S) TO SUPPORT MEDICAL NEEDS

BEGIN:	END:

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## 7 TRANSPORTATION AS A RELATED SERVICE

Does the child need transportation to and from the educational agency/ies ?

YES ☐ NO ☐

Explain:

Does the child need accommodations or modifications for transportation?

YES ☐ NO ☐

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

- ☐ The bus driver will be notified of the child's behavioral and/or medical concerns ☐ Aide (for transportation only)  
☐ Specially Adapted Vehicle ☐ Wheelchair lift ☐ Safety Vest ☒ Child Safety Restraint System (5-point) ☐ Securement Systems  
☐ Other

Explain any boxes checked above:

## 8 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?

Describe:

If the child will not participate in non-academic/extracurricular activities, explain.

## 9 LEAST RESTRICTIVE ENVIRONMENT

For Preschool:

1. Does the child attend a general education classroom (1<sup>st</sup> 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.

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.

List the placement option the child will be attending (from the preschool LRE continuum of placement options).

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.

2. Describe the preschool child's access to the general education curriculum.

For School Age:

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

YES ☐ NO ☐

If no, justify:

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

YES ☐ NO ☐

If no, justify (justification may not be solely because of needed modifications in the general education curriculum):

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## STATEWIDE AND DISTRICT WIDE TESTING

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?

NA

Date of Screener:

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

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:

This section is applicable in 3<sup>rd</sup> grade. Is the child in 3<sup>rd</sup> 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):

If Yes for all of the above, the IEP Team considered all progress monitoring and reading achievement data and made the following decision:

☐ 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 ☐



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## 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: NO ☐

### Accessibility on district and statewide tests

Will the child participate in district wide and statewide assessments with accommodations?

YES ☐ NO ☐

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.

#### 1. DISTRICT TESTING (Note the specific test(s) the child will be taking and any test specific allowable accommodations.)

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		

#### 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>)

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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## 11 Excusals

### Graduation Tests

Applicable ☐ NA ☐

See the Department's website for additional information regarding children with IEPs and [graduation requirements](#)

Is the child excused from earning the required scores on state tests to demonstrate competency?

YES ☐ NA ☐

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):

## 12 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?

YES ☐ NO ☐

If yes, what goals determined the need?

Will the team need to collect further data to determine regression recoupment and reconvene to make a determination?

YES ☐ NO ☐

If YES, enter the date to reconvene:

## 13 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

The strengths of the child?

YES ☐ NO ☐

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

YES ☐ NO ☐

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

YES ☐ NO ☐

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

YES ☐ NO ☐

The academic, developmental, and functional needs of the child?

YES ☐ NO ☐

The child's reading proficiency for their current grade level and documented the information as appropriate?

YES ☐ NO ☐

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## MEETING PARTICIPANTS

### THIS IEP MEETING WAS:

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

### IEP EFFECTIVE DATES:

START: \_\_\_\_\_


END: \_\_\_\_\_

DATE OF NEXT IEP REVIEW **MUST OCCUR PRIOR TO:** \_\_\_\_\_

### IEP MEETING PARTICIPANTS


THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS SERVICE PLAN:

NAME (Print)	POSITION	SIGNATURE	DATE

Click  above to add rows

### PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS:

NAME (Print)	POSITION	SIGNATURE	DATE

Click  above to add rows

\*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, EDUCATIONAL AGENCY REPRESENTATIVE OR PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE.

**\*\*BEGINNING AT AGE 14, THE CHILD MUST BE INVITED TO THE IEP MEETING TO DISCUSS TRANSITION SERVICES.**

\*\*\*THE CHILD IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER.

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## 15 SIGNATURES

### INITIAL IEP

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

AREA: \_\_\_\_\_

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

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IEP ANNUAL REVIEW (Not a Change of Placement)

- ☐ I agree with the implementation of this IEP \*
- ☐ I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP. \*\*

AREA: \_\_\_\_\_

Note: Not a Change of Placement does NOT require a parent's signature to implement the IEP.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IEP REVIEW (Change of Placement)

- ☐ I give consent for the Change of Placement as identified in this IEP. \*
- ☐ I do not give consent for the Change of Placement as identified in this IEP. \*\*
- ☐ I revoke consent for all special education and related services. \*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

\_\_\_\_\_ YES ☐ NO ☐ IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

#### Transfer of Rights at Age of Majority

By the child's 17<sup>th</sup> 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 18<sup>th</sup> birthday, and that there are additional options available to support the child with decision making.

YES ☐ NO ☐

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.

YES ☐ NO ☐

CHILD'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting. YES ☐ NO ☐ IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

\* 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.

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## CHILDREN WITH VISUAL IMPAIRMENTS

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: \_\_\_\_\_

5. Is instruction in braille reading and writing appropriate for the child, indicated above?

☐ YES ☐ NO

**If yes:**

- specify the date on which the instruction is to commence: \_\_\_\_\_
- the frequency and duration of instruction sessions: \_\_\_\_\_
- the level of competency in braille reading and writing expected to be achieved annually: \_\_\_\_\_
- objective assessment measures to be used: \_\_\_\_\_

**If no:**

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: \_\_\_\_\_