

**Maysville Local School District  
IRN: 048850****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 Maysville 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 January 14 and 16, 2025, as part of its general supervision requirements under the Individuals with Disabilities Education Act (IDEA). Due to a calamity day that occurred on January 15<sup>th</sup>, the IEP verification and staff interview schedule was adjusted so that all onsite activities occurred on January 14<sup>th</sup> and 16<sup>th</sup>.

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**

Maysville Local School District mailed 282 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 received comments from two parents.

## 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 28 records of school-age students with disabilities. Three of these records included a preschool Evaluation Team Report, which were reviewed through the Preschool Office at the Department of Children and Youth (please refer to the preschool-specific comment forms to review areas of noncompliance for these ETRs). The Department staff selected records of students with disabilities from a variety of disability categories and ages. Thirteen student records were selected for IEP verification in the classroom setting. The IEP verifications included visits to SDI sessions, general education classrooms, co-taught and co-serve classrooms, and self-contained classrooms.

## 4. Staff/Administrative Interviews

On January 14 and 16, the Department consultants held seven sessions of interviews with 12 administrators and 52 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:**

Throughout staff interview sessions, the strong culture of collaboration among Maysville Local team members was evident. Staff members frequently expressed their appreciation for the supportive nature of school administration, especially within the area of special education and related services. Staff members noted that administration's viewpoint of special education being a priority throughout the district has helped to create an atmosphere where all staff members feel respected and heard. When visiting classrooms for IEP verifications, strong relationship building between students and instructional staff was observed. Strong routines and protocols translated to students who were well aware of classroom expectations. Intervention periods were utilized well to both work with students on their measurable annual goals as well as provide scaffolded instruction that directly prepared students for grade-level content in their general education classes.

Maysville Local School District has created strong Multi-Tiered System of Supports (MTSS) and Response to Intervention (RTI) programs, especially at the elementary and middle school level. It was noted across all interview sessions that staff were well-versed on the RTI process in their buildings. In addition, staff showed a true culture of collaboration and joint responsibility when describing their involvement in tiered intervention practices. Special educational personnel are readily available to consult with general education colleagues whenever questions arise, and the general education staff fully understand the importance of their involvement in the RTI process. A robust and data-rich MTSS program has been the result of this collaborative and organized environment.

Staff shortages have created barriers in schools across Ohio, however Maysville Local has been strategic in using specific staff positions to effectively alleviate much of this strain. Through the use of the school psychologist assistant and the special education secretary roles, the district has been able to reduce workload for the school psychologist and other special education staff members. The value of these team members was expressed in every staff interview session.

### **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 [Catherine.Lewis@education.ohio.gov](mailto:Catherine.Lewis@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: May 1, 2025**

### **Department Trainings**

As part of the Department monitoring process, Maysville 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. The school has already scheduled that this training will be completed on March 21, 2025, which will occur well before the below due date.

**Completion of LMS Training Modules Due Date: May 1, 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: September 9, 2025\***

*\*Please note: this date has been estimated based on the planned start of the 25-26 school year. Depending on additional holidays or professional development days, this date may be adjusted after the release of the board-approved 25-26 school calendar.*

### **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 24<sup>th</sup>, 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: Catie Lewis, the Department's IDEA Monitoring Contact, at 614-980-2577, toll-free at (877) 644-6338, or by e-mail at [Catherine.Lewis@education.ohio.gov](mailto:Catherine.Lewis@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
CF-1	<p><b><u>OAC 3301-51-06 [Evaluations]</u></b></p> <p>Eleven (11) out of 25, or 44% of evaluations reviewed did not appropriately document interventions provided to resolve concerns for the child performing below grade-level standards.</p> <p><b><u>Interviews</u></b></p> <p>Throughout staff interviews, it was clear that all staff are aware of and trained on the district’s MTSS and RTI policies and procedures. At the elementary level, the MTSS system is very well-established and working effectively with full staff collaboration. The successful MTSS strategies and procedures at this building are now being implemented in the middle school building, where the school psychologist and school psychologist assistant are meeting weekly in the morning with staff to discuss students who are being considered for or are actively part of an intervention plan. Interviewed staff at the high school level noted logistical challenges in streamlined implementation of tiered interventions, but noted that the building is working on re-establishing an intervention period that would allow for students to receive Tier 2 interventions during a morning intervention block. Staff noted that while the RTI process is strong in the area of reading, more support was needed in regard to finding evidence-based interventions for math.</p> <p><b><u>Concerns Noted</u></b></p> <p>While the Part 2 Summary of Interventions section often listed relatively detailed explanations of interventions provided, these</p>	<p><b><u>Individual Correction</u></b></p> <p>The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><b><u>Systemic Correction</u></b></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><b><u>Opportunities for Improvement</u></b></p> <p>Given the success of the MTSS program within the Elementary building, which is scaling up to include to Middle School building, it is recommended that the district consider what successful strategies at the lower grade levels can be adapted to the grade 9-12 band.</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
	<p>descriptions were often missing one or more of the required components: 1. A description of the research-based intervention(s) used; 2. How long the intervention was provided (how many weeks); 3. The intensity of the intervention – how often, and for how many minutes; 4. A description of the results compared to the baseline data; and 5. The decision as a result of the intervention(s). However, due to proactive training from the SST12 Team, the educational agency is consistently using compliant statements on reevaluations when new interventions were not provided to the student.</p>		
CF-2	<p><b>34 CFR 300.501(b) [Parent participation in meetings] and OAC 3301-51-06 (E)(2)(a) [Evaluation procedures].</b></p> <p>One out of 25, or 4% 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><b><u>Interviews</u></b></p> <p>Interview sessions revealed that there is strong and proactive communication between staff members and families. The evaluation team is strategic in ensuring parent involvement in the planning process. In regard to in-person meetings and obtaining written signatures, the interviewed staff noted the increased challenges to family engagement since Covid-19. However, staff are flexible in finding solutions that work well for parents' schedules and availability.</p> <p><b><u>Concerns Noted</u></b></p> <p>For the one record that was out of compliance in this area, the ETR did not include a Planning Form that was signed by the parent. Since there was no documentation of attempts to involve the parent (PR-01, OP-9, etc.), this was noncompliant.</p>	<p><b><u>Individual Correction</u></b></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><b><u>Systemic Correction</u></b></p> <p>It is recommended that the educational agency review and revise its written procedures and practices to 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>	<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-3	<p><b>34 CFR 300.300 [Parental Consent]</b> Two out of 25, or 8% student records reviewed did not provide evidence of parental consent obtained prior to evaluation.</p> <p><b><u>Interviews</u></b> As noted above, the staff members involved in the evaluation process appear to have strong and proactive communication patterns with families. Staff noted creative solutions they've used when parents do not respond to attempts to obtain consent for testing. In addition, staff members were trained on the educational agency's practices and procedures for obtaining consent when a parent cannot be reached, including the use of a school resource officer who will conduct a home visit.</p> <p><b><u>Concerns Noted</u></b> For the records that were noncompliant in this area, the uploaded ETR document did not include a PR-05 (consent for testing form), nor was there documentation showing attempts to obtain consent, such as an OP-9.</p>	<p><b><u>Individual Correction</u></b> 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. The evidence may include, prior written notice, parent invitation, communication log, or other documented attempts to obtain parental informed, written consent. 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><b><u>Systemic Correction</u></b> It is recommended that the educational agency review and revise its written procedures and practices for obtaining 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 This finding does <u>not</u> need to be addressed in a Corrective Action Plan</p>
CF-4	<p><b>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]</b> Twenty-two (22) out of 25, or 88% evaluations reviewed did not provide evidence that the evaluation addresses all areas related to the suspected disability.</p> <p><b><u>Interviews</u></b> Interview sessions revealed that all staff members, including general education teachers, are routinely completing their own Part 1s, and have received either official training or support from colleagues to complete Part 1s. All instructional staff have access</p>	<p><b><u>Individual Correction</u></b> The educational agency will convene the ETR teams to conduct a reevaluation and provide evidence that the evaluation addresses all areas related to the suspected disability.</p> <p><b><u>Systemic Correction</u></b> 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%</p>	<p><input checked="" type="checkbox"/> Yes 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
	<p>to SameGoal and understand how to use it, including general education teachers; this process helps to streamline the workload for staff members who have a larger role in the ETR process, such as the school psychologist. It was also noted that instructional staff, including general education teachers, are very responsive to requests for data during the evaluation process. The school psychologist rarely needs to remind staff to return surveys and forms that are sent out to collect evaluation information on students. In addition, it was noted in interview sessions that due to the importance placed on special education by building leadership, all staff understand the importance of being involved in the evaluation process, which has created an efficient evaluation process when collecting data and Part 1s from all involved staff members.</p> <p><b><u>Concerns Noted</u></b></p> <p>Common reasons for noncompliance in this area included:</p> <ul style="list-style-type: none"> <li>• Assessment areas were included on the Planning Form but not found within a corresponding Part 1. This was more common for areas marked as “Sufficient Data Available.”</li> <li>• Occasionally, there were discrepancies between who was listed as Person Responsible on the Planning Form and what staff member actually completed the Part 1 (example: the Planning Form only listed one staff member as responsible for an assessment area, but this assessment area was included in two different staff member’s Part 1s).</li> <li>• No date of testing was provided for evaluation areas that were marked as “Additional Testing Needed” on the Planning Form</li> </ul> <p>Maysville Local School District proactively began the process of creating an Internal Monitoring Team last school year. When reviewing the submitted 35 records, it was noted that newer records written after the training and development of the Internal</p>	<p>compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><b><u>Opportunities for Improvement</u></b></p> <p>Improvements in CF-4 can be tracked by the newly-established Internal Monitoring Team (IMT). It is recommended that the IMT focuses on this area when reviewing district records and provides support to staff members when this area is found to be noncompliant during record reviews.</p>	

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
	Monitoring Team resulted in fewer issues of noncompliance across Child Find, Delivery of Service, and Least Restrictive Environment (LRE).		
CF-5	<p><b>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</b></p> <p>Nine out of 25, or 36% evaluations reviewed did not show evidence of clearly stating the summary of assessment results.</p> <p><b><u>Interviews</u></b></p> <p>Staff members noted that when they are responsible for completing a Part 1, they will add their own summaries to the body of the Part 2. Instructional staff explained that ongoing support, updates, and clarifications regarding special education practices are often delivered through “Team Time,” which are weekly morning meetings for building, content, and grad-based team collaboration.</p> <p><b><u>Concerns Noted</u></b></p> <p>In the records reviewed, the most common reason for noncompliance in this area was assessment areas described in the attached Part 1s were not transferred to the Part 2 Summary of Assessments, resulting in evaluation areas as listed on the Planning Form being unrepresented in the Part 2.</p>	<p><b><u>Individual Correction</u></b></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear and concise summary of the data and assessment conducted that meets the requirements of 3301-51-06 (G) (Summary of information). The IEP team must consider the results of this reevaluation.</p> <p><b><u>Systemic Correction</u></b></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><b><u>Opportunities for Improvement</u></b></p> <p>Consider how the Internal Monitoring Team can be used to track improvements in this area. If growth is not seen, targeted or all-staff professional development can be utilized to clarify compliance requirements.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
CF-6	<p><b>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</b></p> <p>Six out of 25, or 24% evaluation team reports reviewed did not contain a clear and succinct description of educational needs.</p> <p><b><u>Interviews</u></b></p> <p>Instructional staff who complete Part 1s for the ETR expressed that, when they have questions related to the Part 1, they receive strong support on the process from special education team members, including intervention specialists, the school</p>	<p><b><u>Individual Correction</u></b></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear and succinct description of the student’s educational needs. The IEP team must consider the results of this reevaluation.</p> <p><b><u>Systemic Correction</u></b></p> <p>It is recommended that the educational agency review its written procedures and practices regarding the description of educational needs. The Department will verify 100%</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>psychologist, and the school psychologist assistant. Staff members feel supported through the collaborative environment at Maysville Local School District.</p> <p><b>Concerns Noted</b></p> <p>For the records that were out of compliance in this area, the most common reason was educational needs from specific Part 1s not being included in the Part 2 summary of educational needs.</p>	<p>compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><b>Opportunities for Improvement</b></p> <p>Staff members will receive support on understanding ETR and IEP compliance through the Special Education Compliance training that will be delivered by SST12 on March 21, 2025. This training will clarify what information should be included in this section. In addition, consider how the Internal Monitoring Team can be used to track improvements in this area. If growth is not seen, targeted or all-staff professional development can be utilized to clarify compliance requirements.</p>	
CF-7	<p><b>34 CFR 300.306(a)(1) [Determination of eligibility]</b>  <b>OAC 3301-51-01 (B)(21) [Applicability of requirements and definitions]</b></p> <p>All evaluations reviewed 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><b>Interviews</b></p> <p>Interview sessions noted the improvements that have occurred in the Evaluation Team Report process due to the utilization of the school psychology assistant. Following the guidance of the 2018 School Psychologist Shortage memo, the school psychologist and the school psychologist assistant have split up workload responsibilities to alleviate strains experienced by the school psychologist. The school psychologist attends every initial Evaluation Team Report while also attending every reevaluation that her schedule allows (or those that require her attendance due to the nature of the individual reevaluation).</p>	<p><b>Individual Correction</b> N/A</p> <p><b>Systemic Correction</b> N/A</p>	<input checked="" type="checkbox"/> NA

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-8	<p><b><i>OAC 3301-51-01 (B)(10) [Definitions] and 3301-51-06 [Evaluations]</i></b></p> <p>Fourteen (14) out of 25, or 56% evaluations reviewed did not provide a justification for the eligibility determination decision.</p> <p><b><u>Interviews</u></b></p> <p>Staff who are involved in the Evaluation Team Report meetings confirmed that when determining the student’s eligibility, they focus on using data and information specific to each student. While it is a rare occurrence, staff discussed how they handle times where the parent disagrees with the eligibility determination, ensuring that the parent understands how the evaluation data was used to determine the correct eligibility status. Staff members listen to the concerns of the parent but ultimately ensure the eligibility determination is an accurate reflection of the evaluation data for each individual student.</p> <p><b><u>Concerns Noted</u></b></p> <p>The instances of noncompliance in this section were due to:</p> <ul style="list-style-type: none"> <li>• More than one suspected disability was identified on the Planning Form; however, the Eligibility Statement did not explain how the child did not meet the criteria for the disability that was <i>not</i> selected.</li> <li>• The Eligibility Statement was missing an explanation of how the disability affects the individual student’s ability to make progress in the general education curriculum.</li> </ul>	<p><b><u>Individual Correction</u></b></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear justification for the eligibility determination.</p> <p><b><u>Systemic Correction</u></b></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><b><u>Opportunities for Improvement</u></b></p> <p>Targeted training will be delivered to the Internal Monitoring Team on March 21<sup>st</sup>, which will provide clarity on the compliance criteria of this section.</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
DS-1	<p><b>SPP Indicator 13</b>  <b>34 CFR 300.320(b) [Transition services]</b>  <b>OAC 3301-51-07 (H)(2) [Definition of individualized education program]</b></p> <p>Three out of 12, or 25% 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"> <li>1. There are appropriate measurable postsecondary goal(s).</li> <li>2. The post-secondary goals are updated annually.</li> <li>3. The postsecondary goals were based on age appropriate transition assessment (AATA).</li> <li>4. There are transition services that will reasonably enable the student to meet the postsecondary goal(s).</li> <li>5. The transition services include courses of study that will reasonably enable the student to meet the postsecondary goal(s).</li> <li>6. The annual goal(s) are related to the student's transition service needs.</li> <li>7. There is evidence the student was invited to the IEP Team Meeting where transition services were discussed.</li> <li>8. When appropriate, there is evidence that a representative of any participating agency was invited to the IEP Team Meeting.</li> </ol> <p><b>Interviews</b></p> <p>Starting in middle school, students get on a career pathway. Students seem very involved in the transition plan and are encouraged to be active participants. The reviewed records mirror this, as most of the IEPs that included transition plans showed evidence that the student attended the IEP meeting. Students are given notebooks that are specific to transition; these notebooks, which they use throughout daily school activities, encourage</p>	<p><b>Individual Correction</b></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><b>Systemic Correction</b></p> <p>It is recommended that the educational agency review and revise its 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><b>Opportunities for Improvement</b></p> <p>During the Special Education Training that will be delivered to Maysville Local staff on March 21, 2025, consultants from SST12 will split participants into smaller groups based on grade band, which will help offer more support on transition plan compliance to staff who work with students aged 14 and up.</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 Correction/Recommendations	Must be Addressed in CAP
	<p>ownership and self-advocacy over their transition plan. It is a common practice for the intervention specialist to formally address transition planning by the IEP meeting that occurs in 6<sup>th</sup> grade (conversations are happening with the student prior to this point, but this is typically the first time it is addressed in the IEP meeting itself). In this conversation, the intervention specialist will discuss the importance of the student taking ownership over the transition plan process, including self-advocacy.</p> <p><b><u>Concerns Noted</u></b></p> <p>Some common themes noted when reviewing submitted records were:</p> <ul style="list-style-type: none"> <li>• Some goals did not incorporate specific career information that was gained through the age-appropriate transition assessment (AATA). For example, even when the AATA specified a desired career path for a student, the goal did not reference this, instead using phrasing such as “[student] will obtain a career of his choice.”</li> <li>• Some goals were not written in measurable terms (it was unclear how it would be determined that the goal had or had not been achieved).</li> <li>• Some transition services were written in a way that focused more on what the student will do, not what service a staff member will provide. Similarly, some services used language such as “[student] will have the opportunity to...” Phrasing like this does not clearly state what a staff member will be doing to support the student.</li> </ul>		

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-2	<p><b>34 CFR 300.320(a)(1) [Definition of individualized education program]</b></p> <p>Twelve (12) out of 28, or 43% of IEPs reviewed did not contain Present Levels of Academic Achievement and Functional Performance (PLOP) that addressed the needs of the student.</p> <p><b><u>Interviews</u></b></p> <p>Interviewed staff explained that the evaluation data gathered through the ETR process is used to help construct the present levels of academic and functional performance.</p> <p><b><u>Concerns Noted</u></b></p> <p>Record reviews revealed that, of the records found noncompliant in this area, present levels often lacked clear baseline data that directly reflected the measurement established in the corresponding goals. In some cases, the present level of performance section was also missing a comparison statement that connected to grade-level standards or age-appropriate performance levels.</p>	<p><b><u>Individual Correction</u></b></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"> <li>• Summary of current daily academic/behavior and/or functional performance compared to expected <b><u>grade-level</u></b> 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;</li> <li>• 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);</li> <li>• Current performance measurement <b><u>directly</u></b> relates to the goal measurement.</li> </ul> <p><b><u>Systemic Correction</u></b></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><b><u>Opportunities for Improvement</u></b></p> <p>An internal monitoring and review system will be very helpful to promote compliance in present levels of performance.</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><b>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</b></p> <p>Two out of 28, or 7% of IEPs reviewed did not contain measurable annual goals.</p> <p><b>Concerns Noted</b></p> <p>The two records found noncompliant in this section were missing the number of trials that the student must show the expected level of mastery.</p>	<p><b>Individual Correction</b></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"> <li>1. Clearly <u>defined behavior</u>: the specific action the child will be expected to perform.</li> <li>2. The <u>condition</u> (situation, setting or given material) under which the behavior is to be performed.</li> <li>3. <u>Performance criteria</u> desired: the level the child must demonstrate for mastery <b>and</b> the number of times the child must demonstrate the skill or behavior.</li> </ol> <p><b>Systemic Correction</b></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding 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><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>
DS-4	<p><b>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</b></p> <p>All IEPs reviewed contain annual goals that address the child's academic area(s) of need.</p>	<p><b>Individual Correction</b></p> <p>N/A.</p> <p><b>Systemic Correction</b></p> <p>N/A</p>	<p><input checked="" type="checkbox"/> NA</p>
DS-5	<p><b>34 CFR 300.320(a)(2)(i) [Definition of individualized education]</b></p> <p>One out of 12, or 8% of IEPs reviewed did not contain annual goals that address the child's functional area(s) of need.</p> <p><b>Concerns Noted</b></p> <p>For the record that was found noncompliant in this area, the student's ETR described an educational need that was not reflected in the services within the IEP. If functional needs were addressed in the ETR as being an area of concern, they must be</p>	<p><b>Individual Correction</b></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><b>Systemic Correction</b></p> <p>It is recommended that the educational agency review its written procedures and practices regarding the IEP process of addressing identified functional needs. The Department</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 Correction/Recommendations	Must be Addressed in CAP
	addressed in the IEP in some capacity. They can either be addressed as a goal, a related service, accommodation, or a statement in the Profile that indicates the team has prioritized other needs or found that it is not an area of concern at this time.	will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.	
DS-6	<p><b>34 CFR 300.320(a)(4) [Definition of individualized education program]</b>  <b>OAC 3301-51-07 (H)(1)(e)(i) [Definition of IEP]</b></p> <p>Nine out of 28, or 32% 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><b><u>Interviews</u></b></p> <p>Intervention specialists use evaluation data from the ETR to help determine appropriate SDI. Especially in the case of initial IEPs, the team focuses on monitoring growth to see if adjustments need to be made to SDI, whether that is in the delivery itself, frequency, or location.</p> <p><b><u>Concerns Noted</u></b></p> <p>Of the records that were found noncompliant for this section, the most common reasons were:</p> <ul style="list-style-type: none"> <li>• The SDI Statement did not describe the content (specific skills and/or instructional level) that would be worked on</li> <li>• The mode of delivery (small group, one-on-one, etc.) was unclear or not specified</li> </ul> <p>When reviewing records, it was also noted that similar language within the SDI section was seen across multiple records. The team is encouraged to consider how SDI statements can be further individualized for each student.</p>	<p><b><u>Individual Correction</u></b></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><b><u>Systemic Correction</u></b></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><b><u>Opportunities for Improvement</u></b></p> <p>An internal monitoring and review system will promote compliance in this area.</p>	<p><input checked="" type="checkbox"/> Yes</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 Correction/Recommendations	Must be Addressed in CAP
DS-7	<p><b>34 CFR 300.320(a)(7) [Definition of individualized education program]</b>  <b>OAC 3301-51-07 (H)(1)(i) [Definition of IEP]</b></p> <p>Two out of 28, or 7% of IEPs reviewed did not indicate the specific location where the specially designed instruction will be provided.</p> <p><b>Interviews</b>  Staff interviews described a desire to schedule pull-out specially designed instruction (SDI) outside of core academic class time. Maysville Local attempts to use blocks such as Panther Time, Tutoring, and morning Advisory blocks for SDI to prevent pull-out during core classes. However, due to scheduling constraints, there are still times when students receive pull-out SDI during core instructional time. In these instances, intervention specialists stay in communication with the general education teachers to plan accordingly. This practice appears to be more common within the 9-12 building.</p> <p><b>Concerns Noted</b>  The records found noncompliant in this area had two different locations listed under one SDI description. To ensure the parent understands the delivery of specially designed instruction (including how much time will be spent in each SDI setting/environment), only one location can be listed for each SDI statement.</p>	<p><b>Individual Correction</b>  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><b>Systemic Correction</b>  It is recommended that the educational agency review 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><b>34 CFR 300.320(a)(7) [Definition of individualized education program]</b>  <b>OAC 3301-51-07 (H)(1)(i) [Definition of IEP]</b></p> <p>One out of 28, or 4% of IEPs reviewed did not indicate the amount of time and frequency of the specially designed instruction.</p> <p><b>Interviews</b></p>	<p><b>Individual Correction</b>  The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the amount of time and frequency of the specially designed instruction.</p> <p><b>Systemic Correction</b></p>	<p><input checked="" type="checkbox"/> No  This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	<p>Staff expressed that time and frequency for specially designed instruction (SDI) is based on each individual student's needs. There is a district-wide expectation of tracking SDI minutes, but teachers are free to develop their own system for tracking. For the students who routinely receive SDI during specific scheduling blocks, SDI tracking is more straightforward.</p> <p><b><u>Concerns Noted</u></b></p> <p>For the one record that was noncompliant in this area, there were two SDI descriptions written in the same box, which then caused lack of clarity surrounding the time and frequency for the SDI for each goal.</p>	<p>It is recommended that the educational agency review its written procedures and practices regarding the IEP process of determining the time and frequency of 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>	
DS-9	<p><b>34 CFR 300.324(a)(2)(v) [Development of IEP] OAC 3301-51-01(B)(3) [Applicability of requirements and definitions]</b></p> <p>All applicable IEPs reviewed identify assistive technology to enable the child to be involved and make progress in the general education curriculum.</p>	<p><b><u>Individual Correction</u></b> N/A</p> <p><b><u>Systemic Correction</u></b> N/A</p>	<input checked="" type="checkbox"/> NA
DS-10	<p><b>34 CFR 300.320(a)(6)(i) [Definition of individualized education] OAC 3301-51-07 (H)(1)(g) [Definition of IEP]</b></p> <p>All IEPs reviewed identify accommodations provided to enable the child to be involved and make progress in the general education curriculum.</p>	<p><b><u>Individual Correction</u></b> N/A</p> <p><b><u>Systemic Correction</u></b> N/A</p>	<input checked="" type="checkbox"/> NA
DS-11	<p><b>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e) [Definition of IEP]</b></p> <p>All applicable IEPs reviewed identify modifications to enable the child to be involved and make progress in the general education curriculum.</p>	<p><b><u>Individual Correction</u></b> N/A</p> <p><b><u>Systemic Correction</u></b> N/A</p>	<input checked="" type="checkbox"/> NA

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-12	<p><b>34 CFR 300.320(a)(4) [Definition of individualized education program]</b>  <b>OAC 3301-51-07 (H)(1)(e) [Definition of IEP]</b></p> <p>One out of 13, or 8% of IEPs reviewed did not identify supports for school personnel to enable the child to be involved and make progress in the general education curriculum.</p> <p><b><u>Interviews</u></b></p> <p>Interviewed staff consistently expressed a culture of collaboration at Maysville Local School District. Team members appear always willing to consult with their peers when assistance or clarification is needed. It was noted that professional development surrounding co-teaching could be beneficial for newer staff members, many of whom have come out of teacher licensure programs without having the opportunity to experience co-teaching or learn about it in depth. Staff members noted that while collaboration is still strong across all buildings, the workload and schedules of the 9-12 intervention specialists can cause strain on effective co-teaching and collaboration practices. Interviewed staff explained that while co-teaching is available for ELA classes, they are not for math. Staff noted that increased co-teaching support for math would be beneficial to student growth.</p> <p><b><u>Concerns Noted</u></b></p> <p>The one record that was noncompliant in this area contained a Support for School Personnel statement that did not specify what staff member would be receiving the support. For this section to be compliant, the statement must include:</p> <ul style="list-style-type: none"> <li>• What staff member is providing the support,</li> <li>• What staff member is receiving the support, and</li> <li>• A description of the support</li> </ul>	<p><b><u>Individual Correction</u></b></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review the supports for school personnel that were identified by the IEP team and define the supports on the IEP including who will provide the support and when it will take place.</p> <p><b><u>Systemic Correction</u></b></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding supports for school personnel. 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-13	<p><b>OAC 3301-51-07 (H)(1)(h)(ii) [Definition of IEP]</b></p>	<p><b><u>Individual Correction</u></b></p>	<p><input checked="" type="checkbox"/> NA</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	<p>All 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>There were no applicable records reviewed where the student participated in the alternate assessment.</p>	<p>N/A</p> <p><b><u>Systemic Correction</u></b></p> <p>N/A</p>	
DS-14	<p><b><i>OAC 3301-51-07(L)(2) [Development, review and revision of IEP]</i></b></p> <p>One out of 26, or 4% of student records reviewed did not show evidence of progress reporting data collected and analyzed to monitor performance on each goal.</p> <p><b><u>Concerns Noted</u></b></p> <p>The noncompliant progress reports were missing quantitative data that was in alignment with the content, condition, and mastery criteria for at least one of the student’s measurable annual goals.</p> <p>Many of the reviewed progress reports were completed on a modified progress report form. While educational agencies can use modified progress reports, all required components from the Ohio optional form must still be included:</p> <ul style="list-style-type: none"> <li>• Data Sources</li> <li>• Data Points</li> <li>• Comments</li> <li>• On Track Status</li> <li>• Goal Met Status</li> </ul> <p>It was frequently noted that Progress Reports did not consistently include the Goal Met Status criteria. Records were not marked noncompliant for this reason, however the comment forms for these records do note that for compliance, going forward, this must be included in all progress reports.</p>	<p><b><u>Individual Correction</u></b></p> <p>None</p> <p><b><u>Systemic Correction</u></b></p> <p>It is recommended that the educational agency review and revise its 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><b><u>Opportunities for Improvement</u></b></p> <p>It is recommended that Maysville Local School District review staff options for progress report templates to ensure all versions include all five required criteria.</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-15	<p><b><i>OAC 3301-51-07(L) [Development, review and revision of IEP]</i></b></p>	<p><b><u>Individual Correction</u></b></p> <p>N/A</p> <p><b><u>Systemic Correction</u></b></p>	<p><input checked="" type="checkbox"/> NA</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	All applicable IEPs reviewed show evidence that revisions were made based on data indicating changes in student needs or abilities.	N/A	
DS-16	<b>34 CFR 300.321(5) [IEP team]</b> <b>OAC 3301-51-07(I) [IEP team]</b>  All IEPs reviewed indicate that the IEP Team included a group of qualified professionals.	<u>Individual Correction</u>  N/A  <u>Systemic Correction</u>  N/A	<input checked="" type="checkbox"/> NA

**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	<b>34 CFR 300.114 [LRE requirements] and 300.320(a)(5) [Definition of individualized education program]</b> <b>OAC 3301-51-07 (H)(1)(f) [Definition of individualized education program]</b>  Two out of 24, or 8% 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.  <u>Interviews</u> Interviewed staff consistently reported that, although the team may discuss what they believe the Least Restrictive Environment (LRE) is prior to the IEP meeting, a final decision is not made until the meeting itself, where the parent is able to give their input. Maysville Local School District aims to educate students within the general education classroom as much as possible and is amenable to changing the student's learning environment when data shows that the student could be successful in the general	<u>Individual Correction</u> 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. The justification should: <ul style="list-style-type: none"> <li>• Be based on the needs of the child, not the disability.</li> <li>• Reflect that the team has given adequate consideration to meeting the student's needs in the general classroom with supplementary aids and services.</li> <li>• 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.</li> <li>• Describe potential harmful effects to the child or others, if applicable.</li> </ul>	<input checked="" type="checkbox"/> No This finding does <u>not</u> need to be addressed in a Corrective Action Plan.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	<p>education setting. For example, staff noted that, for students who are primarily educated in a self-contained classroom, if they appear to be excelling in a certain academic area, the school team will elect to send the student to the general education setting for those classes while also considering what support can be provided to ensure success.</p> <p>Maysville Local School District provides different tiers of support within the general education setting, including both co-taught classrooms, which have consistent support of an intervention specialist, and “co-serve” classrooms, which do not include a co-teacher, but students are able to receive additional support and specially designed instruction outside of the classroom.</p> <p><b><u>Concerns Noted</u></b></p> <p>When conducting IEP verifications onsite, reviewers noted strong practices regarding SDI delivery. However, some SDI sessions observed did not match the LRE statement within the IEP documentation. The most common reason for the discrepancy was an LRE statement that did not specify SDI being delivered outside of the general education setting. In practice, the student was receiving SDI during an intervention period, which was not a general education setting. Going forward, ensure that SDI sessions are reflected accurately within the LRE statement.</p>	<p><b><u>Systemic Correction</u></b></p> <p>It is recommended that the educational agency review and revise its 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><b><u>Opportunities for Improvement</u></b></p> <p>An internal monitoring and review system will be very helpful to promote compliance in this area.</p>	