

# Office for Exceptional Children Forms Revision Comparison – Supplemental (Formerly Optional) 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 supplemental (formerly 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."

Please note: The optional forms have been renamed to supplemental forms. This was changed to provide more clarity on the use of these forms.

Legend:

**Removed:** Teal/Strikethrough

**Moved:** Pink

**Additions:** Yellow

## SF-1 Functional Behavior Assessment (formerly OP-1)

Current Form	Revised Form						
<p><b>OP-1 Functional Behavior Assessment</b> (Optional Form) <span style="border: 1px solid black; padding: 2px;">District Name</span></p> <p>Child's Name: _____ Student ID: _____ Grade: _____ Date of Meeting: _____ Date of Implementation: _____</p> <p><b>Directions:</b> A functional behavioral assessment (FBA) must be conducted when the IEP team determines that the student's behavior is a manifestation of the student's disability. A FBA may be conducted, as determined appropriate by the student's IEP team. If the student's behavior results in disciplinary action that changes the child's placement on the continuum of alternative placement options.</p> <p>Please fill out a separate copy of this form for each behavior being assessed.</p> <p><b>1. Behavior of Concern:</b> Provide a description of the behavior in observable and measurable terms. Include a description of the intensity, frequency and duration of the problem behavior.</p> <p><b>2. What Event Triggers the Behavior (Antecedent):</b> Include a description of environmental factors which may contribute to the behavior (e.g., medical conditions, sleep, diet, scheduling and social factors).</p> <p><b>3. Setting Where Behavior Most Likely Occurs:</b> Describe the setting in which the behavior occurs (time of day, physical setting, persons involved). Include a description of any relevant events that preceded the target behavior (antecedents).</p> <p><b>4. How Often/How Long:</b> Describe the time between the request to stop or change the behavior and the time of the student's response to the request.</p> <p><b>5. Who is the student most likely to react negatively to when requested to do something and who is the student least likely to react negatively to when requested to do something?</b></p> <p><b>6. What is the vocal adult response to the student's negative behavior?</b></p> <p><b>7. Consequences:</b> Include a description of the consequences that resulted from the behavior of concern.</p> <p><b>8. Why (function or purpose of behavior)?</b> What is the student communicating through the behavior of concern?</p> <p><b>Functional Behavioral Assessment Additional Information:</b></p> <table border="1"><thead><tr><th>Behavior History/Interventions Attempted</th><th>Primary Mode of Communication</th><th>Other Relevant Information (e.g., medical)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr></tbody></table> <p>Signatures: _____</p> <p>_____ _____ _____</p> <p><small>Prepared by the Ohio Department of Education and Workforce for optional use. Not an FBA/Required form.</small></p>	Behavior History/Interventions Attempted	Primary Mode of Communication	Other Relevant Information (e.g., medical)				<p><b>SF-1 Functional Behavior Assessment</b></p> <p><b>Educational Agency:</b> _____</p> <p>Child's Name: _____ Student ID: _____ Grade: _____ Date of Meeting: _____ Date of Implementation: _____</p> <p><b>FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)</b></p> <p><b>Instructions:</b></p> <p><b>A functional behavioral assessment must be conducted:</b></p> <ul style="list-style-type: none"><li>Whenever the Individualized Education Program (IEP) team (1) determines that a student's behavior is interfering with his/her learning or the learning of others and (2) the student's behavior is resulting in the consideration of a change of placement. O.A.C. 3301-51-09(B)(2)(b)</li><li>Whenever a behavior violates a "code of student conduct" that results in a change of placement and is determined by the IEP team to be a manifestation of the student's disability. O.A.C. 3301-51-05(19)(f)</li></ul> <p><b>A functional behavioral assessment must be considered:</b></p> <ul style="list-style-type: none"><li>After the third incident of physical restraint or seclusion in a school year. O.A.C. 3301-35-15(G)</li></ul> <p>*An FBA may be conducted at any time if a student's behavior is interfering with his/her learning or the learning of others.</p> <p><b>STEP 1: INTERVIEW</b></p> <p>The IEP team, including persons who have observed the behavior of the student in a variety of settings and conditions, completes the interview questions focusing on antecedents, behaviors, and consequences.</p> <p><b>STEP 2: DIRECT OBSERVATION</b></p> <p>Data collection is accomplished through a direct observation in the student's natural environment. Direct observation provides objective data to support or refute the interview information; thus, leading to a more accurate hypothesis. The observation and data collection methods are determined by information gathered during the interview phases.</p> <p><b>STEP 3: SUMMARY</b></p> <p>The IEP team summarizes the interview information, and the data collected during direct observation to form one or more hypotheses identifying the function(s) the behavior is serving for the student. The IEP team uses this information to build a positive behavior support plan. Ongoing analyses of data collected during the intervention phase of the positive behavior support plan guide the team in measuring progress and making necessary revisions.</p>
Behavior History/Interventions Attempted	Primary Mode of Communication	Other Relevant Information (e.g., medical)					

## SF-1 Functional Behavior Assessment

### STEP 1: FBA Interview

\*These questions should be answered by all parties involved with the student, including the family. The student should be interviewed when possible.

1. List the strengths of the student (such as academic, social, physical, family assets):

2. Description of the Behavior of Concern (specifically describe what the behavior looks and sounds like):

3. Include a description of environmental factors which may contribute to the behavior (e.g., medical conditions, sleep, diet, medication side effects, scheduling and social factors.)

4. What behavior interventions have been implemented and what were the outcomes?

**Antecedent Events** (When the answer checked is YES, add details in the box provided):

Are there circumstances in which the behavior ALWAYS occurs? ☐ YES ☐ NO

Are there circumstances in which the behavior NEVER occurs? ☐ YES ☐ NO

Does the behavior occur only (or more often) during particular activities? ☐ YES ☐ NO

Does the behavior occur with (or more likely with) certain people? ☐ YES ☐ NO

Does the behavior occur in response to certain stimuli (demands, termination of preferred activities, tone of voice, noise level, ignoring, change in routine, transitions, number of people in the room, etc.)? ☐ YES ☐ NO

Does the behavior occur only (or more likely) during a certain time of the day (morning, afternoon, end of school day, evening)? ☐ YES ☐ NO

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**Skill Deficits Related to the Behavior of Concern.** *Could the behavior be related to any skill deficits? (check all that apply)*

☐ **Academic Skills:** The student has academic deficits in meeting Ohio's Learning Standards.

☐ **Participation Skills:** The student has difficulty with participating in non-directed, semi-directed, teacher-directed, or peer directed activities. The student has difficulty in small or large group instruction.

☐ **Social Skills:** The student has difficulty acquiring and/or maintaining peer friendships. The student often withdraws from social interaction. The student is often verbally and/or physically aggressive in social interactions.

☐ **Communication Skills:** The student has difficulty requesting what he/she needs, including items, activities, attention, information, changes in the environment, or help. He/she has difficulties in conversational skills and answering questions, understanding nonverbal or verbal language, or following directions.

☐ **Organizational Skills:** The student has difficulty organizing school supplies, study area, time or projects, organizing class notes, or dividing assignments into tasks.

☐ **Self-Regulation Skills:** The student has difficulty staying on-task; completing work assignments; handling stressful situations; calming self when agitated; following rules; or difficulty transitioning between activities, places, or people. The student has difficulty with problem solving.

☐ **Study Skills:** The student has difficulty studying for tests, taking tests, taking notes from lectures, or using studying techniques.

☐ **Motor Skills:** The student has difficulty with gross motor skills (e.g., running, raising arms, putting feet together, squatting, bending at waist) or fine motor skills (e.g., pointing, counting with fingers, holding a pencil/pen, holding a fork/spoon, pressing a computer key, using a mouse). The student has difficulty imitating other's actions.

☐ **Functional Skills:** The student has difficulty performing activities of daily living (e.g., eating, dressing, toileting, grooming).

☐ **Play Skills:** The student has difficulty actively exploring activities/toys in their environment (inside or outside) to play with during leisure time, playing with the items as designated, or engaging in interactive play with peers during activities.

\*If checked, please ensure that this area has been addressed during the Evaluation Team Report, ETR, process (e.g., Speech & Language evaluation, Occupational Therapy evaluation, curriculum-based assessments, specific skills assessments).

## SF-1 Functional Behavior Assessment

**Consequence Factors:****1. Does the behavior allow the student to gain something?****A. Preferred activities or items? Indicators:**

- The behavior often occurs when the student sometimes or always regains an item that has been taken away or terminated.
- The behavior often occurs when the student sometimes or always gains access to an activity or item that the student was told he/she could not have.
- The behavior rarely occurs when the student is given free access to his or her favorite items or activities.

☐ YES ☐ NO
**B. Peer or adult attention. Indicators:**

- The student frequently approaches others.
- The student frequently initiates social interaction.
- When the behavior occurs, someone usually responds by interacting with the student in some way (e.g., verbal reprimand, redirection, comforting statements).
- The behavior rarely occurs when the student is receiving attention.

☐ YES ☐ NO
**2. Does the behavior allow the student to postpone, avoid, or escape something such as task demands, social interaction, etc.? Indicators:**

- The behavior often occurs when the student sometimes or always postpones or escapes the task demands placed upon him/her.
- The behavior rarely occurs when few demands are placed on the student or when the student is left alone.
- The student is often noncompliant when asked to complete tasks, and the student sometimes or always postpones or escapes the tasks.
- The behavior often occurs prior to predictable demands and the student sometimes or always avoids the tasks.

☐ YES ☐ NO
**3. Does the behavior provide stimulation as an alternative to the student's lack of active engagement in activities? Indicators:**

- The behavior occurs frequently when the student is alone or unoccupied.
- The student seems to have few known reinforcers or rarely engages in social interaction activities.
- When the student engages in the behavior, others usually respond by not attending to the behavior.

☐ YES ☐ NO

## SF-1 Functional Behavior Assessment

**STEP 2: DIRECT OBSERVATION**

The FBA interview results in a measurable description of the behavior of concern and information that leads to direct observation with data collection and analysis.

**Direct Observation:**

- Serves to clearly define the behavior
- Supports or refutes interview information
- Allows for assessment of behavioral events in the student's natural environment
- Leads to a hypothesis regarding the function(s) of the student's behavior of concern
- Serves as a baseline to measure the frequency, duration, and/or intensity of the behavior prior to intervention
- Provides information that is necessary to build a positive behavior support plan
- Supplies the team with progress monitoring data to evaluate the implemented interventions and guide adjustments to the positive behavior support plan

**Data Collection Process:**

- Define the behavior in observable and measurable terms
- Determine the purpose for data collection – the type of information needed from each data collection session (e.g., frequency counts, identifying antecedents and consequences)
- Outline the schedule including where, when, how often, and who will collect the data
- Design tools with clear coding systems that will result in the collection of the type of data needed that are functional
- Transfer the data to a visual representation (graph) and analyze for trend, level, and variability
- Analyze data regarding behavior of concern, antecedent events, and maintaining consequences to determine the function of the behavior. Use this information to identify replacement behaviors and behavioral interventions, areas for skill development, and in developing a positive behavior support plan.
- Utilize progress monitoring data to evaluate the implemented interventions and guide adjustments to the positive behavior support plan.

**Data Collection Methods:**

- Record frequency and/or duration indicating the time of day, location, activities occurring, and people present
- Write a description of the student's behavior as well as the antecedents and consequences using the Antecedent-Behavior-Consequence (A-B-C) format. This type of data must be collected multiple times across multiple settings. This includes where the behavior occurs and where the behavior does not occur.

## SF-1 Functional Behavior Assessment

## STEP 3: Summary

List strategies used in the past and their effectiveness:

Antecedent (prevention) strategies:

Consequence Strategies:

Direct Observation Summary (attach graphic representation of observation data collected)

1. Describe how often the behavior concern occurs, how long it lasts, and what intensity it occurs.

2. Describe any patterns to the occurrence of the behavior of concern (consider the time of day, location, and others involved).

## Antecedent and Consequence Factors

1. Describe the antecedents that are present when the behavior of concern occurs.

2. Describe the consequences that appear to be maintaining the behavior of concern.

## Hypothesis Regarding Function of the Behavior of Concern (The team may identify more than one hypothesis).

1. When the (antecedent to the behavior of concern) \_\_\_\_\_ (student) \_\_\_\_\_ (behavior of concern) \_\_\_\_\_ in order to (perceived function of the behavior) \_\_\_\_\_.

2. When the (antecedent to the behavior of concern) \_\_\_\_\_ (student) \_\_\_\_\_ (behavior of concern) \_\_\_\_\_ in order to (perceived function of the behavior) \_\_\_\_\_.

Signatures:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## FUNCTIONAL BEHAVIOR ASSESSMENT

## Removed:

- “Directions: A functional behavioral assessment (FBA) must be conducted when the IEP team determines that the student’s behavior is a manifestation of the student’s disability. A FBA may be conducted, as determined appropriate by the student’s IEP team, if the student’s behavior results in disciplinary action that changes the child’s placement on the continuum of alternative placement options. Please fill out a separate copy of this form for each behavior being assessed.”
- All Questions:
  1. “Behavior of Concern: Provide a description of the behavior in observable and measurable terms. Include a description of the intensity, frequency and duration of the problem behavior.
  2. What Event Triggers the Behavior (Antecedent): Include a description of environmental factors which may contribute to the behavior (e.g., medical conditions, sleep, diet, scheduling and social factors.)
  3. Setting Where Behavior Most Likely Occurs: Describe the setting in which the behavior occurs (time of day, physical setting, persons involved). Include a description of any relevant events that preceded the target behavior (antecedents).
  4. How Often/How Long: Describe the time between the request to stop or change the behavior and the time of the student’s response to the request.
  5. Who is the student most likely to react negatively to when requested to do something and who is the student least likely to react negatively to when requested to do something?
  6. What is the vocal adult response to the student’s negative behavior?
  7. Consequences: Include a description of the consequences that resulted from the behavior of concern.
  8. Why (function or purpose of behavior)? What is the student communicating through the behavior of concern?”
- Chart: “Functional Behavioral Assessment Additional Information\*: Behavior History Interventions Attempted, Primary Mode of Communication, and Other Relevant Information (e.g., medical).”
- “District Name” and **added** “Educational Agency”



### Additions:

- “FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA) Instructions: A functional behavioral assessment must be conducted:
  - Whenever the Individualized Education Program (IEP) team (1) determines that a student’s behavior is interfering with his/her learning or the learning of others and (2) the student’s behavior is resulting in the consideration of a change of placement. O.A.C. 3301-51-09(B)(2)(b)
  - Whenever a behavior violates a “code of student conduct” that results in a change of placement and is determined by the IEP team to be a manifestation of the student’s disability. O.A.C. 3301-51-05(19)(f)

A functional behavioral assessment must be considered:

- After the third incident of physical restraint or seclusion in a school year. O.A.C. 3301-35-15(G)

\*An FBA may be conducted at any time if a student’s behavior is interfering with his/her learning or the learning of others.”

- “STEP 1: INTERVIEW The IEP team, including persons who have observed the behavior of the student in a variety of settings and conditions, completes the interview questions focusing on antecedents, behaviors, and consequences.”
- “STEP 2: DIRECT OBSERVATION Data collection is accomplished through a direct observation in the student’s natural environment. Direct observation provides objective data to support or refute the interview information; thus, leading to a more accurate hypothesis. The observation and data collection methods are determined by information gathered during the interview phases.”
- “STEP 3: SUMMARY The IEP team summarizes the interview information, and the data collected during direct observation to form one or more hypotheses identifying the function(s) the behavior is serving for the student. The IEP team uses this information to build a positive behavior support plan. Ongoing analyses of data collected during the intervention phase of the positive behavior support plan guide the team in measuring progress and making necessary revisions.”
- “STEP 1: FBA Interview \*These questions should be answered by all parties involved with the student, including the family. The student should be interviewed when possible.
  - 1. List the strengths of the student (such as academic, social, physical, family assets): (textbox)
  - 2. Description of the Behavior of Concern (specifically describe what the behavior looks and sounds like): (textbox)
  - 3. Include a description of environmental factors which may contribute to the behavior (e.g., medical conditions, sleep, diet, medication side effects, scheduling and social factors.) (textbox)
  - 4. What behavior interventions have been implemented and what were the outcomes? (textbox)
  - Antecedent Events (When the answer checked is YES, add details in the box provided):
    - Are there circumstances in which the behavior ALWAYS occurs? YES NO (textbox)
    - Are there circumstances in which the behavior NEVER occurs? YES NO (textbox)
    - Does the behavior occur only (or more often) during particular activities? YES NO (textbox)
    - Does the behavior occur with (or more likely with) certain people? YES NO (textbox)
    - Does the behavior occur in response to certain stimuli (demands, termination of preferred activities, tone of voice, noise level, ignoring, change in routine, transitions, number of people in the room, etc.)? YES NO (textbox)
    - Does the behavior occur only (or more likely) during a certain time of the day (morning, afternoon, end of school day, evening)? YES NO (textbox)”
  - “Skill Deficits Related to the Behavior of Concern. *Could the behavior be related to any skill deficits?* (check all that apply\*)
    - Academic Skills: The student has academic deficits in meeting Ohio’s Learning Standards.
    - Participation Skills: The student has difficulty with participating in non-directed, semi-directed, teacher-directed, or peer directed activities. The student has difficulty in small or large group instruction.
    - Social Skills: The student has difficulty acquiring and/or maintaining peer friendships. The student often withdraws from social interaction. The student is often verbally and/or physically aggressive in social interactions.

- **Communication Skills:** The student has difficulty requesting what he/she needs, including items, activities, attention, information, changes in the environment, or help. He/she has difficulties in conversational skills and answering questions, understanding nonverbal or verbal language, or following directions.
- **Organizational Skills:** The student has difficulty organizing school supplies, study area, time or projects, organizing class notes, or dividing assignments into tasks.
- **Self-Regulation Skills:** The student has difficulty staying on-task; completing work assignments; handling stressful situations; calming self when agitated; following rules; or difficulty transitioning between activities, places, or people. The student has difficulty with problem solving.
- **Study Skills:** The student has difficulty studying for tests, taking tests, taking notes from lectures, or using studying techniques.
- **Motor Skills:** The student has difficulty with gross motor skills (e.g., running, raising arms, putting feet together, squatting, bending at waist) or fine motor skills (e.g., pointing, counting with fingers, holding a pencil/pen, holding a fork/spoon, pressing a computer key, using a mouse). The student has difficulty imitating other's actions.
- **Functional Skills:** The student has difficulty performing activities of daily living (e.g., eating, dressing, toileting, grooming).
- **Play Skills:** The student has difficulty actively exploring activities/toys in their environment (inside or outside) to play with during leisure time, playing with the items as designated, or engaging in interactive play with peers during activities.

\*If checked, please ensure that this area has been addressed during the Evaluation Team Report, ETR, process (e.g., Speech & Language evaluation, Occupational Therapy evaluation, curriculum-based assessments, specific skills assessments)."

○ "Consequence Factors:

- 1. Does the behavior allow the student to gain something?
  - Preferred activities or items? Indicators:
    - The behavior often occurs when the student sometimes or always regains an item that has been taken away or terminated.
    - The behavior often occurs when the student sometimes or always gains access to an activity or item that the student was told he/she could not have.
    - The behavior rarely occurs when the student is given free access to his or her favorite items or activities.
    - YES NO (textbox)
  - Peer or adult attention. Indicators:
    - The student frequently approaches others.
    - The student frequently initiates social interaction.
    - When the behavior occurs, someone usually responds by interacting with the student in some way (e.g., verbal reprimand, redirection, comforting statements).
    - The behavior rarely occurs when the student is receiving attention.
    - YES NO (textbox)
- 2. Does the behavior allow the student to postpone, avoid, or escape something such as task demands, social interaction, etc.? Indicators:
  - The behavior often occurs when the student sometimes or always postpones or escapes the task demands placed upon him/her.
  - The behavior rarely occurs when few demands are placed on the student or when the student is left alone.
  - The student is often noncompliant when asked to complete tasks, and the student sometimes or always postpones or escapes the tasks.

- The behavior often occurs prior to predictable demands and the student sometimes or always avoids the tasks.
  - YES NO (textbox)
- 3. Does the behavior provide stimulation as an alternative to the student's lack of active engagement in activities? Indicators:
  - The behavior occurs frequently when the student is alone or unoccupied.
  - The student seems to have few known reinforcers or rarely engages in social interaction activities.
  - When the student engages in the behavior, others usually respond by not attending to the behavior.
  - YES NO (textbox)"
- "STEP 2: DIRECT OBSERVATION The FBA interview results in a measurable description of the behavior of concern and information that leads to direct observation with data collection and analysis.
  - Direct Observation:
    - Serves to clearly define the behavior
    - Supports or refutes interview information
    - Allows for assessment of behavioral events in the student's natural environment
    - Leads to a hypothesis regarding the function(s) of the student's behavior of concern
    - Serves as a baseline to measure the frequency, duration, and/or intensity of the behavior prior to intervention
    - Provides information that is necessary to build a positive behavior support plan
    - Supplies the team with progress monitoring data to evaluate the implemented interventions and guide adjustments to the positive behavior support plan
  - Data Collection Process:
    - Define the behavior in observable and measurable terms
    - Determine the purpose for data collection – the type of information needed from each data collection session (e.g., frequency counts, identifying antecedents and consequences)
    - Outline the schedule including where, when, how often, and who will collect the data
    - Design tools with clear coding systems that will result in the collection of the type of data needed that are functional.
    - Transfer the data to a visual representation (graph) and analyze for trend, level, and variability.
    - Analyze data regarding behavior of concern, antecedent events, and maintaining consequences to determine the function of the behavior. Use this information to identify replacement behaviors and behavioral interventions, areas for skill development, and in developing a positive behavior support plan.
    - Utilize progress monitoring data to evaluate the implemented interventions and guide adjustments to the positive behavior support plan.
  - Data Collection Methods:
    - Record Frequency and/or duration indicating the time of day, location, activities occurring, and people present
    - Write a description of the student's behavior as well as the antecedents and consequences using the Antecedent-Behavior-Consequence (A-B-C) format. This type of data must be collected multiple times across multiple settings. This includes where the behavior occurs and where the behavior does not occur."
- "STEP 3: Summary
  - List strategies used in the past and their effectiveness: (textbox)
  - Antecedent (prevention) strategies: (textbox)
  - Consequence Strategies: (textbox)
  - Direct Observation Summary (attach graphic representation of observation data collected)



- Describe how often the behavior concern occurs, how long it lasts, and what intensity it occurs (textbox).
- Describe any patterns to the occurrence of the behavior of concern (consider the time of day, location, and others involved) (textbox).
- Antecedent and Consequence Factors
  - Describe the antecedents that are present when the behavior of concern occurs (textbox).
  - Describe the consequences that appear to be maintaining the behavior of concern (textbox)."
- Hypothesis Regarding Function of the Behavior of Concern (The team may identify more than one hypothesis.)
  - When the (antecedent to the behavior of concern) (line), (student) (line) (behavior of concern) (line) in order to (perceived function of the behavior) (line).
  - When the (antecedent to the behavior of concern) (line), (student) (line) (behavior of concern) (line) in order to (perceived function of the behavior) (line)."

# SF-2 Behavior Intervention Plan (formerly OP-2)

<u>Current Form</u>	<u>Revised Form</u>								
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> OP-2 Behavior Intervention Plan (Optional Form) <div style="float: right;">District Name</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Child's Name: Student ID: Grade: </div> <div style="display: flex; justify-content: space-between;"> Date of Meeting: <div style="border: 1px solid black; padding: 2px;">Date of Implementation:</div> </div> <div style="margin-top: 10px;"> <p><b>Sources of Information:</b> List sources of information used in the FBA, both formal and informal, to develop this plan.</p> <p><b>Strength Based Profile</b> Identify skills and interests, positive relationships, pro-social behaviors, family and community supports.</p> <p><b>Functional Behavioral Assessment (FBA) Summary Statement</b> Describe the specific problem behavior as outlined on the FBA and create a hypothesis/summary statement about the specific behavior utilizing the information on the FBA.</p> <p><b>BIP Strategies/Outcomes Worksheet</b> Based on hypothesis, in the table below, identify the strategy, what will be done, when and where the strategy will occur.</p> <p><b>Setting Event Strategies</b> (Reducing impact of setting events)</p> <p><b>Antecedent Strategies</b> (Decreased likelihood that behavior will occur)</p> <p><b>Behavior-Teaching Strategies (Alternative Behaviors)</b> (Increase the likelihood that the appropriate replacement behavior will occur through instruction)</p> <p><b>Reinforcement Strategies (Consequences)</b> (When student demonstrates the desired behavior, the need behind the behavior is met)</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> SF-2 Behavior Intervention Plan </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px;">Educational Agency:</div> <div style="border: 1px solid black; padding: 2px;">Child's Name:</div> <div style="border: 1px solid black; padding: 2px;">Student ID:</div> <div style="border: 1px solid black; padding: 2px;">Grade:</div> <div style="border: 1px solid black; padding: 2px;">Date of Meeting:</div> </div> <p>Annotation: For a student with an Individualized Education Program (IEP), this document, the behavior intervention plan should be integrated within the IEP document. However, while focusing on behavioral interventions, the team may find it helpful to develop all components of the plan at one time. For this reason, the behavior intervention plan includes relevant components of Section 5 (measurable annual goals) and 6 (program modifications and specifically designed instruction, related services, and supports for school personnel provided for the child) of the IEP document.</p> <p><b>Functional Behavior Assessment Summary (transfer information from the FBA here)</b></p> <p><b>Strengths of the student:</b></p> <div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 25%;">Antecedents to the Behavior of Concern</th> <th style="width: 25%;">Behavior of Concern</th> <th style="width: 25%;">Consequences Maintaining the Behavior of Concern</th> <th style="width: 25%;">Perceived Function of the Behavior of Concern</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Identify what happens before the behavior of concern: (Consider medical factors, social variables, activity demands, environmental stimuli, etc.)</td> <td style="vertical-align: top;">Describe the behavior using measurable, observable terms</td> <td style="vertical-align: top;">Identify what happens after the behavior of concern: (What are actions taken by adults/peers? What activities does the student engage in or stop engaging in? What does the student gain, or what does the student avoid, escape, or postpone?)</td> <td style="vertical-align: top;">To gain:  To avoid, escape, or postpone:  <i>*Note: The perceived function of the behavior of concern is the team's hypothesis. Ongoing data collection and analysis are required to support or refute this hypothesis.</i></td> </tr> </tbody> </table> <p><b>Hypothesis Statement:</b></p> <p>When (antecedent to the behavior of concern):</p> <p>The student (behavior of concern):</p> <p>In order to (perceived function of the behavior of concern):</p> <p><b>Identify educational skill deficit(s) related to the behavior of concern: (Academic skill deficits, communication and/or social skill deficits, sensory processing skill deficits)</b></p> <p><input type="checkbox"/> Describe:</p> <p><input type="checkbox"/> Refer for further assessment: (check here and describe plan for assessment if skill deficits have not previously been assessed and identified.)</p> <p><input type="checkbox"/> Educational deficits addressed in the other areas of IEP: (Check here if deficits have been previously assessed and identified and describe how they are being addressed in the IEP)</p> <p>Describe:</p>	Antecedents to the Behavior of Concern	Behavior of Concern	Consequences Maintaining the Behavior of Concern	Perceived Function of the Behavior of Concern	Identify what happens before the behavior of concern: (Consider medical factors, social variables, activity demands, environmental stimuli, etc.)	Describe the behavior using measurable, observable terms	Identify what happens after the behavior of concern: (What are actions taken by adults/peers? What activities does the student engage in or stop engaging in? What does the student gain, or what does the student avoid, escape, or postpone?)	To gain:  To avoid, escape, or postpone:  <i>*Note: The perceived function of the behavior of concern is the team's hypothesis. Ongoing data collection and analysis are required to support or refute this hypothesis.</i>
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<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> OP-2 Behavior Intervention Plan (Optional Form) <div style="float: right;">District Name</div> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Page 2</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>DEVELOP AN ACTION PLAN:</b></p> <p><b>A. Goal Statement (Use one page for each goal.)</b></p> <p><b>Intervention/Skills</b></p> <p><b>Who Implements?</b></p> <p><b>How Long?</b></p> <p><b>Data Used to Measure Progress?</b></p> <p><b>Who Collects Data</b></p> <p><b>Who Monitors During Implementation?</b></p> <p><b>Review Schedule</b></p> </div>	<p><b>Measurable Annual Goals: (Also include in section 5 of the IEP form)</b></p> <p>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (must include baseline data that relates to measurable annual goal, along with a comparison statement to grade level peers)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p><b>MEASURABLE ANNUAL GOALS</b></p> <div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p><b>METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL:</b></p> <div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p><b>MEASURABLE OBJECTIVES</b></p> <div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p><b>FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS</b></p> <p><i>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.</i></p> <p>Reported every _____ weeks</p>								

## OP-2 Behavior Intervention Plan (Optional Form) District Name

**Crisis Intervention Plan**

If the student's behavior has the potential to produce harm, summarize the steps to be taken to protect all parties.

**Measuring Progress**

Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified alternative behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success).

**Continuous Progress Monitoring Method:****Person Responsible:****Criterion for Success:****Follow-up Meeting Date:****Newest IEP Wording**

Supports, resources and training needed for personnel to implement this plan in the current educational environment.

**Communicating the Behavior Intervention Plan**

The plan will be communicated to the following people (i.e., bus driver, clinic aid, school resource officer.)

Person to be contacted: \_\_\_\_\_ How contact will be made: \_\_\_\_\_ Person responsible: \_\_\_\_\_ Date/Frequency: \_\_\_\_\_

**Who will communicate revisions and updates internally and externally?**

Team Members:

Parent \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Student \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Case Manager \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Other \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Other \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Other \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Other \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

☐ Parent provided a copy of plan

Prepared by the Ohio Department of Education for optional use. Not an ODE Required form.

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**A Antecedent (prevention) Strategies:**

Outline strategies to assist in preventing the behavior of concern from occurring and to increase the occurrence of the replacement behavior. This may include a description of environmental adjustments or adjustments to type of content or instruction presented to the student.

**B Replacement Behavior:**

Identify the behavior that will be taught to the student as a replacement to the behavior of concern. The replacement behavior should efficiently achieve the same function as the behavior of concern. Include the plan for instruction including prompts and systematic adjustment of behavior requirements over time (based on data).

**C Consequences (reinforcement- include procedures to follow to increase desired behavior) for when the student performs the replacement behavior:**

Describe specific procedures for providing reinforcement when the student performs the replacement behavior, so that the replacement behavior will be effective and efficient for the student in achieving the same function. Reinforcement should increase the likelihood that the student will continue or increase the replacement behavior. Also, include a plan for systematically reducing the reinforcement schedule over time (based on data).

**C Consequences (including procedures to follow to decrease undesired behavior) when the student performs the behavior of concern:**

Describe specific procedures to follow when the student performs the behavior of concern. Procedures should ensure that the behavior of concern will no longer be effective and efficient in achieving the function, thus weakening the behavior of concern. Include the order of progression of specific procedures to follow, and crisis plan, if appropriate.

## OP-2 Behavior Intervention Plan (Optional Form) District Name

**Instructions:****What are behavior intervention plans?****Behavior intervention plans are teaching tools.**

There are four areas of focus in a behavior intervention plan: (1) Adjustment of environmental factors; (2) Decrease of interfering behaviors; (3) Acquisition of replacement behaviors; and (4) Strengthen existing skills. All behavior intervention plans should include proactive approaches to changing behavior. The purpose of a behavior intervention plan is to ensure the environment is conducive to learning and to teach the student what "to do instead."

**The design of behavior intervention plans leads to positive outcomes for students.**

The behavior intervention plan is developed as a means of coordinating intervention activities. Discipline, when used as a proactive approach in the behavior intervention planning process, addresses the cause of the behavior and helps to create a safe, positive learning environment for all. Effective discipline provides appropriate logical consequences for behavior and results in long-term positive behavioral changes. Discipline does not focus on the behavior in isolation or "quick fixes." Rather, it is a learning process that provides the child with an opportunity to learn new skills so that he/she can be an effective student.

**The behavior intervention planning process is a collaborative problem-solving approach involving all stakeholders.**

A behavior intervention plan serves as a communication tool developed by a team that is made up of "stakeholders." Stakeholders, as used in this context, may mean the student, the parents/family members, general and special educators who work with the student, peers, a key administrator and support service providers who may provide support services. These individuals know the student best and are essential to behavior planning.

**How should the functional behavioral assessment be conducted in the behavior intervention planning process?**

Functional behavioral assessment is a collaborative problem-solving process that is used to describe the "function" or purpose that is served by a student's behavior. Understanding the "function" that an impending behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.

The collaborative problem-solving process is the foundation for many team processes in education including the IEP planning process, functional behavior assessment, behavior intervention planning process and intervention-based assessment.

The following sections outline a systematic collaborative problem-solving process to guide behavior intervention planning, either as a component of the IEP or as an intervention plan for a student with or without a disability.

**Specialty Designed Supports – (Also include in section 6 of the IEP)****\*Fill in applicable sections**

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

\*The IS or Related Service Provider must oversee the special education services of a student and have the primary responsibility, to design the SDI, ensure documentation of minutes of service.

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

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

ACCOMMODATIONS	
BEGIN:	END:

MODIFICATIONS	
BEGIN:	END:

SUPPORT FOR SCHOOL PERSONNEL			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

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Communicating the Behavior Intervention Plan

The plan will be communicated to the following people (should include all individuals who work with the student, e.g., bus driver, clinic aid, school resource officer.)

Person to be contacted: How contact will be made: Person responsible: (Frequency):

IEP Team Members:

Parent (Print Name)	Signature	Date
Student (Print Name)	Signature	Date
Case Manager (Print Name)	Signature	Date
Other (Print Name)	Signature	Date
Other (Print Name)	Signature	Date
Other (Print Name)	Signature	Date

BEHAVIOR INTERVENTION PLAN

Removed:

- “Date of Implementation”
- “Sources of Information: List sources of information used in the FBA, both formal and informal, to develop this plan.
  - Strength Based Profile Identify skills and interests, positive relationships, pro-social behaviors, family and community supports.
  - Functional Behavioral Assessment (FBA) Summary Statement Describe the specific problem behavior as outlined on the FBA and create a hypothesis/summary statement about the specific behavior utilizing the information on the FBA.
  - BIP Strategies/Outcomes Worksheet Based on hypothesis, in the table below, identify the strategy, what will be done, when and where the strategy will occur.
    - Setting Event Strategies (reducing impact of setting events)
    - Antecedent Strategies (decreased likelihood that behavior will occur)
    - Behavior Teaching Strategies [Alternative Behaviors] (increases the likelihood that the appropriate replacement behavior will occur through instruction)
    - Reinforcement Strategies [Consequence] (when student demonstrates the desired behavior, the need behind the behavior is met.”
- “DEVELOP AN ACTION PLAN”
  - A. Goal Statement (Use one page for each goal.)
    - Intervention/Skills
    - Who Implements?
    - How Long?
    - Data Used to Measure Progress?
    - Who Collects Data
    - Who Monitors During Implementation?
    - Review Schedule”
- “Crisis Intervention Plan If the student’s behavior has the potential to produce harm, summarize the steps to be taken to protect all parties.”
- “Measuring Progress Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified alternative behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success).
  - Continuous Progress Monitoring Method:
  - Person Responsible:

- Criterion for Success:
- Follow-up Meeting Date:”
- “Newest IEP Wording Supports, resources and training needed for personnel to implement this plan in the current educational environment.”
- “Who will communicate revisions and updates internally and externally?”
- “Instructions:
  - What are behavior intervention plans? Behavior intervention plans are teaching tools.
    - There are four areas of focus in a behavior intervention plan: (1) Adjustment of environmental factors; (2) Decrease of interfering behaviors; (3) Acquisition of replacement behaviors; and (4) Strengthen existing skills. All behavior intervention plans should include proactive approaches to changing behavior. The purpose of a behavior intervention plan is to ensure the environment is conducive to learning and to teach the student what “to do instead.”
  - The design of behavior intervention plans leads to positive outcomes for students.
    - The behavior intervention plan is developed as a means of coordinating intervention activities. Discipline, when used as a proactive approach in the behavior intervention planning process, addresses the cause of the behavior and helps to create a safe, positive learning environment for all. Effective discipline provides appropriate logical consequences for behavior and results in long-term positive behavioral changes. Discipline does not focus on the behavior in isolation or “quick fixes.” Rather, it is a learning process that provides the child with an opportunity to learn new skills so that he/she can be an effective student.
  - The behavior intervention planning process is a collaborative problem solving approach involving all stakeholders.
    - A behavior intervention plan serves as a communication tool developed by a team that is made up of “stakeholders.” Stakeholders, as used in this context, may mean the student, the parents/family members, general and special educators who work with the student, peers, a key administrator and support service providers who may provide support services. These individuals know the student best and are essential to behavior planning.
  - How should the functional behavioral assessment be conducted in the behavior intervention planning process?
    - Functional behavioral assessment is a collaborative problem-solving process that is used to describe the “function” or purpose that is served by a student’s behavior. Understanding the “function” that an impending behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.
    - The collaborative problem-solving process is the foundation for many team processes in education including the IEP planning process, functional behavior assessment, behavior intervention planning process and intervention-based assessment.
    - The following sections outline a systematic collaborative problem solving process to guide behavior intervention planning, either as a component of the IEP or as an intervention plan for a student with or without a disability.”

#### **Additions:**

- “Educational Agency (line)”
- “Annotation: For a student with an Individualized Education Program (IEP), this document, the behavior intervention plan should be integrated within the IEP document. However, while focusing on behavioral interventions, the team may find it helpful to develop all components of the plan at one time. For this reason, the behavior intervention plan includes relevant components of Section 5 (measurable annual goals) and 6 (program modifications and specifically designed instruction, related services, and supports for school personnel provided for the child) of the IEP document.”
- “Functional Behavior Assessment Summary (transfer information from the FBA here). Strengths of the Student (text box)”
- A chart to describe the behavior of concern including, “Antecedents to the Behavior of Concern (Identify what happens before the behavior of concern: (Consider medical factors, social variables,



activity demands, environmental stimuli, etc.), Behavior of Concern (Describe the behavior using measurable, observable terms), Consequences Maintaining the Behavior of Concern (Identify what happens after the behavior of concern: (What are actions taken by adults/peers? What activities does the student engage in or stop engaging in? What does the student gain, or what does the student avoid, escape, or postpone?) and Perceived Function of the Behavior of Concern (To gain: To avoid, escape, or postpone: \*Note: The perceived function of the behavior of concern is the team's hypothesis. Ongoing data collection and analysis are required to support or refute this hypothesis)."

- "Hypothesis Statement
  - When (antecedent to the behavior of concern): (text box)
  - The student (behavior of concern): (text box)
  - In order to (perceived function of the behavior of concern): (text box)"
- "Identify educational skill deficit(s) related to the behavior of concern: (Academic skill deficits, communication and/or social skill deficits, sensory processing, skill deficits)
  - Describe: (line)
  - Refer for further assessment (check here and describe plan for assessment if skill deficits have not previously been assessed and identified.) (line)
  - Educational deficits addressed in the other areas of IEP: (Check here if deficits have been previously assessed and identified and describe how they are being addressed in the IEP)
  - Describe: (line)"
- "Measurable Annual Goals: (Also include in section 5 of the IEP form)
  - PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (must include baseline data that relates to measurable annual goal, along with a comparison statement to grade level peers) (text box)
  - MEASURABLE ANNUAL GOALS (text box)
  - METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL: (text box)
  - MEASURABLE OBJECTIVES (text box)
  - 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 (line) weeks."
- Chart
  - "Antecedent (prevention) Strategies (Outline strategies to assist in preventing the behavior of concern from occurring and to increase the occurrence of the replacement behavior. This may include a description of environmental adjustments or adjustments to type of content or instruction presented to the student;
  - Replacement Behavior (Identify the behavior that will be taught to the student as a replacement to the behavior of concern. The replacement behavior should efficiently achieve the same function as the behavior of concern. Include the plan for instruction including prompts and systematic adjustment of behavior requirements over time (based on data));
  - Consequences ((reinforcement- include procedures to follow to increase desired behavior) for when the student performs the replacement behavior:
    - Describe specific procedures for providing reinforcement when the student performs the replacement behavior, so that the replacement behavior will be effective and efficient for the student in achieving the same function. Reinforcement should increase the likelihood that the student will continue or increase the replacement behavior. Also, include a plan for systematically reducing the reinforcement schedule over time (based on data).
  - Consequences (including procedures to follow to decrease undesired behavior) when the student performs the behavior of concern:
    - Describe specific procedures to follow when the student performs the behavior of concern. Procedures should ensure that the behavior of concern will no longer

be effective and efficient in achieving the function, thus weakening the behavior of concern. Include the order of progression of specific procedures to follow, and crisis plan, if appropriate.”

- “Specially Designed Supports- (Also include in section 6 of the IEP) \*Fill in applicable sections”
  - [See required Form PR-05 for narrative of Section 6](#)

DRAFT

## SF-3 Future Planning (New)

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. For more information on those changes, please view the required forms information.

The SF-3 Form is a brand-new form to assist teams by providing guiding questions and considerations for developing the future planning statement for each student within the Individualized Education Program (PR-05) Section 1: Future Planning.

### New Form

## SF-3 Future Planning

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

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guiding Questions and Considerations for developing the future planning statement.

1. What People Like and Admire about me....

2. A few things that are important to me....(preferences, interests, culture)

3. How educators can best support me....

4. Important People in my life are...

5. A. What are important goals for me and my family for immediate future (within the next year)?

B. What experiences do I need to achieve these goals? (reference Quick guides)

6. A. What are the Important Long-Term goals for me and my family?

B. What experiences does the student need to achieve these goals?

7. What do others think is important for my education and future?

8. Important Clubs, Groups, Organizations the student is involved in or wants to be involved in.

For Post-Secondary Transition Specific Questions consider the tools below:

Life Domain Vision Tool: <https://www.lifecoursetools.com/lifecourse-library/foundational-tools/person-centered/>

Transition to Adulthood Portfolio: <https://umkc.app.box.com/s/y35g91aw67hu5y08vc3nsf2me5qy1hwwb>

## FUTURE PLANNING

### Additions:

- “Educational Agency: (line), Student’s Name: (line), Grade: (line)”
- “Guiding Questions and Considerations for developing the future planning statement.”
  - 1. What People Like and Admire about me...(text box)
  - 2. A few things that are important to me...(preferences, interests, culture) (text box)
  - 3. How educators can best support me...(text box)

- 4. Important People in my life are...(text box)
- 5A. What are important goals for me and my family for immediate future (within the next year)? (text box)
- 5B. What experiences do I need to achieve these goals? ([reference Quick guides](#)) (text box)
- 6A. What are the Important Long-Term goals for me and my family? (text box)
- 6B. What experiences does the student need to achieve these goals? (text box)
- 7. What do others think is important for my education and future? (text box)
- 8. Important clubs, Groups, Organizations the student is involved in or wants to be involved in (text box)”
- “For Post-Secondary Transition Specific Questions consider the tools below: Life Domain Vision Tool: <https://www.lifecoursetools.com/lifecourse-library/foundational-tools/person-centered/> Transition to Adulthood Portfolio: <https://umkc.app.box.com/s/y36g91aw67hu5y08vc3nsf2me5qyhwwb>”

## OP-4 Agreement to Waive Reevaluation (Removed)

OP-04 has been removed as a form is not necessary for this instance.

### Current Form

#### OP-4 Agreement to Waive Reevaluation (Optional Form)

District: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Agreement to Waive Reevaluation

Date Sent: \_\_\_\_\_

Name of Parent/Guardian/Surrogate: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### RE: Reevaluation Not Necessary

Dear \_\_\_\_\_

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires that a reevaluation of every child with a disability be conducted at least once every three years, unless the parents and school district agree that a reevaluation is unnecessary.

The IEP team has reviewed your child's progress to date and has determined that no additional data are needed to determine whether your child continues to be a child with a disability and to determine the child's educational needs. Based on this, the team is recommending that a reevaluation is NOT necessary and be waived for the following reasons:

\_\_\_\_\_

Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature Date Day Time Phone

#### Directions for Parent/Guardian/Surrogate:

Please check one and sign below:

☐ Yes, I agree that my child does not need to be reevaluated at this time, however, I understand that I may request a reevaluation at a later date.

☐ No, I do not agree to waive a reevaluation and would like to have my child reevaluated.

#### Please return this entire form to:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A copy of the Procedural Safeguards Notice, A Guide to Parent Rights in Special Education, is available upon request from your child's school. Please contact the person listed on this form if you need a copy of this notice. This guide explains your rights and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

Prepared by the Ohio Department of Education for optional use. Not an ODE Required Form. (Revised 5.2.2022 to Microsoft Word format)

Page 1 of 1

## AGREEMENT TO WAIVER REEVALUATION

### Removed:

- "District: (line) Date of Meeting: (line) Child's Name: (line) Student ID: (line) Grade: (line)"
- "Agreement to Waive Reevaluation Date Sent: (line) Name of Parent/Guardian/Surrogate: (line) Relationship to Student: (line) Street Address: (line) City: (line) State: (line) Zip: (line)"
- "RE: Reevaluation Not Necessary Dear (line) The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires that a reevaluation of every child with a disability be conducted



at least once every three years, unless the parents and school district agree that a reevaluation is unnecessary. The IEP team has reviewed your child's progress to date and has determined that no additional data are needed to determine whether your child continues to be a child with a disability and to determine the child's educational needs. Based on this, the team is recommending that a reevaluation is NOT necessary and be waived for the following reasons: (text box)."

- "Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me. Name: (line), Position: (line), Phone: (line), Email: (line)"
- "Parent/Guardian/Surrogate Signature (line), Date (line), Day Time Phone (line)"
- "Directions for Parent/Guardian/Surrogate: Please check one and sign below. Yes, I agree that my child does not need to be reevaluated at this time; however, I understand that I may request a reevaluation at a later date. No, I do not agree to waive a reevaluation and would like to have my child reevaluated."
- "Please return this entire form to: Name: (line), Street Address: (line), City: (line), State: (line) Zip: (line)"
- "A copy of the Procedural Safeguards Notice, A Guide to Parent Rights in Special Education, is available upon request from your child's school. Please contact the person listed on this form if you need a copy of this notice. This guide explains your rights and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works."

# SF-4 Parent Consent for Additional Assessment (New)

The SF-4 Form is a brand-new form to assist teams in obtaining parental consent for an additional assessment outside of the evaluation process.

New Form

SF-4 Parent Consent for Additional Assessment

PARENT CONSENT FOR ADDITIONAL ASSESSMENT

After consent has been received, the person responsible for assessment will complete an Individual Evaluator's Assessment form. Information from this assessment must be added to the student's IEP then included in the subsequent evaluation report.

REASON FOR ADDITIONAL ASSESSMENT

TYPE OF ASSESSMENT

PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT

PART 1: GRANT CONSENT

I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ to receive this assessment/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. This additional assessment will not affect the date of the current Evaluation Team Report, ETR.

I have received a copy of my procedural safeguards, and I understand the information provided.

Signature of parent/legal guardian/custodian, or student (if age 18 or older) Relationship to Child Date

PART 2: REFUSE CONSENT

(Do Not complete Part 2 if you completed Part 1)

I received a copy of my procedural safeguards, and I understand the information provided.

I DO NOT GIVE MY PERMISSION for an assessment for: \_\_\_\_\_

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 assessment.):

Signature of parent/legal guardian/custodian, or student (if age 18 or older) Relationship to Child Date

PART 3 (To be completed by the school)

Date District Received Consent or Refusal of Consent: \_\_\_\_\_

Information about the assessment and a copy of the procedural safeguards notice were presented/sent by:

Signature of School District Representative Date

The parents' native language is: \_\_\_\_\_

If not English, was the information provided in the native language or other mode of communication of the parents? ☐ YES ☐ NO

If no, explain:

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.

## PARENT CONSENT FOR ADDITIONAL ASSESSMENT

### Additions:

- “After consent has been received, the person responsible for assessment will complete an Individual Evaluator’s Assessment form. Information from this assessment must be added to the student’s IEP then included in the subsequent evaluation report.
  - REASON FOR ADDITIONAL ASSESSMENT (text box)
  - TYPE OF ASSESSMENT (text box)

- PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT (text box)”
- “PART 1: GRANT CONSENT I HEREBY GIVE MY PERMISSION FOR (line) to receive this assessment/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. This additional assessment will not affect the date of the current Evaluation Team Report, ETR. I have received a copy of my procedural safeguards, and I understand the information provided. Signature of parent/legal guardian/custodian, or student (if age 18 or older) (line), Relationship to Child (line), Date (line)”
- “PART 2: REFUSE CONSENT (Do Not complete Part 2 if you completed Part 1) I received a copy of my procedural safeguards, and I understand the information provided. I DO NOT GIVE MY PERMISSION for an assessment for: (line) 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 assessment.): (text box). Signature of parent/legal guardian/custodian, or student (if age 18 or older) (line), Relationship to Child (line), Date (line)”
- “PART 3 (To be completed by the school) Date District Received Consent or Refusal of Consent: (line) Information about the assessment and a copy of the procedural safeguards notice were presented/sent by: Signature of School District Representative (line) Date (line). The parents’ native language is: (line) If not English, was the information provided in the native language or other mode of communication of the parents? (YES/NO) If no, explain: (text box) 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.”

# SF-5 IEP Team Member Excusal (formerly OP-5)

<u>Current Form</u>	<u>Revised Form</u>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>OP-5 Parent/Guardian Excusal</b> <small>(Optional Form)</small> </div> <p><b>District:</b> _____</p> <p>Date: _____ Student's Name: _____ Date of Birth: _____</p> <p>Dear _____ Parent(s)/Guardian(s) Name</p> <p>An IEP team meeting is scheduled for your child on: _____</p> <p>We <input type="checkbox"/> met in person <input type="checkbox"/> spoke on the phone <input type="checkbox"/> exchanged e-mails <input type="checkbox"/> exchanged faxes</p> <p>And agreed to the following:</p> <p>Allowing required team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. <del>The presence and participation of the Individualized Education Program (IEP) team member(s) identified below are not necessary and has/have been excused from being present and participating in the meeting. The required team members are described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.</del></p> <p><b>Excused member(s) whose content area will NOT be discussed at the meeting</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p><del>The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in whole or in part because the individual's area of curriculum, content or related service will not be discussed or modified:</del></p> <p>Name and Area: _____</p> <p>Name and Area: _____</p> <p>Name and Area: _____</p> <p><b>Excused member(s) whose content area WILL BE discussed at the meeting</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p><del>The school district and parent/guardian consent to the excusal of the following member(s) from attending the IEP meeting in whole or in part even though the meeting involves a modification to or discussion of the member's area of the curriculum or related services. The member will submit his/her input into the IEP in writing to the other IEP team members including the parents prior to the meeting.</del></p> <p>Name and Area: _____</p> <p>Name and Area: _____</p> <p>Name and Area: _____</p> <p><del>I understand that my granting of consent is voluntary and that I may revoke consent at any time before the activity is conducted for which consent is sought.</del></p> <p>Parent/Guardian Signature _____ Date _____</p> <p>Authorized School Personnel Signature _____ Date _____</p> <p>If you have any questions or would like a copy of the procedural safeguards notice, please contact:</p> <p>Name: _____ Title: _____ Phone: _____</p> <p>Sincerely,</p> <p>Name: _____ Title: _____</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>SF-5 IEP Team Member Excusal</b> </div> <p><b>Educational Agency:</b> _____</p> <p>Date: _____ Student's Name: _____ Date of Birth: _____</p> <p>Dear _____ Parent(s)/Guardian(s) Name</p> <p>An IEP team meeting is scheduled for your child on (date/time): _____. Your permission to excuse a required team member from attending this meeting is requested.</p> <p>Allowing required team members to be excused from attending an Individualized Education Program (IEP) meeting is intended to provide additional flexibility to parents in scheduling meetings. The IEP team member(s) identified below are unable to attend the meeting. The team member(s) has/have completed data collection and input for the IEP and can be excused from being present and participating in the meeting. The required team members that can be excused are described in the regulations as, the general education teacher, special education teacher/provider, educational agency representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.</p> <p>Proposed Excusal of the following IEP Team member(s):</p> <p>Name: _____ Title: _____ Content Area: _____</p> <p><input type="checkbox"/> Content Area will NOT be modified or discussed during the meeting</p> <p><input type="checkbox"/> Content Area WILL be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: _____</p> <p>Name: _____ Title: _____ Content Area: _____</p> <p><input type="checkbox"/> Content Area will NOT be modified or discussed during the meeting</p> <p><input type="checkbox"/> Content Area WILL be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: _____</p> <p>Name: _____ Title: _____ Content Area: _____</p> <p><input type="checkbox"/> Content Area will NOT be modified or discussed during the meeting</p> <p><input type="checkbox"/> Content Area WILL be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: _____</p> <p>I understand that giving my consent to the excusal is voluntary, and I may revoke it at any time before the IEP team meeting takes place. This is applicable for the IEP meeting to be held on _____ (date).</p> <p>Parent/Guardian Signature _____ Date _____</p> <p>Authorized School Personnel Signature _____ Date _____</p> <p>If you have any questions or would like a copy of the procedural safeguards notice, please contact:</p> <p>Name: _____ Title: _____ Phone: _____</p> <p>Sincerely,</p> <p>Name: _____ Title: _____</p>

## IEP TEAM MEMBER EXCUSAL

### Removed:

- In title, "Parent/Guardian" and **added** "IEP Team Member"
- "District" and **added** "Educational Agency"
- "We (check box) met in person (check box) spoke on the phone (check box) exchanged emails (check box) exchanged faxes And agreed to the following" and **added**, "An IEP team meeting is scheduled for your child on (date/time): (line). Your permission to excuse a required team member from attending this meeting is requested."
- From introductory paragraph, "Allowing required team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The required team members are described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified." and **added**, "Allowing required team members to be excused from attending an Individualized Education Program (IEP) meeting is intended to provide additional flexibility to parents in scheduling meetings. The IEP team member(s) identified below are unable to attend the meeting. The team member(s) has/have completed data collection and input for the IEP and can be excused from being present and participating in the meeting. The required team members that can be excused are described in the regulations as, the general education teacher, special education teacher/provider, educational agency representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified."

- Identifying excused members,
  - “Excused member(s) whose content area will NOT be discussed at the meeting. Yes NA (check box)
  - The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in whole or in part because the individual’s area of curriculum, content or related service will not be discussed or modified. Name and Area: (line), Name and Area: (line), Name and Area: (line)
  - Excused member(s) whose content area WILL BE discussed at the meeting. Yes NA (check box)
  - The school district and parent/guardian consent\* to the excusal of the following member(s) from attending the IEP meeting in whole or in part even though the meeting involves a modification to or discussion of the member’s area of the curriculum or related services. The member will submit his/her input into the IEP in writing to the other IEP team members including the parents prior to the meeting. Name and Area: (line), Name and Area: (line), Name and Area: (line)
  - \*I understand that my granting of consent is voluntary and that I may revoke consent at any time before the activity is conducted for which consent is sought.” And **added**
  - “Proposed Excusal of the following IEP Team member(s): Name: (line) Title: (line) Content Area: (line)
  - (Check box) Content Area will NOT be modified or discussed during the meeting (check box) Content Area WILL be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: (line)”
  - Repeat 3 times
  - “I understand that giving my consent to the excusal is voluntary, and I may revoke it at any time before the IEP team meeting takes place. This is applicable for the IEP meeting to be held on (line) (date).”



## SF-6A Progress Report (formerly OP-6A)

Current Form					Revised Form				
<b>OP-6A PROGRESS REPORT</b> School Year: <span style="border: 1px solid black; padding: 2px;">District Name</span>					<b>SF-6A PROGRESS REPORT</b> School Year: <span style="border: 1px solid black; padding: 2px;"> </span> Educational Agency: <span style="border: 1px solid black; padding: 2px;"> </span>				
Student Name: <span style="border: 1px solid black; padding: 2px;"> </span>		Student ID: <span style="border: 1px solid black; padding: 2px;"> </span>		Grade: <span style="border: 1px solid black; padding: 2px;"> </span>	Student Name: <span style="border: 1px solid black; padding: 2px;"> </span>		Student ID: <span style="border: 1px solid black; padding: 2px;"> </span>		Grade: <span style="border: 1px solid black; padding: 2px;"> </span>
Date: <span style="border: 1px solid black; padding: 2px;"> </span>		Reporting Period: <span style="border: 1px solid black; padding: 2px;"> </span>		IEP Date: <span style="border: 1px solid black; padding: 2px;"> </span>	Date: <span style="border: 1px solid black; padding: 2px;"> </span>		IEP Date: <span style="border: 1px solid black; padding: 2px;"> </span>		
Goal #: <span style="border: 1px solid black; padding: 2px;"> </span>		Goal: <span style="border: 1px solid black; padding: 2px;"> </span>							
Objective #: <span style="border: 1px solid black; padding: 2px;"> </span>		Objective: <span style="border: 1px solid black; padding: 2px;"> </span>							
<b>Summarize the measurable data utilized to assess progress:</b>									
Quantitative Data Used to Demonstrate Progress									
Data Source	Data Points	On Track?		Goal Met?					
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span>					
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span>					
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span>					
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span> Yes <span style="border: 1px solid black; padding: 2px;"> </span> No	<span style="border: 1px solid black; padding: 2px;"> </span>					
Comments:	<span style="border: 1px solid black; padding: 2px;"> </span>								
Click + to add new goal or objective									

  

Goal #:	Area:	Goal:				
			Reporting Period #1	Reporting Period #2	Reporting Period #3	Reporting Period #4
Goal Data Source						
Goal Data Points						
Current Baseline						
Objective/Benchmark						
Data Source						
Data Points						
Summary of Progress						
The student's current data is demonstrating growth towards achieving the goal by the end of this IEP?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what supports are needed to get the student on track to achieve this goal by the end of the IEP?						

Click + to add new goal or objective

Click + to add Goal

## PROGRESS REPORT

**Removed:**

- “District Name” and **added** “Educational Agency”
- “Summarize the measurable data utilized to assess progress (text box)”
- Chart, “Quantitative Data Used to Demonstrate Progress.” Column titles, “Data Source, Data Points, On Track? Yes/No (check box), Goal Met? Yes/No (check box).”
- “Comments (text box)”

**Added:**

- To information at top of page, “Reporting Period”
- “Goal #: (text box), Area: (text box), Goal: (text box)”
- Chart, Column Titles, “Reporting Period #1, Reporting Period #2, Reporting Period #3, Reporting Period #4.”
- Chart, Row Titles, “Goal Data Source, Goal Data Points, Current Baseline, Objectives/Benchmark, Data Source, Data Points, Summary of Progress, The student’s current data is demonstrating growth towards achieving the goal by the end of this IEP? Yes/No (check box), If no, what supports are needed to get the student on track to achieve this goal by the end of the IEP?”
- Chart can be duplicated as many times as needed

# SF-6B Transition Progress Report (formerly OP-6B)

Current Form	Revised Form																																																																																																												
<p><b>OP-6B TRANSITION PROGRESS REPORT</b>      School Year:      District Name:</p> <p>Student Name:      Student ID:      Grade:</p> <p>Date:      Reporting Period:</p> <p><b>TRANSITION SERVICE/ACTIVITY PROGRESS REPORT</b></p> <p>POSTSECONDARY TRAINING AND EDUCATION</p> <p>Goal:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Transition Service/Activity</th> <th style="width: 40%;">Summarize the Outcome(s)</th> <th style="width: 30%;">Status</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td colspan="3">Comments</td> </tr> </tbody> </table> <p>POSTSECONDARY COMPETITIVE INTEGRATED EMPLOYMENT</p> <p>Goal:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Transition Service/Activity</th> <th style="width: 40%;">Summarize the Outcome(s)</th> <th style="width: 30%;">Status</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td colspan="3">Comments</td> </tr> </tbody> </table> <p>POSTSECONDARY INDEPENDENT LIVING (as appropriate)</p> <p>Goal:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Transition Service/Activity</th> <th style="width: 40%;">Summarize the Outcome(s)</th> <th style="width: 30%;">Status</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed</td> </tr> <tr> <td colspan="3">Comments</td> </tr> </tbody> </table> <p><small>The following elements must be included if using a district-created form instead of Form OP-06B: Date, Reporting Period, Postsecondary Goals, Transition Services/Activities, Summary of Outcome(s), and Status.</small></p> <p><small>Progress on Transition Services/Activities 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, the progress report must be provided to all parents of a child with a disability.</small></p> <p><small>Prepared by the Ohio Department of Education for optional use. Not an ODE Required Form. 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(Revised 5.2.2022 to Microsoft Word format)</small> <span style="float: right;"><small>Page 1 of 1</small></span></p>	Transition Service/Activity	Status	Summary of Current Status		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed		Comments			Transition Service/Activity	Status	Summary of Current Status		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed		Comments			Transition Service/Activity	Status	Summary of Current Status		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed		Comments		
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## TRANSITION PROGRESS REPORT

### Removed:

- “Summary of Outcome(s)” and **added** “Summary of Current Status” in all instances.

### Moved:

- In chart, moved “Status” and “Summary of Current Status” columns.

# SF-7 Assignment of a Surrogate Parent (formerly OP-7)

<u>Current Form</u>	<u>Revised Form</u>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>OP-7 Assignment of a Surrogate Parent</b> (Optional Form) <span style="float: right; border: 1px solid black; padding: 2px 5px;">District Name</span> </div> <p style="text-align: center; margin: 0;"><b>REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT</b></p> <p><b>Purpose:</b> This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known or are not available.</p> <p>Student's Name _____ Date of Birth _____ <span style="background-color: yellow;">School of Attendance</span> _____ Grade _____</p> <p>Student's Current Address _____ Student's Telephone _____</p> <p>With whom child is residing _____ Relationship _____ Address, City, State Zip _____ Telephone _____</p> <p>Parent's District of Residence _____</p> <p><span style="background-color: yellow;">Student's caring agency</span> _____ Agency's contact person _____ Agency's telephone _____</p> <p>Name of person making request _____ Position/Title _____ Employer/Agency _____ Telephone _____</p> <p>Business Address _____</p> <p>Why has this request been made? _____</p> <p>Signature _____ Date _____</p> <p style="text-align: center; margin: 20px 0;"><b>APPOINTMENT OF A SURROGATE PARENT</b></p> <p>Appointment of the surrogate parent should be reviewed annually.</p> <p>Reason for the appointment of a surrogate parent: _____</p> <p>Date of Appointment: _____</p> <p>Please be informed that _____ is appointed as surrogate parent for _____ <span style="background-color: yellow;">it is my understanding that</span> this appointee has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures.</p> <p>Superintendent's or Designee's Signature _____ School District Address _____ City _____ State _____ Zip _____</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>SF-7 Assignment of a Surrogate Parent</b> <span style="float: right; border: 1px solid black; padding: 2px 5px;">Educational Agency</span> </div> <p style="text-align: center; margin: 0;"><b>REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT</b></p> <p><b>Purpose:</b> This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known or are not available.</p> <p>Student's Name _____ Date of Birth _____ <span style="background-color: yellow;">District of Service</span> _____ Grade _____</p> <p>Student's Current Address _____ Student's Telephone _____</p> <p>With whom child is residing _____ Relationship _____ Address, City, State Zip _____ Telephone _____</p> <p>Parent's District of Residence _____</p> <p><span style="background-color: yellow;">Student's Service Agency</span> _____ Agency's contact person _____ Agency's telephone _____</p> <p>Name of person making request _____ Position/Title _____ Employer/Agency _____ Telephone _____</p> <p>Business Address _____</p> <p>Why has this request been made? _____</p> <p>Signature _____ Date _____</p> <p style="text-align: center; margin: 20px 0;"><b>APPOINTMENT OF A SURROGATE PARENT</b></p> <p>Appointment of the surrogate parent should be reviewed <span style="background-color: yellow;">frequently, at least annually, preferably prior to meetings to verify the continued need for a surrogate parent.</span></p> <p>Reason for the appointment of a surrogate parent: _____</p> <p>Date of Appointment: _____ <span style="background-color: yellow;">[ ] District has court paperwork</span></p> <p>Please be informed that _____ is appointed as surrogate parent for _____ <span style="background-color: yellow;">it is my understanding that</span> this appointee has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures, <span style="background-color: yellow;">the Ohio Administrative Code, and the Individuals with Disabilities Education Act (IDEA) regulations.</span></p> <p>Superintendent's or Designee's Signature _____ School District Address _____ City _____ State _____ Zip _____</p>

## ASSIGNMENT OF A SURROGATE PARENT

### Removed:

- Form Title, "District Name" and added "Educational Agency"
- "School of Attendance" and added "District of Service"
- "Student's Caring Agency" and added "Student's Service Agency"
- "It is my understanding that..."

### Added:

- "...frequently, at least..." and "preferably prior to meetings to verify the continued need for a surrogate parent" to statement: "Appointment of the surrogate parent should be reviewed frequently, at least annually, preferably prior to meetings to verify the continued need for a surrogate parent."
- "Educational Agency has court paperwork (check box)"
- "...the Ohio Administrative Code, and the Individuals with Disabilities Education Act (IDEA) regulations" to statement: "This appointee has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures, the Ohio Administrative Code, and the Individuals with Disabilities Education Act (IDEA) regulations."

# SF-8A Summary of Performance (formerly OP-8)

Current Form	Revised Form
<div>OP-8 Summary of Performance (Optional Form)</div> <div>District: _____</div> <div>Student's Name: _____ Grade: _____ Anticipated Exit Date: _____</div> <div>Case Manager: _____</div> <div>1. Summary of Student's Academic Achievement and Functional Performance: _____</div> <div>2. Student's Post-Secondary Goals (from IEP): _____</div> <div>3. Recommendations to Assist Student in Meeting Post-Secondary Goals: _____</div> <div>Name: _____ Title: _____ Phone: _____</div> <div>School: _____ Date of Meeting: _____</div> <div>4. Student Input: Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)</div> <div>A. How, or in which areas, does your disability affect your school work and school activities? Activities such as grades, relationships, assignments, projects, communications, time on tests, mobility, or extra-curricular activities. Please describe how these areas are affected, both positive and negative. _____</div> <div>B. What supports or accommodations have helped you succeed in school? Supports such as adaptive equipment, extra time on tests and assignments, audio books, teacher notes, alternative assignments, tutoring and extra instructions, or other supports. Please explain. _____</div> <div>C. What supports or accommodations do you feel you will need to achieve your goals after high school? _____</div> <div>D. If you believe you will need services, supports, programs or accommodations, have you and your family made connections with adult agencies that can help you meet these needs? (Explain) _____</div> <div>Student Signature: _____ Date: _____</div> <div><small>Prepared by the Ohio Department of Education for optional use. Not an OOE Required Form. Revised April 19, 2018 (revised 5.2.2022 to Microsoft Word format) Page 1 of 2</small></div>	<div>SF-8A Summary of Performance</div> <div>Educational Agency: _____</div> <div>Student's Name: _____ Grade: _____ Date: _____</div> <div>Case Manager: _____</div> <div>1. Summary of Student's Academic Achievement and Functional Performance: _____</div> <div>2. Student's Post-Secondary Goals (from IEP): _____</div> <div>3. Recommendations to Assist Student in Meeting Post-Secondary Goals: _____</div> <div>Name: _____ Title: _____ Phone: _____</div> <div>School: _____ Date of Meeting: _____</div> <div>4. Student Input: Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)</div> <div>A. What is your vision for a good life? _____</div> <div>B. What should professionals know about your strengths as you enter the postsecondary education or work environment? _____</div> <div>C. What should professionals know about your needs as you enter the postsecondary education or work environment? _____</div> <div>D. Which supports were helpful in school, work and/or the community (aids, adaptive equipment, physical accommodations, other services)? _____</div> <div>E. What does not work for you at School or Work or in the Community? (loud rooms, flickering lights, etc.) _____</div> <div>Student Signature: _____ Date: _____</div> <div><small>Prepared by the Ohio Department of Education for optional use. Not an OOE Required Form. Revised April 19, 2018 (revised 5.2.2022 to Microsoft Word format) Page 1 of 2</small></div>
Page 2	Page 2
<div>OP-8 Summary of Performance (Optional Form)</div> <div>This form is used to:</div> <div>1. Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 14(c)(5)(B)(ii). The Summary of Performance:</div> <div>a) Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and</div> <div>b) Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22<sup>nd</sup> birthday) to assist them in meeting their post-secondary goals.</div> <div>2. IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. ODE recommends that school districts provide a Summary of Performance for these students also.</div> <div>Directions:</div> <div>1. Enter student's name, grade, case manager or intervention specialist and anticipated exit date. The exit date should be the same as the exit date information on the student's IEP.</div> <div>2. Write a summary of the student's academic achievement and functional performance. This statement may include:</div> <div>*How the student's disability has affected the student's academic achievement and functional performance;</div> <div>- The student's academic and functional strengths;</div> <div>*The results of the student's most recent state or district assessments;</div> <div>- The results of any college entrance examinations (e.g. SAT, ACT);</div> <div>*The results of the most recent special education evaluation of the student;</div> <div>*A description of any other relevant information concerning the student's high school career;</div> <div>- Any honors or special awards the student achieved in high school; and</div> <div>- Any vocational or extracurricular accomplishments of the student.</div> <div>3. List the student's post-secondary goals from the student's most current IEP.</div> <div>4. Write any recommendations for assisting the student in meeting the post-secondary goals after exiting from K-12 education. These may include:</div> <div>- Recommendations for accommodating the student's disability in the workplace or post-secondary education setting; and</div> <div>- Recommendations for assisting the student to achieve the student's post-secondary goal(s).</div> <div>5. Enter name and title of teacher or provider completing summary, the name of the school district, a contact phone number for the teacher or provider, and the date of the meeting.</div>	<div>SF-8A Summary of Performance</div> <div>This form is used to:</div> <div>1. Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 14(c)(5)(B)(ii). The Summary of Performance:</div> <div>a) Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and</div> <div>b) Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22<sup>nd</sup> birthday) to assist them in meeting their post-secondary goals.</div> <div>2. IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. ODE recommends that school districts provide a Summary of Performance for these students also.</div> <div>Directions:</div> <div>1. Enter student's name, grade, case manager (example: <u>intervention</u> specialist) and <u>date</u>.</div> <div>2. Write a summary of the student's academic achievement and functional performance. This statement may include:</div> <div>*How the student's disability has affected the student's academic achievement and functional <u>performance</u>;</div> <div>- The student's academic and functional <u>strengths</u>;</div> <div>*The results of the <u>student's</u> most recent state or district <u>assessments</u>;</div> <div>- The results of any college entrance examinations (e.g. SAT, ACT);</div> <div>*The results of the most recent special education evaluation of the <u>student</u>;</div> <div>*A description of any other relevant information concerning the student's high school <u>career</u>;</div> <div>- Any honors or special awards the student achieved in high school; and</div> <div>- Any vocational or extracurricular accomplishments of the student.</div> <div>3. List the <u>student's</u> post-secondary goals from the student's most current IEP.</div> <div>4. Write any recommendations for assisting the student in meeting the post-secondary goals after exiting from K-12 education. These may include:</div> <div>- Recommendations for accommodating the student's disability in the workplace or post-secondary education setting; and</div> <div>- Recommendations for assisting the student to achieve the student's post-secondary goal(s).</div> <div>5. <u>Enter</u> name and title of teacher or provider completing summary, the name of the school district, a contact phone number for the teacher or provider, and the date of the meeting.</div>

## SUMMARY OF PERFORMANCE

### Removed:

- Top of form, “District” and **added** “Educational Agency”
- “Anticipated Exit”, leaving “Date (line)” remaining
- Under Student Input:
  - “How, or in which areas, does your disability affect your school work and school activities? Activities such as: grades, relationships, assignments, projects, communications, time on tests, mobility, or extra curricular activities. Please describe how these areas are affected, both positive and negative (text box).
  - What supports or accommodations have helped you succeed in school? Supports such as” adaptive equipment, extra time on tests and assignments, audio books, teacher notes, alternative assignments, tutoring and extra instruction, or other supports. Please explain: (text box).
  - What supports or accommodations do you feel you will need to achieve your goals after high school? (text box)
  - If you believe you will need services, supports, programs, or accommodations, have you and your family made connections with adult agencies that can help you meet these needs? (Explain) (text box)”

### Added:

- Under Student Input:
  - “What is your vision for a good life? (text box)
  - What should professionals know about your strengths as you enter the postsecondary education or work environment? (text box)
  - What should professionals know about your needs as you enter the postsecondary education or work environment? (text box)
  - Which supports were helpful in school, work and/or the community (aids, adaptive equipment, physical accommodations, other services)? (text box)
  - What does not work for you at School or Work or in the Community? (loud rooms, flickering lights, etc.) (text box)”



# SF-8B Summary of Performance Packet (formerly OP-8/New)

Newly created SF-8B Summary of Performance Packet. Educational agencies will have a choice of using the one-page SF-8A Summary of Performance form or using the SF-8B Summary of Performance Packet. This packet provides a way to organize all information about the student and what the student will continue to need to achieve post-secondary goals after graduation.

## New Form

### SF-8B Summary of Performance Packet

The Summary of Performance (SoP) is used to:

1. Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 14(c)(5)(B)(ii). The Summary of Performance:
  - a. Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and
  - b. Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22nd birthday) to assist them in meeting their post-secondary goals.
2. IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. DEW recommends that school districts provide a Summary of Performance for these students also.

Date Summary was Completed: \_\_\_\_\_

#### BACKGROUND INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Primary Mode of Communication: \_\_\_\_\_

Is this student his/her own legal guardian? ☐ YES ☐ NO

If no, name/relationship of guardian: \_\_\_\_\_

If yes, does student have a supported decision-making agreement? ☐ YES ☐ NO

Is student currently in foster care placement? ☐ YES ☐ NO

**Assessment Reports:** Check and attach the most recent copy of assessment reports that clearly identify the student's disability or functional limitations and that will assist in postsecondary planning.

- |                                                  |                                                         |                                                      |                                                       |
|--------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Psychological/cognitive | <input type="checkbox"/> Functional Behavior Assessment | <input type="checkbox"/> Behavior Intervention Plan  |                                                       |
| <input type="checkbox"/> Neuropsychological      | <input type="checkbox"/> Language/proficiency           | <input type="checkbox"/> Social/interpersonal skills | <input type="checkbox"/> Classroom observations       |
| <input type="checkbox"/> Medical/physical        | <input type="checkbox"/> Reading assessments            | <input type="checkbox"/> Assistive technology        | <input type="checkbox"/> Community-based assessment   |
| <input type="checkbox"/> Achievement/academics   | <input type="checkbox"/> Communication                  | <input type="checkbox"/> Self-determination          | <input type="checkbox"/> Career/vocational assessment |

☐ Informal assessment (specify): \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

Form completed by:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

# SF-8B Summary of Performance Packet

## ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Date student was first found eligible for special education services in Ohio: \_\_\_\_\_

Date of student's most recent ETR: \_\_\_\_\_

Does the ETR include standardized IQ scores using an adult-normed assessment? ☐ YES ☐ NO

Does the ETR include standardized assessment completed by a board-certified psychologist? ☐ YES ☐ NO

According to most recent ETR, in which category was student found eligible for special education services (circle)?

Autism	Intellectual Disability	Deaf	Deaf-Blind
Emotional Disturbance	Hearing Impairment	Multiple Disability	
Other Health Impaired Minor/Major	Orthopedic Impairment	Speech or Language Impairment	
Specific Learning Disability	Traumatic Brain Injury	Visual Impairment	

## SERVICES/SUPPORTS FROM AGENCIES OUTSIDE OF SCHOOL

Is the student currently receiving support from any of these outside agencies:

Board of Developmental Disabilities: ☐ YES ☐ NO

If yes, describe services the student receives

Department of Job and Family Services: ☐ YES ☐ NO

If yes, describe services the student receives

Mental Health Agency: ☐ YES ☐ NO

If yes, describe services the student receives

Vocational Rehabilitation Services: ☐ YES ☐ NO

If yes, describe services the student receives

Social Security Administration: ☐ YES ☐ NO

If yes, describe services the student receives

Other Agencies

# SF-8B Summary of Performance Packet

## SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE

Academic Performance (e.g., reading, math, language, learning skills), please provide present level of performance, relevant services and supports

Functional Performance (e.g., social and behavior skills, independent living skills, environmental access/mobility, self-determination/self-advocacy), please provide present level of performance, relevant services and supports

Accommodations/modifications, services, and supports previously used and how they will apply in a postsecondary environment

## MEASURABLE POSTSECONDARY GOALS

List the student's measurable postsecondary goal(s) from the student's IEP.

Education and Training

Competitive Integrated Employment

Independent living, if applicable

Student's current top areas of interest related to employment

# SF-8B Summary of Performance Packet

## RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS

Given the information listed in the above sections, provide recommendations that the student may need to enhance access in the following post-high school environments.

### Higher Education or Career/Technical Training

### Independent living

### Employment

### Community Participation (e.g., clubs, groups, organizations)

## STUDENT INPUT

Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)

1. What is your vision for a good life?

2. What should professionals know about your strengths as you enter the postsecondary education or work environment?

3. What should professionals know about your needs as you enter the postsecondary education or work environment?

4. Which supports were helpful in school, work and/or the community (aids, adaptive equipment, physical accommodations, other services)?

5. What does not work for you at School or Work or in the Community? (loud rooms, flickering lights, etc.)

I have reviewed and agree with the content of this Summary of Performance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMARY OF PERFORMANCE PACKET

### Added:

- “The Summary of Performance (SoP) is used to:
  - Comply with the requirement for a “Summary of Performance” in IDEA 2004, Section 14(c)(5)(B)(ii).  
The Summary of Performance:
    - Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and
    - Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22nd birthday) to assist them in meeting their post-secondary goals.
  - IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. DEW recommends that school districts provide a Summary of Performance for these students also.”
- “Date Summary was Completed: (line)”
- “BACKGROUND INFORMATION Student’s Name: (line), Date of Birth: (line), Address: (line), Telephone Number: (line), Primary Language: (line,) Primary Mode of Communication: (line), Is this student his/her own legal guardian? YES/NO (check box), If no, name/relationship of guardian: (line) If yes, does student have a supported decision-making agreement? (YES/NO) (check box), Is student currently in foster care placement? (YES/NO) (check box)”
- “Assessment Reports: Check and attach the most recent copy of assessment reports that clearly identify the student’s disability or functional limitations and that will assist in postsecondary planning (Check boxes: Psychological/cognitive, Functional Behavior Assessment, Behavior Intervention Plan, Neuropsychological, Language/proficiency, Social/interpersonal skills, Classroom observations, Medical/physical assessment, Reading assessments, Assistive technology, Community-based assessment, Achievement/academics, Communication, Self-determination, Career/vocational assessment) Informal assessment (specify): (line), Other (specify): (line)”
- “Form completed by: Name: (line), Telephone number: (line), School: (line), Title: (line), Email: (line)”
- “ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES Date student was first found eligible for special education services in Ohio: (line), Date of student’s most recent ETR: (line), Does the ETR include standardized IQ scores using an adult-normed assessment? YES/NO (check box), Does the ETR include standardized assessment completed by a board-certified psychologist? YES/NO (check box), According to most recent ETR, in which category was student found eligible for special education services (circle)?: Autism, Intellectual Disability, Deaf, Deaf-Blind, Emotional Disturbance, Hearing Impairment, Multiple Disability, Other Health Impaired Minor/Major, Orthopedic Impairment, Speech or Language Impairment, Specific Learning Disability, Traumatic Brain Injury, Visual Impairment”
- “SERVICES/SUPPORTS FROM AGENCIES OUTSIDE OF SCHOOL Is the student currently receiving support from any of these outside agencies: (line), Board of Developmental Disabilities: YES/NO (check box), If yes, describe services the student receives (text box), Department of Job and Family Services: YES/NO (check box), If yes, describe services the student receives (text box), Mental Health Agency: YES/NO (check box), If yes, describe services the student receives (text box), Vocational Rehabilitation Services: YES/NO (check box), If yes, describe services the student receives (text box), Social Security Administration: YES/NO (check box), If yes, describe services the student receives (text box), Other Agencies (text box)”
- “SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE Academic Performance (e.g., reading, math, language, learning skills), please provide present level of performance, relevant services and supports (text box), Functional Performance (e.g., social and behavior skills, independent living skills, environmental access/mobility, self-determination/self-advocacy), please provide present level of performance, relevant services and supports (text box), Accommodations/modifications, services, and supports previously used and how they will apply in a postsecondary environment. (text box)”
- “MEASURABLE POSTSECONDARY GOALS List the student’s measurable postsecondary goal(s) from the student’s IEP. Education and Training (text box), Competitive Integrated Employment (text box), Independent

- living, if applicable (text box), Student's current top areas of interest related to employment (text box)"
- "RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS Given the information listed in the above sections, provide recommendations that the student may need to enhance access in the following post-high school environments. Higher Education or Career/Technical Training (text box), Independent living (text box), Employment (text box), Community Participation (e.g., clubs, groups, organizations) (text box)"
  - "STUDENT INPUT Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary. What is your vision for a good life? (text box), What should professionals know about your strengths as you enter the postsecondary education or work environment? (text box), What should professionals know about your needs as you enter the postsecondary education or work environment? (text box), Which supports were helpful in school, work and/or the community (aids, adaptive equipment, physical accommodations, other services)? (text box), What does not work for you at School or Work or in the Community? (loud rooms, flickering lights, etc.) (text box)"
  - "I have reviewed and agree with the content of this Summary of Performance. Student Signature: (line), Date: (line)"



# SF-9 Attempts to Obtain Parent Participation (formerly OP-9)

Current Form	Revised Form																																				
*Unable to highlight changes*																																					
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <b>OP-9 Attempts to Obtain Parent Participation</b> (Optional Form) <span style="float: right;">District Name</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <span>Child's Name: <input type="text"/></span> <span>Student ID: <input type="text"/></span> <span>Grade: <input type="text"/></span> </div> <div style="margin-bottom: 10px;">             Date of Meeting: <input type="text"/> </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Determination of Suspected Disability  <input type="checkbox"/> Initial IEP  <input type="checkbox"/> Annual Review of IEP  <input type="checkbox"/> Evaluation/Reevaluation  <input type="checkbox"/> Other: <input type="text"/> </div> <div style="margin-bottom: 10px;">             Meeting proposed for: Date: <input type="text"/> Time: <input type="text"/> Location: <input type="text"/> </div> <div style="text-align: center; font-size: small; margin-bottom: 5px;">Documentation of Attempts to Contact Parents</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Forms of Contact</th> <th style="width: 20%;">Date(s)</th> <th style="width: 50%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Correspondence</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Telephone Calls</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Home Visits</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Outreach Activities</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Forms of Contact	Date(s)	Outcome	Correspondence	<input type="text"/>	<input type="text"/>	Telephone Calls	<input type="text"/>	<input type="text"/>	Home Visits	<input type="text"/>	<input type="text"/>	Outreach Activities	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <b>SF-9 Attempts to Obtain Parent Participation</b> </div> <div style="margin-bottom: 10px;"> <b>Educational Agency:</b> <input type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <span>Child's Name: <input type="text"/></span> <span>Student ID: <input type="text"/></span> <span>Grade: <input type="text"/></span> </div> <div style="margin-bottom: 10px;"> <b>PURPOSE FOR MEETING:</b> (Check all that apply)             <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 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                 </div> <div style="width: 50%;"> <input type="checkbox"/> To discuss transition from school-age to post-secondary programs/activities  <input type="checkbox"/> To discuss disciplinary matters  <input type="checkbox"/> Manifestation Determination Review  <input type="checkbox"/> To develop, review or revise FBA or BIP  <input type="checkbox"/> Other: <input type="text"/> </div> </div> </div> <div style="margin-bottom: 10px;"> <b>Meeting proposed for:</b>              Date: <input type="text"/> Time: <input type="text"/> Location: <input type="text"/>              Date: <input type="text"/> Time: <input type="text"/> Location: <input type="text"/>              Date: <input type="text"/> Time: <input type="text"/> Location: <input type="text"/> </div> <table border="1" style="width: 100%; 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## ATTEMPTS TO OBTAIN PARENT PARTICIPATION

### Removed:

- Top of form, "District Name" and **added** "Educational Agency"
- "Date of Meeting"
- "Determination of Suspected Disability, Initial IEP, Annual Review of IEP, Evaluation/Reevaluation, Other" and **added** "To determine if a child has a suspected disability, To develop an evaluation plan, To determine eligibility for services as a child with a disability, To develop, review, and/or revise the child's IEP, To discuss the child's services plan, To determine reevaluation needs, To discuss transition from preschool to school-age programs, To discuss transition from school-age to post-secondary programs/activities, To discuss disciplinary matters, Manifestation Determination Review, To develop, review or revise FBA or BIP, Other (text box)"
- In Forms of Contact chart, "Correspondence, Telephone Calls, Home Visits, Outreach Activities, Other" and **added** "Emails, Letters, Telephone Calls, Home Visits, Other (specify)"

### Added:

- Two additional Date: (line), Time: (line), and Location: (line) lines