

Evaluation Team Report (ETR)

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This module will cover the required components and detailed overview for the Evaluation Team Report – ETR process for school age children.

The ETR process is required by the Individuals with Disabilities Education Act (IDEA) and the Ohio Operating Standards for the Education of Children with Disabilities in order to establish the presence of a qualifying disability, or disabilities, of a child suspected to have a need for special education services and supports from ages 3 through 21 years old.

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The ETR process begins with a referral. The referral could come from the Intervention Assistance Team, the Teacher-Lead Team or other groups of professionals who provide interventions and supports for children who are struggling academically, functionally or behaviorally. A teacher and/or team would complete the Referral for Evaluation (PR-04). The parent may also initiate a request for an evaluation either in writing or verbally to the district.

The district would provide the parent a copy of the Parent Notice, then complete the Referral for Evaluation (PR-04) form. And a PR-01 indicating whether the district refuses to conduct an evaluation or indicating that the district WILL conduct an evaluation.

The PR-04 form must be signed by both the person initiating and the person receiving the referral.

Please note that a referral for evaluation should not be submitted by school personnel without including data from interventions applied to address the deficit or difficulty, since interventions are a required part of the evaluation process. Federal and state laws require that *“each school district shall provide interventions to resolve concerns for any preschool or school-age child who is performing below grade-level standards.”* (OAC 3301-51-06 (A)(2)). This would also include behaviors that interfere with the child’s access to or progress in the general education curriculum.

A school district may not use interventions to delay unnecessarily a child being evaluated to determine eligibility for special education services. If such interventions have not been implemented prior to referral for evaluation, appropriate interventions shall be implemented during the same sixty-day time frame during which the school district conducts a full and individual evaluation. OAC 3301-51-06 (A)(3)

The district must document the actual date the referral was received. This starts the 30-day timeline to inform the parents what the district intends to do and to obtain parental consent for an initial evaluation, if the district determines an evaluation is necessary.

Within the 30-day timeline, if the district believes there is no suspected disabilities and declines to conduct an evaluation, the district must send the parent a Prior Written Notice (PR-01) stating the actions and the reasons the district refuses to initiate an evaluation.

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Evaluation planning is a required component of the evaluation process.

The evaluation planning does not require a face-to-face meeting. It can be held over the phone, through email or other correspondence.

The parent must be included in the planning process, or the district needs to document that the parent declined to participate or was not available after reasonable attempts were made to involve them.

The results of the planning process must be documented on the planning form which is a component of the Evaluation Team Report (PR-06).

You must indicate the appropriate planning form (school age or preschool) on the front page of the ETR.

Please Note: If Specific Learning Disability (SLD) is one of the suspected disabilities and later decided it is not the eligibility determination, Part 3 still must be completed and attached to the ETR.

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If the district suspects a disability and feels an evaluation is necessary, the district must invite the parent to participate in the evaluation planning process, if the District decides to hold an actual Planning meeting, they will need to send the Parent Invitation (PR-02) form to the parent.

This form also indicates other persons that have been invited to participate in the planning meeting such as the child, whenever appropriate, and outside agencies that would be involved in secondary transition.

Many parents need as much notice as possible to be able to attend these meetings.

Parents who have jobs where scheduling is not flexible or have childcare requirements need significant notice to schedule the time off in order to attend this meeting as well as other meetings within this process.

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On the top of the school-age ETR planning form, there is a space to enter the suspected disability. There may be multiple suspected disabilities and they all should be listed here.

The planning form consists of three columns, two that need to be completed by the team.

The first column lists Assessment Areas Related to Suspected Disabilities.

The second column will indicate all data and documentation that the team currently has OR needs to address for the items listed in the first column.

The team will decide if there is “Sufficient Data Available,” if “Additional Testing/Data Needed,” or if it is “Not Applicable” for each listed assessment.

The third column documents the title of the person responsible for gathering the data and documentation.

The signatures and dates at the bottom of the planning form are the district’s documentation that the parent and the appropriate team members were part of the planning process. If the parent does not sign the planning form, the district will need to have additional documentation such as documentation of attempts to participate in the planning process (OP-09) showing reasonable efforts were made to obtain the parent’s input regarding the evaluation. If the parent was unable or declined to be involved, documentation must be kept by the district as well as explained on a PR-01 sent to the parent.

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Parent consent must be obtained before any evaluation is conducted using the Consent for Evaluation, PR-05 even when no new testing is required.

Parent consent means informed consent, that the parent has been involved in the evaluation planning process, has had their rights explained to them, and understands what granting their permission to conduct an evaluation by the district means.

At the end of the evaluation planning process, the district presents the parent with the Consent for Evaluation (PR-05). This form documents *informed, written consent* given by the parent or guardian, allowing the district to proceed with the proposed evaluation, assessments and data collection.

Remember if informed consent was given via a phone call, the parent still must sign the PR-05.

The 60-calendar day timeline to complete an initial evaluation starts on the date the district receives parental consent.

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Under 34 CFR §300.300(c)(2), the public agency does not need to obtain informed parental consent for the reevaluation if the public agency can demonstrate that it made reasonable efforts to obtain consent for the reevaluation, AND the child's parent has failed to respond to the request for consent. This means that a public agency may conduct a reevaluation of a child with a disability without using the consent override procedures. Section 300.300(d)(5) of the regulations provides that in order to meet the reasonable efforts requirement, the public agency must document its attempts to obtain parental consent using the procedures in 34 CFR §300.322(d). These procedures include detailed records of telephone calls made or attempted and the results of those calls, copies of correspondence sent to the parents and any responses received, and detailed records of visits made to the parent's home or place of employment and the results of those visits.

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The Prior Written Notice (PR-01) must be sent to the parent after the planning meeting, explaining all the assessments and evaluations proposed.

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Under Federal and State requirements, school districts must assess children "in all areas related to the suspected disability."

The evaluation shall be comprehensive and identify all the child's special education and related service needs.

All areas of possible issues must be assessed – vision, hearing and any other area that may affect the child's learning and functional speech.

Failure to assess in all areas of suspected disability can result in the failure to provide services to meet each of the child's needs. If the need is never identified, it cannot be addressed through the IEP.

To address all areas of a suspected disability, a thorough collection of data will need to take place (observations, interventions and assessments) and from a variety of sources (parents, teachers and specialists).

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Five disability categories have required assessment components as part of the evaluation process. They are:

- Specific Learning Disability (SLD): OAC 3301-51-06(H)
- Intellectual Disability (ID): OAC 3301-51-01(B)(10)(d)(ii)
- Multiple Disabilities (MD): OAC 3301-51-06(l); and 3301-51-01(B)(10)(d)(vii)
- Visual Impairments (VI): OAC 3301-51-01(B)(10)(d)(xiii)
- Hearing Impairments (HI): OAC 3301-51-01(B)(10)(d)(vi)

As part of the planning process, the team will need to ensure it has documented the inclusion of all components on both the evaluation planning form and within the ETR. Please review the cited portions of the Operating Standards for more information regarding the required assessment components.

For reevaluation of students who are in the category of Specific Learning Disability (SLD), it is NOT necessary to redo the intervention process. However, there should be documentation that current observations and assessments in the specific areas of weakness were completed. Updated classroom observations must also be completed.

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Summary of Required Forms for Evaluation (Referral and Planning)

The PR-01 Prior Written Notice must be sent to the parents if the district decides not to initiate the evaluation process. The notice needs to state the action and the reason the district refuses to initiate an evaluation.

The PR-04 Referral for Evaluation is completed by the district and begins the referral process. The district has 30 days to determine if an evaluation is necessary.

The PR-02 Parent Invitation must be sent to the parent to invite them to the evaluation planning meeting.

Evaluation Planning Form (component of PR-06) documents the results of the evaluation team planning meeting.

The PR-05 Consent for Evaluation must be signed by the parent after the evaluation planning process. This form may be presented to the parents at the planning meeting to obtain their signature.

It is recommended a PR-01 Prior Written Notice be sent to the parent after the planning meeting explaining all assessments and evaluations proposed.

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The Individual Evaluator's Assessment form must be filled out for each entry of data and testing results from individuals identified on the planning form as responsible for part of the evaluation process.

The form includes the evaluator's name, title or position, areas of assessment or data collected as listed on the planning form and the evaluation or data collection methods and strategies.

There must be information collected and reported in Part 1 to match all areas as stated on the planning form as either data available or further testing needed.

We like to point out it is critical that the general education teachers and intervention specialist complete their required Part 1, Individual Evaluators Forms, therefore the school psychologist can comprise a comprehensive evaluation team report (ETR) that will clearly represent the needs for the child.

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The summary of assessment results must be clearly stated in terms all team members, including the parent, will understand.

It should include the source of the assessment, testing or information collection protocols involved, the date the assessment was conducted or the date of previously available information and the interpretation of the assessment results where applicable.

There must be a complete description of educational needs based upon the assessment results that include relative strengths, areas of need and baseline data where appropriate.

The evaluator must clearly describe implications for instruction and progress monitoring based upon the results of the assessments and description of educational needs. The implications for instruction should include more than a list of accommodations recommended for that student. It should suggest instructional strategies and proposed progress monitoring that would help the child access and make progress in the general education curriculum.

Finally, the Individual Evaluator's Assessment page must be signed by the evaluator who provided the input and be dated to reflect the date of the signature.

All Part 1s are summarized in Part 2 and can be revisited during the evaluation ETR meeting for more clarification if necessary.

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For an initial evaluation the ETR must contain a summary of the specific interventions provided to the child. If interventions have not been provided prior to referral, interventions can be done at the same time as the evaluation is being conducted.

Remember: Interventions may continue to be provided once the initial evaluation process has begun, but the ETR may not be delayed in order to complete interventions. The 60-day timeline from the receipt of the written parental consent to the completion of the initial evaluation may not exceed due to the desire to complete current interventions.

The data from interventions provided in an initial evaluation will be documented on the PR-04.

This area in Part 2 must also be included in reevaluations if interventions were implemented. There are separate spaces for initial evaluation summaries and reevaluation intervention summaries on the ETR form.

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Using the information provided on the PR-04, Referral for Evaluations, you can complete the summary of intervention for an initial evaluation, this summary must include:

- The specific research-based or evidence-based intervention(s) provided.
- The length of time the interventions were provided -- the number of weeks or months during which each intervention protocol was provided.
- The intensity refers to how often interventions were applied and how many minutes each intervention session lasted.
- The results of the intervention(s) compared to the baseline at the beginning of the interventions, or the pre-test.

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Specially designed instruction as described in the IEP does not need to be summarized in this Part.

However, this summary does need to be completed for all reevaluations if a child is receiving other specific interventions that are not documented in the IEP.

A child who is receiving specially designed instruction for an identified area of disability may need additional interventions in other subject areas where specially designed instruction is not indicated but where the student has needs. These interventions must also be summarized on the reevaluation.

Please note: if no interventions were provided, there must be a statement to that effect in this Part.

A good example of that statement would be this: It was determined by the ETR team that the student is making adequate progress with current special education supports and services.

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The reason for an evaluation should be more than a statement that a reevaluation must occur every three years by law. It should refer to the need to determine a continued qualification as a child with a disability or to determine if the child qualifies through an initial evaluation based upon referral information.

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The next area summarizes information provided by the parent.

The Operating Standards state: Data and information provided by the parent of the child are required to be addressed and may become a component of any initial evaluation or reevaluation upon team agreement. Parents should never be listed as the person responsible for any assessment on the Planning form.

If information provided by the parent is listed on the ETR planning page, the information must appear in Part 1 and be summarized in Part 2 of the ETR. It should list relevant content relating to the student's background, medical history, strengths and needs for the purpose of the evaluation process. If this information is provided through an interview, checklist or questionnaire, the relevant information must be summarized in the Summary of Assessment in Part 1 by the person responsible for gathering that data.

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Summaries of observations by teachers and related service providers are required for all initial evaluations and reevaluations for all disability categories as identified on the planning form. The data should quantify the child's performance in terms of frequency, duration and intensity.

The observation should include a summary of the child's academic performance and behavior in the areas of suspected disability as observed in the child's learning environment, including the general education setting. Each observation conducted must be documented in Part 1 of the ETR by a licensed teacher or related service provider. Children who are out of school for medical or disciplinary reasons should be observed in an environment appropriate for a child of that age and familiar to the child.

Observations for initial and reevaluations cannot be conducted without informed parental consent (PR-05).

Classroom-based observations should take place in the typical learning environment and not in an assessment situation (such as in the psychologist's office during standardized testing). Ideally, they would be conducted by someone other than the person delivering instruction so the observer can take clear notes on both the

instruction and the student's behaviors. It is also ideal if observations occur in multiple situations (subjects/settings/instructor)

Observations may not occur during actual testing or assessment procedures. Observations must be done in the setting where the behavior or skill in question is most likely to occur or present itself. The observation must be relevant to the suspected disability. They must occur in the child's natural learning environment and be current.

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The focus in this Part is on information that is educationally relevant and current.

It may be important to reference medical history if it impacts current functioning (For example, traumatic brain injury), or will require related services support (for example, orthopedic support or other devices).

If the child has a history of hospitalization or out-patient treatment, this information should be included in the medical information as it potentially affects behavior or learning.

Information about the child's medical condition should include concerns or conditions that could affect the child's ability to participate in the general education curriculum and in any other type of school activity such as recess, lunch time, emergency drills or extra-curricular activities.

Include any medications or over-the-counter substance that may be administered during the school day or at home that may impact educational performance.

Any medical procedures that may be required during the school day must be addressed to include a specific description of the procedure requirements, what medications or equipment are required, who is authorized and trained to provide the medical procedure or assistance, when it is to be provided – how often or under what circumstances, and any other pertinent details related to the student's medical needs.

This part would also explain any specific needs for medically related assistive technology.

Please note: A medical diagnosis alone is not sufficient to support an eligibility determination. All determinations of eligibility must be based upon multiple assessments and whether the child can access the general education curriculum without special education services.

Educationally relevant medical information must be summarized in Part 1 and Part 2.

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“Current” classroom-based observations and observations by teachers and related service providers may already exist for a child, since many teachers and related service providers use observations as a method to collect progress monitoring data for annual goals.

The word “current” is not defined in the state or federal rules, but, in general, would be considered by the IEP team to be an observation conducted during the current school year, or at least done within the past 12 months. IEP teams should always use the most current assessment data for evaluations, and must consider the relevancy and validity of older assessments.

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Classroom-based evaluations and Progress in the General Curriculum Part 1s can be completed by general education teachers as well as any intervention specialist who is working with the student to provide the needed

information for this assessment. This information must be completed in a Part 1 using the title of the assessments as classroom-based evaluation and Progress in the general Curriculum.

If this information is provided through an interview, checklist, or questionnaire, you must provide a summary of all the answers, comments or areas checked off on the checklist.

Descriptions of educational needs as well as Implication for instruction and progress monitoring will also need to be completed.

This form is very beneficial to the member of the team who is requesting it, so timely completion and proper documentation is paramount.

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Part 2: Summary of all assessment results should include:

- A summary of the key findings across all areas assessed or reported –not just a re-statement of every assessment result from Part 1s ;
- The relationship of the results to the referral and suspected disability; and
- A description of the child’s performance compared to specific and measurable baseline data, as appropriate

The summary needs to be stated in language that is understandable to all team members, including the parent.

The summary should describe the child’s strengths and areas of concern to develop effective interventions and describe conditions or limitations that impact the validity of the results identified.

Limit the use of percentile scores, stanine scores, standard scores, along with charts and graphs.

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This is a summary of how the child qualifies for special education services and/or related services. The needs in this section will tie directly to the implications for instruction. The description needs to contain enough specific information about the child that will allow accurate supports and services to be identified.

This description should:

- Include relevant strengths and weaknesses from all Part 1s completed
- Be clear and concise;
- Include the child’s current skills and functional levels;
- Explain how the child may experience difficulty in accessing or making progress in the general education curriculum;
- Be in language that is understandable to all team members including the parent;
- Provide direction for access to the general education curriculum; and
- Consider the results of the interventions provided to the child prior to the initial evaluation.

Please remember: These are suggested educational needs. Be careful not to predetermine services.

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The Implications for Instruction and Progress Monitoring section should be clearly described in this section of the ETR. This must include how progress will be monitored in relation to goals and services.

This section provides a summary of proposed supports and services to address the child’s educational and functional needs.

It is important to describe the instruction or services individualized to the student's needs, not just a standard list of accommodations or modifications.

The ETR team must include suggestions or recommendations for progress monitoring and data collecting procedures.

Consider using words such as “may benefit”, “might”, “might need”, when suggesting implications for instruction so they may not be interpreted as predetermination.

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A Qualified Team. For Initial Evaluations, this group includes:

1. Parent
2. A group of qualified professionals that includes;
 - The child's general education teacher.
 - Person qualified to conduct individual assessments and interpret the results of those assessments. (Such as a School Psychologist)
 - District Representative, who **is**:
 - Qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - Knowledgeable about the general education curriculum; and
 - Knowledgeable about the availability of resources of the school district.
3. Additional group members for determining a specific learning disability (SLD) would include:
 - The child's general education teacher; or if the child does not have a general education teacher, a general education classroom teacher qualified to teach a child of his or her age; or
 - For a child of less than school age, an individual qualified by the State Educational Agency (SEA) to teach a child of his or her age; and
 - At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech language pathologist, or remedial reading teacher.
4. When appropriate, the child.

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For Reevaluations, the IEP team is the Qualified Team, which includes:

1. Parent
2. General Education Teacher of the child
3. Special Education Provider of the child
4. An individual who can interpret the instructional implications of evaluation results
5. **District** Representative who is:
 - Qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - Knowledgeable about the general education curriculum; and
 - Knowledgeable about the availability of resources of the school district
6. At the discretion of the parent or the school district, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
7. Whenever appropriate, the child with a disability

If the child does not have a general education teacher during the day, it is recommended to have a representative who is knowledgeable of the general education curriculum.

If related services are provided to the child or are indicated in the ETR, the related service personnel should be part of the ETR team.

Any team member who is not in agreement with the team's determination of disability shall submit a statement of disagreement.

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A group of qualified professionals and the parent determine whether the child is a child with a disability.

The team must verify that the determining factor for the child's poor performance is NOT the result of a lack of appropriate instruction in reading or math, or limited English proficiency. The team has determined that the presence of the disability adversely affects the child's progress in the general education curriculum.

The child must meet the eligibility criteria for the disability category under consideration, and the child must require specially designed instruction, not just accommodations, to access the general education curriculum.

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The team must provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in the Operating Standards.

This cannot be just a copy and paste from the disability category description. This is a culmination of all the components within the ETR to create a final summary describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). The summary must also include how the disability affects the child's progress in the general education curriculum.

Remember, if the Planning Form has more than 1 suspected disability, there must be a statement regarding how the student DID NOT meet the other disability qualifications.

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This is where the team members sign the ETR. The ETR signature page must include the date of the meeting, the date of the last ETR (for reevaluations) and the date of the referral for evaluation.

All team members must indicate agreement with the determination or submit a statement of disagreement.

The school district must provide a copy of the evaluation team report and the documentation of determination of eligibility or continued eligibility to the parents prior to the next IEP meeting and in no case later than 14 days from the date of eligibility determination (Operating Standards 3301-51-06 (G)(1)(b)).

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Part three of the Evaluation Team Report documents the requirements for determining the existence of a specific learning disability.

The portion of the Operating Standards addressing specific learning disability must be used and referenced when a specific learning disability is suspected or is being reviewed for a reevaluation.

A specific learning disability affects the child's ability to listen, think, speak, read, write, spell or do math calculations. It could also include perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia or developmental aphasia.

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Additional team members for determining or confirming a specific learning disability must include:

- The child's parents,
- The child's general education teacher or
- At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist or remedial reading teacher.

This last requirement differs from the team requirement for initial or reevaluations in other disability categories in that, for Specific Learning Disability evaluations, this person must be qualified to conduct assessments, not simply interpret the results of the assessments.

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When a teacher or team proposes to provide interventions prior to making a referral for an initial evaluation, written notification is required to be sent to the parent.

If the child is to participate in a process that assesses the child's response to scientific, research-based interventions, parents must be notified of:

- State policies regarding the amount and nature of student performance data that would be collected, and the general education services provided;
- Strategies to increase the rate of learning; and
- The parents' right to request an evaluation.

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Part 3(A) of the Evaluation Team Report - Identified Areas for Specific Learning Disability Identification in the category of Specific Learning Disability requires that: The child does not achieve adequately for the child's age or to meet state-approved, grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

These areas include:

- Oral expression;
- Listening comprehension;
- Reading fluency skills;
- Reading comprehension;
- Written expression;
- Basic reading skills;
- Mathematics calculation; or
- Mathematics problem-solving.

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No single measure can be used as the sole criterion for determining eligibility. Multiple forms of assessment that are technically sound must be used. A current classroom observation must be included as part of the process for determining if the child has a specific learning disability.

Interventions that are used must be:

- Research/evidence-based;
- Provided at appropriate levels of intensity, frequency, duration and integrity; and
- Relative to the child's identified needs.

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The use of Part 3(C) patterns of strengths and weaknesses requires prior approval granted by the Ohio Department of Education. The district must have a board-adopted procedure for determining Specific Learning Disability.

Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

- This method must establish that the child exhibits a pattern of strengths and weaknesses in performance and/or achievement relative to age;
- State-approved grade-level standards; or
- Intellectual development.

The procedures used must be relevant to the identification of a specific learning disability and must include data from appropriate assessments.

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The team must determine that its findings are NOT primarily the result of:

- A visual, hearing, or motor disability
- Intellectual Disability
- Emotional Disturbance
- Limited English Proficiency
- Environmental or Economic Disadvantage
- Cultural Factors

Appropriate assessments must be conducted to rule out these factors as primary effects causing the apparent disability.

For example, behavior and social-emotional assessments must be conducted to establish that the deficit is not primarily a result of a behavior or emotional disturbance.

Especially in the initial evaluation process, all possible factors related to the suspected disability must be assessed and considered.

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For underachievement due to lack of appropriate instruction, the team must demonstrate with valid and reliable data that:

- The child was provided appropriate instruction; and
- Repeated assessments of achievement were completed at reasonable intervals showing student progress (or lack of).

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Interventions that are used to establish this must be:

- Scientifically researched based'
- Provided at appropriate levels of intensity, frequency, duration and integrity; and
- Relative to the child's identified needs.

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Ongoing progress monitoring must:

- Include technically adequate assessment procedures;
- Be conducted while the child is receiving research evidence-based instruction; and
- Be reported to the child's parents.

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The district must:

- Conduct all the assessments required for a Specific Learning Disability initial evaluation (apart from repeating the intervention process);
- Use data that are currently available;
- Include current classroom observations; and
- Include current classroom achievement data even when conducting a record-review reevaluation.

You cannot skip any of the evaluation processes for Specific Learning Disability.

All the information used in Specific Learning Disability reevaluations need to be updated to reflect current levels of achievement.

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For more information, please visit:

<https://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/>

For further support, contact your State Support Team (SST). To find your SST, please visit:

<https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>

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Thank you!

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