

Lordstown Local School District
IRN: 050203

Ohio Department of Education and Workforce
Office for Exceptional Children
2024-2025 IDEA Monitoring Review Summary Report

Introduction

The Ohio Department of Education and Workforce, Office for Exceptional Children, would like to extend appreciation to the Lordstown Local School District staff for their efforts, attention, and time committed to the completion of the review process.

Definition of terms in this document:

Individual Corrections or Record Corrections refers to the correction of Individualized Education Programs (IEPs), Evaluation Team Reports (ETRs), and other special education records that were reviewed by the Department and found to be noncompliant.

Systemic Corrections refers to noncompliance within the larger systems at work to implement IDEA within the educational agency. This includes but is not limited to Systemic Correction of records and special education procedures and practices to document ongoing compliance with IDEA requirements.

Overview

The following report is a summary of the onsite review conducted by the Department on December 10 – 11, 2024, as part of its general supervision requirements under the Individuals with Disabilities Education Act (IDEA).

During the onsite review, the Department monitors the educational agency's implementation of IDEA to ensure compliance and positive results for students with disabilities. The primary focus of the review is to:

- Improve educational results and functional outcomes for all students with disabilities; and
- Ensure that educational agencies meet program requirements under Part B of IDEA, particularly those requirements that are most closely related to improving educational results for students with disabilities.

Onsite reviews are targeted to include the following specific areas:

- Child Find;
- Delivery of Services;
- Least Restrictive Environment;
- IEP Verification of Delivery of Services;
- Parent Input; and
- Teacher, Special Education Service Provider, and Administrator Interviews.

Data Sources

During the review, the Department considered information from the following sources:

1. Parent Input

Lordstown Local School District mailed/e-mailed 92 letters of the Department's notification of review to all families with students with disabilities in the educational agency. The educational agency posted the notification of review on its website which included a link to a recorded presentation from the Department providing an overview of the monitoring review process. The presentation also provides contact information and requests parents to provide comments to the Department regarding the special education program in their school. The notification of review was also posted on the Department's website.

The Department did not receive any comments.

2. Pre-Onsite Data Analysis

The Department conducted a comprehensive review which included district, building and grade level data; Special Education Profile; Ohio School Report Cards; Comprehensive Continuous Improvement Plan (CCIP) and/or OnePlan; and Education Management Information System (EMIS) data. The data analysis assisted the Department in determining potential growth areas for improvement and educational agency strengths.

3. Record Review/IEP Verification

Prior to the onsite visit, the Department staff reviewed 16 records of school-age students with disabilities. The Department staff selected records of students with disabilities from a variety of disability categories and ages. 9 student records were selected for IEP verification in the classroom setting. During the IEP verifications, OEC staff noticed that teachers were very knowledgeable of the students' goals and other needs outlined in the IEPs. Students and staff appeared to have built good rapport with each other.

4. Staff/Administrative Interviews

On Tuesday December 10, 2024, the Department consultants held 10 sessions of interviews with 4 administrators and 45 teachers, school counselors, related services personnel, school psychologists, and paraprofessionals. Interviews focused on the following review areas: Child Find; Delivery of Services; Least Restrictive Environment (LRE) and IEP alignment and Discipline.

Strengths/Commendations:

Staff stated they try hard to engage with parents and build relationships and because of this families trust them. Teachers are heavily involved with their students and are working with families, looking at the supports that are needed based on academics or behavior.

Staff stated that the Special Education Director has an open-door policy and meets with all staff one on one for support as needed and requested by them. Staff were very grateful for her support and felt like students with disabilities are excelling because of this. This distinctive foundation will allow the school to be successful with their implementation of OEC's Monitoring Process and recommendations.

Findings of Noncompliance/Required Actions

A finding is made when noncompliance is identified by the Department with IDEA and Ohio Operating Standards requirements. Findings are also made when noncompliance is identified in relation to the evaluation team report (ETR) and/or individualized education program (IEP) requirements. For a noncompliance level of 30% or greater in any single area or for identified areas of concern that did not reach 30% or greater, a Corrective Action Plan (CAP) will be developed to address those areas. All noncompliance identified by the Department as part of the review (listed by subject area in the *Department's Review Findings and Educational Agency Required Actions Table*) must be corrected as indicated in the *Evidence of Correction/Recommendations* column.

Refer to the details of requirements in the **Evidence of Findings and Evidence of Correction/Recommendations table below**, and the attached **Individual Record Review Comment Sheets for specific individual record corrections**.

The Department provides separate written correspondence to the parent/guardian when action is required to correct findings of noncompliance for individual students. The educational agency will receive copies of this correspondence.

Corrective Action Plan (CAP)

The educational agency will develop a CAP to address any items identified in this summary report. An approved form for the CAP will be provided by the Department or can be accessed on the Department's website by using the keyword search "Monitoring". The CAP developed by the educational agency with SST assistance must include the following:

- Activities to address all areas identified in this summary report;
- Documentation/evidence of implementation of the activities;
- Individuals responsible for implementing the activities;
- Resources needed;
- Completion dates; and
- Continued Plan for Improvement and/or Compliance.

The educational agency must submit the CAP by email to Chralin.Forsthoefel@education.ohio.gov within 30 school days from the date of this report. The Department will review the CAP submitted by the educational agency for approval. If the Department determines that a revision(s) is necessary, the educational agency will be required to revise and resubmit. The educational agency will be contacted by the Department and notified when the action plan has been approved.

CAP Due Date: April 8, 2025

Department Trainings

As part of the Department monitoring process, Lordstown Local School District personnel, as identified by the Department, are required to complete the OEC Special Education Process Learning Management System (LMS) training modules within **30 school days** from the date of this report. The Department will provide specific instructions on completing these training modules during the Summary Report presentation. Participants must achieve 80% or more on each quiz. Participants who do not achieve at least 80% will be contacted by the State Support Team (SST) for additional training.

Completion of LMS Training Modules Due Date: April 8, 2025

Individual Correction

The educational agency has **60 school days** from the date of this report to correct all identified findings of noncompliance for individual students whose records were selected and reviewed by the Department during the onsite review unless noted otherwise in the report. Detailed information on individual findings is provided in a separate report.

Individual Correction Due Date: May 27, 2025

CAP Activities and Systemic Correction

The educational agency will provide the Department with documentation verifying the educational agency's completion of all CAP activities and all systemic corrections noted in this summary report. The Department will verify systemic correction through the review of this documentation and a review of additional student records.

Completion of CAP Activities and Systemic Correction Due Date: November 10, 2025

Once the educational agency has completed all action plan activities, the educational agency will plan for continuous improvement through the One Needs Assessment and One Plan with Department and SST assistance.

For questions regarding the review, please contact: Chralin Forsthoefel, the Department's IDEA Monitoring Contact, at 614 595-4088, toll-free at (877) 644-6338, or by e-mail at Chralin.Forsthoefel@education.ohio.gov

The Department's Review Findings and Educational Agency Required Actions

Component 1: Child Find

Each educational agency shall adopt and implement written policies and procedures approved by the Ohio Department of Education and Workforce, Office for Exceptional Children, that ensure all children with disabilities residing within the educational agency, regardless of the severity of their disability, and who are in need of special education and related services are identified, located, and evaluated as required by the Individuals with Disabilities Education Improvement Act of 2004 and Federal Regulations at 34 C.F.R. Part 300 pertaining to child find, including the regulations at 34 C.F.R. 300.111 and 300.646 and Rule 3301-51-03 of the Ohio Operating Standards serving Children with Disabilities.

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
<p>CF-1</p>	<p><u>OAC 3301-51-06 [Evaluations]</u></p> <p>Eleven (11) out of 16, or 69% of evaluations reviewed did not appropriately document interventions provided to resolve concerns for the child performing below grade-level standards.</p> <p><u>Interviews</u></p> <p>Interview participants confirmed that, although interventions are provided through various processes across the district, they are not uniformly documented in ETRs.</p> <p><u>Concerns Noted</u></p> <p>During review of records, if interventions were provided to students in addition to the specially designed instruction, related services, and other supports contained in the IEP all components were not provided. Often these intervention details were missing a description of the results compared to the baseline data and what the team's decision was as a result of the intervention(s).</p>	<p><u>Individual Correction</u></p> <p>The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding documentation of intervention and supports provided prior to completion of the initial and reevaluation team report. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>It is recommended Lordstown Local develop a procedure of checks and balances within their internal monitoring process, to ensure interventions that are being provided to students are correctly documented within Part 1s of the ETR as well as in the Part 2 Summary of Interventions.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
<p>CF-2</p>	<p><u>34 CFR 300.501(b) [Parent participation in meetings] and OAC 3301-51-06 (E)(2)(a) [Evaluation procedures].</u></p> <p>One out of 16, or 6% of student records reviewed did not show evidence that the parent was afforded the opportunity to participate in the evaluation team planning process.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must provide evidence that the parent was involved or provided the opportunity to participate in the evaluation planning process. The evidence may include evaluation planning form, prior written notice, parent invitation, referral form or communication log.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
		<p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices</p> <p>It is recommended that the educational agency review and revise its written procedures and practices that include the parent in the evaluation planning process. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	
CF-3	<p>34 CFR 300.300 [Parental Consent]</p> <p>Three out of 16, or 19% of student records reviewed did not provide evidence of parental consent obtained prior to evaluation.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must provide evidence that the parent provided informed, written consent for evaluation, based upon the planning form. Or the agency must show documented repeated attempts to obtain informed, written consent to which the parent did not respond.</p> <p>The evidence may include, prior written notice, parent invitation, communication log, or other documented attempts to obtain parental informed, written consent.</p> <p>If the educational agency cannot provide documentation that the parent provided informed, written consent for evaluation, or did not respond to repeated attempts to obtain consent, the agency must conduct a reevaluation including documentation of parental consent.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices for obtaining informed parental consent. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-4	<p>34 CFR 300.304(c)(4) [Other evaluation procedures] OAC 3301-51-01 [Applicability of requirements and definitions] and 3301-51-06 (E)(2)(a) [Evaluation procedures]</p> <p>Sixteen (16) out of 16, or 100% of evaluations reviewed did not provide evidence that the evaluation addresses all areas related to the suspected disability.</p> <p><u>Interviews</u></p> <p>Staff indicated that they are unsure how to complete the Part 1s and could benefit from training.</p> <p><u>Concerns Noted</u></p> <p>During the review of records, it was noted that several Part 1s were missing the required components. For example, some records where Observation was listed as additional testing on the planning form, the observation did not include a date or location for the observation. Additionally, some assessments that were identified on the planning form were not included in a Part 1.</p>	<p><u>Individual Correction</u></p> <p>The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices to provide evidence that the evaluation addresses all areas related to the suspected disability. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>There is an opportunity to provide professional development and technical assistance to support staff with the completion of the Part 1s, especially with identifying educational needs and specific implications for instruction.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
CF-5	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Ten (10) out of 16, or 63% of evaluations reviewed did not show evidence of clearly stating the summary of assessment results.</p> <p><u>Interviews</u></p> <p>Staff indicated that they are not actively involved in the development of the Part 2 summary of assessment results.</p> <p><u>Concerns Noted</u></p> <p>During the review of records, the information from Part 1, in some instances, was entirely omitted from Part 2. Information in Part 1 must be brought forward to Part 2 in a manner that can be clearly understood by the parent and used by the IEP team to develop meaningful goals and services.</p>	<p><u>Individual Correction</u></p> <p>The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding summary of data and assessment results. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>It is recommended that Lordstown Local develop an internal monitoring and review process to ensure compliance with the completion of the Part 2 Summary of Assessment Results so that all areas assessed in a Part 1 Individual Evaluator's Assessment are carried over into the completion of Part 2.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-6	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Ten (10) out of 16, or 63% of evaluation team reports reviewed did not contain a clear and succinct description of educational needs.</p> <p><u>Interviews</u></p> <p>Staff indicated a need for professional development in the areas of identifying appropriate educational needs based upon the summary of assessments.</p> <p><u>Concerns Noted</u></p> <p>During the review of records, the information from Part 1, in some instances, was entirely omitted from Part 2. Information in Part 1 must be brought forward to Part 2 in a manner that can be clearly understood by the parent and used by the IEP team to develop meaningful goals and services.</p>	<p><u>Individual Correction</u></p> <p>The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding description of educational needs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>Lordstown Local has an opportunity to develop an internal practice to monitor the completion of the Part 2 Summary of Assessment Results so that all areas assessed in a Part 1 Individual Evaluator's Assessment are summarized in the Part 2 summary. This is an opportunity for professional development and/or targeted technical assistance from the State Support Team staff.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
CF-7	<p>34 CFR 300.306(a)(1) [Determination of eligibility] OAC 3301-51-01 (B)(21) [Applicability of requirements and definitions]</p> <p>Three out of 16, or 19% of evaluations reviewed did not show evidence that a group of qualified professionals, as appropriate to the suspected disability, were involved in determining whether the child is a child with a disability as well as the child's educational needs.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must provide evidence that the parent was involved or provided the opportunity to participate in the evaluation planning process. The evidence may include evaluation planning form, prior written notice, parent invitation, referral form or communication log.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding the eligibility determination process to include all required team members. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-8	<p><i>OAC 3301-51-01 (B)(10) [Definitions] and 3301-51-06 [Evaluations]</i></p> <p>Twelve (12) out of 16, or 75% of evaluations reviewed did not provide a justification for the eligibility determination decision.</p> <p><u>Interviews</u></p> <p>Staff indicated they could use additional training to understand how to write a compliant justification statement for the disability determination.</p> <p><u>Concerns Noted</u></p> <p>In many cases, the justification statement did not identify how the disability affects the child's progress in the general education curriculum. Additionally, Part 3 [Specific Learning Disability (SLD) Document for Determination] was not completed when it was a suspected disability category but not determined to be the student's eligibility category.</p>	<p><u>Individual Correction</u></p> <p>The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the eligibility determination decision. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>The educational agency would benefit from professional development from the State Support Team on how to write a compliant justification statement for the disability determination and when to fill out Part 3.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Component 2: Delivery of Services

Each educational agency shall have policies, procedures and practices to ensure that each child with a disability has an IEP that is developed, reviewed, and revised in a meeting and implemented in accordance with 300.320 through 300.324.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
<p>DS-1</p>	<p>SPP Indicator 13 34 CFR 300.320(b) [Transition services] OAC 3301-51-07 (H)(2) [Definition of individualized education program]</p> <p>Six out of 6, or 100% of applicable IEPs reviewed did not show evidence that the postsecondary transition plan met all eight required elements of the IDEA for the student:</p> <ol style="list-style-type: none"> 1. There are appropriate measurable postsecondary goal(s). 2. The postsecondary goals are updated annually. 3. The postsecondary goals were based on age-appropriate transition assessment (AATA). 4. There are transition services that will reasonably enable the student to meet the postsecondary goal(s). 5. The transition services include courses of study that will reasonably enable the student to meet the postsecondary goal(s). 6. The annual goal(s) are related to the student's transition service needs. 7. There is evidence the student was invited to the IEP Team Meeting where transition services were discussed. 8. When appropriate, there is evidence that a representative of any participating agency was invited to the IEP Team Meeting. <p>Interviews</p> <p>Interviews noted a lack of understanding of the secondary transition process and responsibilities, indicating a need for training and technical assistance in this area.</p> <p>Concerns Noted</p> <p>During the review of records, the transition services were not individualized based on the students' needs. The needs identified should be different from what is provided to any other student in the district.</p>	<p>Individual Correction</p> <p>The educational agency must reconvene the teams to review and correct the postsecondary transition plan for the IEPs identified as noncompliant.</p> <p>Systemic Correction</p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding transition services. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p>Opportunities for Improvement</p> <p>There is a need for all personnel involved with students of transition age to be trained in, and familiar with, the secondary transition process, including responsibilities at every level.</p> <p>Training must be provided to all ETR and IEP members responsible for assessing and writing transition plans to ensure they are compliant and beneficial to the student.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-2	<p>34 CFR 300.320(a)(1) [Definition of individualized education program]</p> <p>Thirteen (13) out of 16, or 81% of IEPs reviewed did not contain Present Levels of Academic Achievement and Functional Performance (PLOP) that addressed the needs of the student.</p> <p><u>Interviews</u></p> <p>During the interview sessions, staff members indicated a need for professional development on how to write measurable goals.</p> <p><u>Concerns Noted</u></p> <p>During review of records, some records did not provide present baseline data of the student’s performance in alignment with the condition, behavior, and performance criteria of the measurable annual goal. Additionally, some records did not provide a comparison statement of the student’s performance to expected grade level standards.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the IEP teams of the IEPs identified as noncompliant to review and amend the PLOP related to each goal to include the following information as it relates to each goal:</p> <ul style="list-style-type: none"> • Summary of current daily academic/behavior and/or functional performance compared to expected <u>grade-level</u> standards or to expected age-appropriate performance in order to provide a frame of reference for annual goal development in the specific area of academic and/or functional need; • Baseline data provided for developing a measurable goal (for example, ETR results, if current, formative academic assessments, curriculum-based measurements, transition assessments or functional behavior assessments); • Current performance measurement <u>directly</u> relates to the goal measurement. <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the review of current academic/functional data when writing IEPs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>There is an opportunity for professional development and/or targeted technical assistance in developing Present Levels of Academic Achievement and Functional Performance (PLOP) that clearly address the needs of the student, as well as relate to the measurable goals.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-3	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</p> <p>Seven out of 16, or 44% of IEPs reviewed did not contain measurable annual goals.</p> <p><u>Interviews</u></p> <p>During the interview sessions, staff members indicated a need for professional development on how to write measurable goals.</p> <p><u>Concerns Noted</u></p> <p>Goals often did not contain all required elements or were written with more than one mastery criteria for one skill.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend annual goals to contain the following critical elements:</p> <ol style="list-style-type: none"> 1. Clearly <u>defined behavior</u>: the specific action the child will be expected to perform. 2. The <u>condition</u> (situation, setting or given material) under which the behavior is to be performed. 3. <u>Performance criteria</u> desired: the level the child must demonstrate for mastery and the number of times the child must demonstrate the skill or behavior. <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the development of measurable annual IEP goals. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>There is an opportunity for professional development and targeted technical assistance in writing compliant measurable annual goals.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
DS-4	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</p> <p>All IEPs reviewed contain annual goals that address the child's academic area(s) of need.</p>	<p><u>Individual Correction</u></p> <p>N/A</p> <p><u>Systemic Correction</u></p> <p>N/A</p>	<p><input type="checkbox"/> NA</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-5	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education]</p> <p>Two out of 12, or 17% of applicable IEPs reviewed did not contain annual goals that address the child's functional area(s) of need.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the IEP. Annual goals must address the functional needs of the child unless the team provides evidence that the goals were prioritized based on the severity of the needs of the child.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding the IEP process of addressing identified functional needs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>
DS-6	<p>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e)(i) [Definition of IEP]</p> <p>Fourteen out of 16, or 88% of IEPs reviewed did not contain a statement of specially designed instruction including related services that addresses the individual needs of the child and supports the annual goals.</p> <p><u>Interviews</u></p> <p>Although most respondents indicated familiarity with the required elements for SDI components, there is still a need for further training and technical assistance in this area.</p> <p><u>Concerns Noted</u></p> <p>Review of records indicated that the SDI statement was missing instructional levels and specific skills to describe how the SDI differs from the general education instruction.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the specially designed instruction, as appropriate, to address the needs of the child.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the IEP process of determining specially designed instruction. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>It is recommended that professional development in the area of writing compliant SDI be provided by the State Support Team.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-7	<p>34 CFR 300.320(a)(7) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(i) [Definition of IEP] One out of 16, or 6% of IEPs reviewed did not indicate the specific location where the specially designed instruction will be provided.</p>	<p><u>Individual Correction</u> The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the location where the specially designed instruction will be provided.</p> <p><u>Systemic Correction</u> It is recommended that the educational agency review and revise its written procedures and practices regarding the IEP process of determining the location where specially designed instruction will occur. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>
DS-8	<p>34 CFR 300.320(a)(7) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(i) [Definition of IEP] All IEPs reviewed indicate the amount of time and frequency of the specially designed instruction.</p>	<p><u>Individual Correction</u> N/A</p> <p><u>Systemic Correction</u> N/A</p>	<p><input checked="" type="checkbox"/> NA</p>
DS-9	<p>34 CFR 300.324(a)(2)(v) [Development of IEP] OAC 3301-51-01(B)(3) [Applicability of requirements and definitions] All applicable IEPs reviewed identify assistive technology to enable the child to be involved and make progress in the general education curriculum.</p>	<p><u>Individual Correction</u> N/A</p> <p><u>Systemic Correction</u> N/A</p>	<p><input checked="" type="checkbox"/> NA</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-10	<p>34 CFR 300.320(a)(6)(i) [Definition of individualized education] OAC 3301-51-07 (H)(1)(g) [Definition of IEP]</p> <p>IEPs reviewed did not identify accommodations provided to enable the child to be involved and make progress in the general education curriculum.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review the accommodations that would directly assist the child to access the course content without altering the scope or complexity of the information taught and include them on the IEP.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding accommodations. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>
DS-11	<p>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e) [Definition of IEP]</p> <p>One out of 3, or 33% of applicable IEPs reviewed did not identify modifications to enable the child to be involved and make progress in the general education curriculum.</p> <p><u>Interviews</u></p> <p>Several staff members indicated a need for professional development in writing compliant modifications that meet the needs of a student.</p> <p><u>Concerns Noted</u></p> <p>On the record in question, the student’s modification regarding content, and instructional level were not defined. The record stated what the subject area was that the student needed modified but not how to support the student in those subjects.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review the modifications that would alter the amount or complexity of grade-level materials and would enable the child to be involved and make progress in the general education curriculum and include them in the IEP</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding modifications. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>Training from the State Support Team as well as an internal monitoring review system would be very helpful to promote compliance in the area of modifications.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-12	<p>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e) [Definition of IEP]</p> <p>All IEPs reviewed identify supports for school personnel to enable the child to be involved and make progress in the general education curriculum.</p>	<p><u>Individual Correction</u> N/A</p> <p><u>Systemic Correction</u> N/A</p>	<input checked="" type="checkbox"/> NA
DS-13	<p>OAC 3301-51-07 (H)(1)(h)(ii) [Definition of IEP]</p> <p>All applicable student records reviewed had a justification statement explaining why the student cannot participate in the regular assessment and why the alternate assessment is appropriate for the student.</p>	<p><u>Individual Correction</u> N/A</p> <p><u>Systemic Correction</u> N/A</p>	<input checked="" type="checkbox"/> NA
DS-14	<p>OAC 3301-51-07(L)(2) [Development, review and revision of IEP]</p> <p>Eleven (11) out of 13, or 85% of student records reviewed did not show evidence of progress reporting data collected and analyzed to monitor performance on each goal.</p> <p><u>Interviews</u></p> <p>Staff reported that the method of reporting annual measurable goals is left to the discretion of the teacher.</p> <p><u>Concerns Noted</u></p> <p>Progress reported does not align to measurement(s) used in the annual goal statement.</p> <p>Progress on the annual goal itself needs to contain qualitative data relating to the mastery level of the goal. Some record reviews only reflected documentation on objectives.</p>	<p><u>Individual Correction</u> None</p> <p><u>Systemic Correction</u> The educational agency must submit evidence to the Department of written procedures and practices regarding measurable annual goals and services consistent with progress made. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u> Professional development and targeted technical assistance from SSTs and an internal monitoring review system would promote compliance in the areas of progress monitoring.</p>	<input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
<p>DS-15</p> <p>Revised 3-5-25</p>	<p><i>OAC 3301-51-07(L) [Development, review and revision of IEP]</i></p> <p>one out of 4, or 25% of applicable IEPs reviewed did not show evidence that revisions were made based on data indicating changes in student needs or abilities.</p> <p><u>Interviews</u></p> <p>During interview sessions, it was shared that staff are aware of the process for amending the IEP; however, the data from progress monitoring did not indicate that staff executed the process when the progress notes showed a need.</p> <p><u>Concerns Noted</u></p> <p>During review of records, data indicated a need for a possible revision, but no revision or meeting to discuss instructional strategies was evident in student records. The IEP team should reconvene to address issues such as chronic absences or lack of progress.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams to review and amend the IEPs to reflect changes made based on current needs or abilities.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding using data to revise IEPs based on changes in student needs or abilities. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>Training from State Support Team staff as well as an internal monitoring review system would be helpful to promote compliance in the area of IEP revisions based on data.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>
<p>DS-16</p>	<p><i>34 CFR 300.321(5) [IEP team]</i> <i>OAC 3301-51-07(I) [IEP team]</i></p> <p>Three out of 16, or 19% of IEPs reviewed did not indicate that the IEP Team included a group of qualified professionals.</p>	<p><u>Individual Correction</u></p> <p>For the IEPs identified as noncompliant, the educational agency must</p> <ul style="list-style-type: none"> • Provide evidence that the IEP team, including the parent, participated in the IEP meeting; or • Provide evidence that the educational agency made reasonable attempts to include the parent in the IEP meeting; and/or • Provide documentation that the parent and the educational agency consent, in writing, to excuse the required member prior to the IEP meeting; or • Reconvene the IEP team to review the IEP with all required members present. <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding the involvement of all required team members, including the parent, in IEP meetings. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>

Component 3: Least Restrictive Environment (LRE) and IEP Alignment

Each educational agency shall ensure that to the maximum extent appropriate, children with disabilities, including children in public or nonpublic institutions or other care facilities, are educated with children who are nondisabled; and that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
LRE-1	<p>34 CFR 300.114 [LRE requirements] and 300.320(a)(5) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(f) [Definition of individualized education program]</p> <p>Five out of 16, or 31% of IEPs reviewed did not include an explanation of the extent to which the child will not participate with nondisabled children in the general education classroom.</p> <p><u>Interviews</u></p> <p>During interview sessions, it was shared that staff are aware of the continuum of placements of students within the District.</p> <p><u>Concerns Noted</u></p> <p>During a review of records, IEPs did not provide a justification statement as to why the student could not be served in the general education setting. This statement must be based upon individual student needs. This statement must also match the location listed in Section 7 of the IEP for specially designed instruction. Additionally, the student’s LRE location should match Section 7 and in some cases this was not consistent.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and include a justification as to why the child was removed from the general education classroom.</p> <p>The justification should:</p> <ul style="list-style-type: none"> • Be based on the needs of the child, not the disability. • Reflect that the team has given adequate consideration to meeting the student’s needs in the general classroom with supplementary aids and services. • Document that the nature or severity of the disability is such that education in general education classes, even with the use of supplementary aids and services, cannot be achieved satisfactorily. • Describe potential harmful effects to the child or others, if applicable. <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the least restrictive environment placement decision process. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>An internal monitoring and review system would be very helpful to promote compliance. There is an opportunity to improve the continuum of services offered at Lordstown Local Schools.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Additional Considerations and Opportunities for Improvement:

- Lordstown Local School District would benefit from developing a new teacher onboarding process geared toward any new staff member hired regarding their Special Education Policies, Procedures and Practices.
- It is highly recommended the Lordstown Local school District consider developing and implementing a formal process of tracking the progress of the measurable goals. Progress on goals should be reported in alignment to the measurement used in the annual goal statement to ensure a Free Appropriate Public Education [OAC 3301-51-07 (K)].
- There is an opportunity for Lordstown Local School District to strengthen their communications with Trumbull Career and Technical Center focusing on the monitoring of student progress and needs. There is a need to develop and document specific practices and procedures when students are enrolled in a Joint Vocational School and after enrollment to ensure the IEP is still meeting the students' needs [3301-51-07 (H) (1) (d), Individualized Education Program].
- Staff expressed an interest and a need across the district in training surrounding when and how to appropriately complete a Functional Behavior Assessment (FBA) and a Behavior Intervention Plan (BIP).