

South Euclid-Lyndhurst City School District
IRN: 044792

Ohio Department of Education and Workforce
Office for Exceptional Children
2023-2024 IDEA Monitoring Review Summary Report

Introduction

The Ohio Department of Education and Workforce's Office for Exceptional Children would like to extend appreciation to the South Euclid-Lyndhurst City 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 district. 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 September 13, 2023 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 Providers and Administrator Interviews.

Data Sources

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

1. Parent Input

South Euclid-Lyndhurst City School District mailed 598 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 five 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 consultants reviewed 27 records of school-age students with disabilities. The Department consultants selected records of students with disabilities from a variety of disability categories and ages. Twelve (12) student records were selected for IEP verification in the classroom setting. Throughout the verifications, strong, positive relationships with students were noted, including those with coaches, teachers, Youth Specialists, and front office personnel. Effective Conscious Discipline was observed at Memorial Junior High. An effective co-teaching model was observed at Sunview Elementary, showing a seamless integration of the Intervention Specialist into the general education classroom environment, as well as an effective example of specially designed instruction being delivered within the general education classroom. It was noted on rare occasions that the educational setting for the student was not consistent with the least restrictive environment statement within the IEP. Upon conversations with staff members, it was apparent that in at least some of these cases, the student's IEP had recently been amended to reflect this change in educational setting.

4. Staff/Administrative Interviews

On September 13, 2023, the Department consultants held 12 sessions of interviews with 21 administrators and 91 teachers, school counselors, related services personnel, school psychologists, and paraprofessionals. The Department interviews focused on the following review areas: Child Find; Delivery of Services; Least Restrictive Environment (LRE) and IEP alignment and Discipline.

Strengths/Commendations:

Throughout the interview process and the IEP verifications, the Supports and Monitoring team saw many of South Euclid-Lyndhurst Schools' strengths. There was unanimous praise for the district's transition program for the robust way it prepares students with IEPs for life after high school. Our team saw several great examples of co-teaching during the scheduled IEP verifications, and this was confirmed through staff interviews in which Intervention Specialists stated that they were true co-teachers in the general education classroom setting. In staff interviews, it was stated that the district has recently implemented a new system to support Positive Behavioral Interventions and Supports (PBIS) efforts, Conscious Discipline. Our team witnessed how Youth Development Specialists were used to deescalate stressful situations involving students to encourage them to return to class in a state ready to learn. Several interviews also referenced a strong responsiveness from the administrative team when staff have questions or concerns; it was noted that staff members have felt a positive growth in their relationships with building administrators in recent years.

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 State Support Team (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 (catherine.lewis@education.ohio.gov) within 30 school days from the date of this report. The Department will review the corrective action plan 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: January 17, 2024

Department Trainings

As part of the Department monitoring process, South Euclid-Lyndhurst City School District personnel, as identified by the Department, are required to complete the OEC Required Special Education Essentials training modules within the Learning Management System (LMS). 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 SST for additional training.

Completion of LMS Training Modules Due Date: January 17, 2024

Individual Correction

The educational agency has **60 school days** from the date of this summary 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: March 4, 2024

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: September 9, 2024

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.

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, 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>34 CFR 300.305(a) [Review of Existing evaluation data] and OAC 3301-51-11 (c)(1)(a) [Preschool children eligible for special education]</p> <p>Preschool records were not reviewed.</p>	<p><u>Individual Correction</u> NA</p> <p><u>Systemic Correction</u> NA</p>	<p><input checked="" type="checkbox"/> NA</p>
CF-2	<p>OAC 3301-51-06 [Evaluations]</p> <p>Twenty-four (24) out of 27, or 89% 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>Staff interviews confirmed that the Response to Intervention (RTI) and Multi-Tiered System of Support (MTSS) processes are currently being updated, and the school buildings are in different stages of implementation. School personnel are often unaware of the official process within their building or would like training on the more common interventions that may be used during the RTI process (Tier 2). Staff noted that a framework would help with consistent RTI implementation. Due to this inconsistency with RTI, it was reported that it can be difficult to collect data on new interventions to use within this section of the ETR.</p> <p>There has been an effort to revamp and revise the system for implementing, tracking and recording interventions provided to students before the referral for evaluation. This approach has not yet been fully implemented (administration stated that “Data Days” will be returning, however the logistics of these meetings are still being determined. Other staff interviews noted a desire to reconvene “Data Day” meetings, stating that these meetings may help with both intervention identification as well as progress monitoring).</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 South Euclid-Lyndhurst Schools develop a procedure of checks and balances to ensure interventions that are being provided to students are correctly documented within the ETR as well as in Part 2 Summary of Interventions.</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 areas of documenting new interventions and the solidification of a universal RTI/MTSS process.</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><u>Concerns Noted</u></p> <p>Frequently, the district's ETRs did not contain a summary of interventions implemented to include description, intensity, time and results. The district must provide a summary of actual interventions and not simply a list of possible accommodations. For reevaluations, if no additional interventions were provided, simply noting that the team agreed the current IEP supports and services are suitable to meet the student's needs will suffice.</p>		
CF-3	<p><i>34 CFR 300.501(b) [Parent participation in meetings] and OAC 3301-51-06 (E)(2)(a) [Evaluation procedures].</i></p> <p>All student records reviewed showed evidence that the parent was afforded the opportunity to participate in the evaluation team planning meeting.</p>	<p><u>Individual Correction</u></p> <p>NA</p> <p><u>Systemic Correction</u></p> <p>NA</p>	☒ NA
CF-4	<p><i>34 CFR 300.300 [Parental Consent]</i></p> <p>Four (4) out of 27, or 15%, student records reviewed did not provide evidence of parental consent obtained prior to evaluation.</p> <p><u>Interviews</u></p> <p>Strong communication with families during the planning process was noted, especially in younger grades where initial evaluations are more common. Often for reevaluations, the school psychologist will hold meetings (typically over the phone) with the parent and IS to ensure all areas of assessment are addressed in the planning stages. For initial ETRs, the planning meeting will be more formal.</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>	☒ No This finding does <u>not</u> need to be addressed in a Corrective Action Plan.

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-5	<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>Twenty-six (26) out of 27, or 96%, evaluations reviewed did not provide evidence that the evaluation addresses all areas related to the suspected disability.</p> <p><u>Interviews</u></p> <p>It was noted that the general education teachers generally provide information that is then compiled into Part 1s by the school psychologist. Intervention specialists and related service providers typically write their own Part 1s, which the school psychologist then transfers to the Part 2 summary. It is largely on the school psychologist to collect the data to create ETR Part 1s.</p> <p><u>Concerns Noted</u></p> <p>In many cases, the planning page listed assessments that were not included in the ETR Part 1 Individual Evaluators Assessment pages (especially for areas of assessment marked as “sufficient data available,” such as vision and hearing).</p> <p>It was frequently noted during record reviews that the person listed on the planning form was not the person who completed and signed the Part 1.</p>	<p><u>Individual Correction</u></p> <p>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><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>The newly developed Internal Monitoring Team can act as a resource for staff members who are in the ETR planning process. This will help ensure that the planning form aligns with who will be completing the ETR Part 1s before the planning meeting is held with the parent (and before parent signatures are obtained on the PR-05 and planning form).</p> <p>The Department recommends using consistent language between the planning form and the Part 1s when labeling the area of assessment. If the assessment title is the same on both the Part 1 and the planning form, it will make it easier for the Internal Monitoring Team, as well as the creator of the ETR, to ensure all needed Part 1s have been included in the drafted document.</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>Sixteen (16) out of 27, or 59%, evaluations reviewed did not show evidence of clearly stating the summary of assessment results.</p> <p><u>Interviews</u></p> <p>It was noted that multiple staff members complete Part 1 assessments, however, it is typically the responsibility of the school psychologist to transfer Part 1 assessment information over to the Part 2 summary.</p> <p><u>Concerns Noted</u></p> <p>The information from Part 1 was not summarized in a clear and concise manner in Part 2. In some cases, the results from Part 1 assessments were not summarized in Part 2, leaving out important information for the parent and IEP team. In some instances, the information was entirely omitted, whereas in other instances, certain parts of the assessments (such as student's areas of weakness) were left out without explanation.</p> <p>In some cases, the assessment results were restated in their entirety from the Part 1 assessments and not summarized as required, resulting in test scores being transferred over to the Part 2 summary without these scores being "translated" into language easily understandable to the parent. 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 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><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>South Euclid-Lyndhurst City School District must develop an internal monitoring process which contains procedures to ensure:</p> <ul style="list-style-type: none"> • Active team participation in the ETR process. • Assessments identified on the planning form are being completed and represented in a Part 1 and are summarized within the Part 2 in parent-friendly language. <p>Professional development should be provided to all identified staff members (those marked as LMS Module participants) regarding participation and completion of required ETR forms, thus allowing them to be an active member in the development of the ETR.</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-7	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Sixteen (16) out of 27, or 59%, evaluation team reports reviewed did not contain a clear and succinct description of educational needs.</p> <p>Concerns Noted</p> <p>Educational Needs were sometimes generic in nature and did not address the child's individualized needs, making it more difficult for the IEP team to create specific and measurable goals related to the individual student's areas of need. Sometimes educational needs were stated in a Part 1 but were not included in the Part 2 summary.</p>	<p>Individual Correction</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>Systemic Correction</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>Opportunities for Improvement</p> <p>Providing professional development on how to write purposeful educational needs to all staff members, who might be requested to complete a Part 1 is recommended for South Euclid-Lyndhurst City School District.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
CF-8	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Fourteen (14) out of 27, or 52%, evaluation team reports reviewed did not contain specific implications for instruction.</p> <p>Concerns Noted</p> <p>In several ETRs reviewed, it was found that specific implications from Part 1s were not transferred over to the Part 2 summary of implications for instruction.</p>	<p>Individual Correction</p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear description of specific implications for instruction. The IEP team must consider the results of this reevaluation.</p> <p>Systemic Correction</p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding implications for 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>Opportunities for Improvement</p> <p>Providing professional development on how to write purposeful implications for instruction to all staff members, who might be requested to complete a Part 1 is recommended for South Euclid-Lyndhurst School District.</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-9	<p>34 CFR 300.306(a)(1) [Determination of eligibility] OAC 3301-51-01 (B)(21) [Applicability of requirements and definitions]</p> <p>Three (3) out of 27, or 11%, 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 ETR teams and other qualified professionals, as appropriate, participated in the determination of eligibility and educational needs. If not, the ETR team must reconvene and provide the Department evidence of group participation.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise written procedures and practices regarding the eligibility determination 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>
CF-10	<p>OAC 3301-51-01 (B)(10) [Definitions] and 3301-51-06 [Evaluations]</p> <p>Sixteen (16) out of 27, or 59%, evaluations reviewed did not provide a justification for the eligibility determination decision.</p> <p><u>Concerns Noted</u></p> <p>In most cases, the justification statement did not include how the student's disability affects the child's access and progress in the general education curriculum. It was occasionally observed that the justification statement would include a definition of the disability, but no specific information regarding how the individual student was eligible for this disability.</p>	<p><u>Individual Correction</u></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><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>It is recommended that staff at South Euclid-Lyndhurst City School District receive professional development on how to ensure their justification statements contain both:</p> <ul style="list-style-type: none"> • How the student qualifies for the suspected disability; and • How the student's disability affects the child's access and progress in the general education curriculum. 	<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>Seven (7) out of seven, or 100%, 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>A message heard across multiple interviews was consistent praise for the transition program that is being led by the current VOSE Coordinator. Students are receiving in-depth services to prepare them for life after high school, including many opportunities to go into real-world job placements.</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 or provide documentation of the student’s withdrawal date from the educational agency.</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>It is recommended that the current work being done through South Euclid-Lyndhurst’s VOSE Coordinator be captured via policies and procedures to ensure the longevity of the program’s success.</p> <p>It is recommended training 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>An internal monitoring and review system would be very helpful to promote compliance in this area.</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
	<p>Concerns Noted Some common themes noted were:</p> <ol style="list-style-type: none"> Goals: Occasionally, the education and employment goals were vague (ex: “the career field of the student’s choice.”). While this is not by itself noncompliant, especially for younger students, the AATA listed more specific job preferences. Because of this, the goal did not relate closely to the chosen career fields mentioned in the AATA. Transition services included language such as “[staff] will provide the opportunity for...” Using language such as “provide the opportunity” is vague and does not specifically describe what service/instruction the district will provide. Courses of Study must include either Ohio Learning Standards or Ohio Learning Standards Extended. In this box, there was typically language that did not include the above two options (ex: “College Prep”) In two of the records reviewed, there was no evidence the student was invited to the IEP meeting (such as a signature from the student or the student listed on the parent invite). 		
DS-2	<p>34 CFR 300.320(a)(1) [Definition of individualized education program] Twenty-six (26) out of 27, or 96%, IEPs reviewed did not contain Present Levels of Academic Achievement and Functional Performance (PLOP) that addressed the needs of the student.</p> <p>Interviews Staff noted that there is some inconsistency with getting access to work samples from general education classrooms. Some staff interviews mentioned that there has been a relatively high number of newer intervention specialists join the team in the last few years. A desire for increased training and guidance on IEP writing was mentioned.</p> <p>Concerns Noted Frequently, the Present Levels of Academic Achievement and Functional Performance (PLOP) was missing a comparison statement to expected grade-level standard or age-appropriate performance of same age peers.</p>	<p>Individual Correction 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 grade-level 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 directly relates to the goal measurement. 	<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 Correction/Recommendations	Must be Addressed in CAP
	<p>Occasionally, the data reported in the PLOP did not directly relate to the skill being measured in the goal, or the baseline information used terms such as “struggles with” in place of quantitative data that connected to the mastery level and skill in the annual goal statement.</p>	<p><u>Systemic Correction</u> 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> 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.</p> <p>An internal monitoring and review system would be very helpful to promote compliance in this area.</p>	
DS-3	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</p> <p>Twenty-three (23) out of 27, or 85%, IEPs reviewed did not contain measurable annual goals.</p> <p><u>Interviews</u></p> <p>Some staff interviews mentioned that a relatively high number of newer intervention specialists joined the team in the last few years. A desire for increased training and guidance on IEP writing was mentioned.</p> <p><u>Concerns Noted</u></p> <p>Measurable goals in the IEPs reviewed were often missing one or more required elements (described under “Individual Correction”). Several goals were marked as noncompliant due to two or more skills being listed in the goal statement.</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><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
		<p><u>Opportunities for Improvement</u></p> <p>There is an opportunity for professional development and/or targeted technical assistance in developing compliant measurable goals.</p> <p>An internal monitoring and review system would be very helpful to promote compliance in this area.</p>	
DS-4	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</p> <p>Five (5) out of 23, or 22%, applicable IEPs reviewed did not contain annual goals that address all the child’s academic area(s) of need.</p> <p><u>Interviews</u></p> <p>Intervention specialists confirmed that they utilize the ETR when determining a student’s areas of academic need on the IEP.</p> <p><u>Concerns Noted</u></p> <p>In the five IEPs found noncompliant in this area, there were academic needs addressed in the ETR that were not addressed in the IEP. The needs can be addressed as a goal, a related service, an accommodation, or a statement that indicates the team has prioritized other needs or found that it is not an area of concern at this time.</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 academic 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 academic 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-5	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education]</p> <p>Four (4) out of 22, or 18%, IEPs reviewed did not contain annual goals that address all 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>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
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>Twenty-two (22) out of 27, or 81%, 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>It was noted in some interview sessions that there has been a desire for most SDI to be delivered using the push-in model, but staff members were concerned with the logistics of this in several instances (limited time to deliver SDI in separate rooms, student needs such as limiting distractions, etc.). However, it was noted in other interviews (as well as IEP verifications) that push-in SDI can be effective in co-taught classrooms. This seems dependent on each building's number of intervention specialists and their availability/caseload sizes.</p> <p><u>Concerns Noted</u></p> <p>Occasionally, it was noticed that the SDI statement did not specify the mode of instruction (small group, one-on-one, whole group), or both small group and one-on-one instruction were noted in the same SDI statement. One-on-one and small group instruction must be separated out into two SDI statements to make clear how many minutes of each type of instruction will be occurring.</p> <p>Similarly, in several IEPs, two staff members were listed as the person responsible for the delivery of the SDI. Only one staff member should be listed as the SDI provider, and other staff (especially the general education teacher) should be listed under Support for School Personnel if they are assisting in the delivery of SDI minutes.</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>An internal monitoring and review system would be very helpful to promote compliance in this area.</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]</p> <p>Five (5) out of 27, or 19%, IEPs reviewed did not indicate the specific location where the specially designed instruction will be provided.</p> <p><u>Concerns Noted</u></p> <p>Occasionally, the SDI location was described as “across all academic settings.” This can be compliant in specific instances, such as physical therapy related services where the student will receive direct instruction around the school environment. However, several records used this location phrasing for behavior goals as well. While it makes sense that many behavior goals will be practiced around the entire school environment, consider where the instruction on these goals is being conducted, and where the student is when SDI minutes are actively being tracked. This will help to determine a more specific SDI location.</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 location where the specially designed instruction will be provided.</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 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</p> <p>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]</p> <p>Two (2) out of 27, or 7%, IEPs reviewed did not indicate the amount of time and frequency of the specially designed 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 amount of time and frequency of the specially designed instruction.</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 determining the amount and frequency of specially designed instruction to be provided. 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 Correction/Recommendations	Must be Addressed in CAP
DS-9	<p>34 CFR 300.324(a)(2)(v) [Development of IEP] OAC 3301-51-01(B)(3) [Applicability of requirements and definitions]</p> <p>Two (2) out of two, or 100%, applicable IEPs reviewed did not identify assistive technology to enable the child to be involved and make progress in the general education curriculum.</p> <p>Concerns Noted</p> <p>While there were only two applicable IEPs in this area, the two reasons noted for noncompliance were due to:</p> <ul style="list-style-type: none"> • Assistive technology was identified in the ETR but was not carried over to the IEP. • Assistive technology was listed “as needed.” 	<p>Individual Correction</p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review assistive technology and/or services that would directly assist the child with a disability to increase, maintain, or improve their functional capabilities and include them on the IEP.</p> <p>Systemic Correction</p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding assistive technology. 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>Training from the State Support Team as well as internal monitoring review system would be very helpful to promote compliance in the area of assistive technology.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
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>Twenty-six (26) out of 26, or 100%, IEPs reviewed did not identify accommodations provided to enable the child to be involved and make progress in the general education curriculum.</p> <p>Interviews</p> <p>Some staff interviews mentioned that a relatively high number of newer intervention specialists joined the team in the last few years. A desire for increased training and guidance on IEP writing was mentioned.</p> <p>Concerns Noted</p> <p>Accommodations listed in Section 7 were frequently missing the condition and extent (for example, for extended time on assignments, clarify the length of the extension, such as 100%, “up to 10 school days,” or “twice the time of general peers”).</p> <p>It was occasionally noted that the Accommodations section was missing implications for instruction that were found in the ETR. Implications can be addressed through Section 7, or in a statement that indicates the team has prioritized other needs or found that it is not an area of concern at this time.</p>	<p>Individual Correction</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>Systemic Correction</p> <p>The educational agency must submit evidence to the Department of 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>Opportunities for Improvement</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 accommodations.</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-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>Nine (9) out of nine, or 100%, 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>Concerns Noted</u></p> <p>In reviewing the records of students receiving modifications, the modification description did not specify the extent of the modification regarding content and instructional level.</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:</p> <ul style="list-style-type: none"> • The extent of and conditions for modifications must be explained. Refer to the current level of instruction, reading level or pace of instruction. • The extent of modifications must be specific and clearly explained. <p>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 areas of modifications.</p> <p>This area is an opportunity for professional development and/or targeted technical assistance to address the content that students are expected to learn where amount or complexity of materials are altered from the grade level curriculum expectations. When an instructional or curriculum modification is made, either the specific subject matter is altered, or the performance expected of the student is changed.</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 applicable IEPs reviewed identified 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> NA</p> <p><u>Systemic Correction</u> NA</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 have 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> NA</p> <p><u>Systemic Correction</u> NA</p>	<input checked="" type="checkbox"/> NA
DS-14	<p>OAC 3301-51-07(L)(2) [Development, review and revision of IEP]</p> <p>Seventeen (17) out of 21, or 81%, applicable 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 members mentioned a desire to bring back “data day” meetings, which may help to highlight the progress (or lack of progress) on students’ annual goals. Administration mentioned that a variation of these teams will be reimplemented this year, however, the logistics for frequency and team groupings are still being considered.</p> <p>It was noted that intervention specialists must request access to other teachers’ classes in Infinite Campus to be able to retrieve work samples for their students. Gaining access to these classes/work samples can be difficult at times.</p> <p>Staff interviews noted positive and consistent communication with parents to keep them updated on student progress. In particular, related service providers explained progress journals/logs that travel between school and the student’s home to both inform families on student progress as well as to continue to track targeted goals across home and school settings.</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> Training from the State Support Team as well as an internal monitoring review system would be very helpful to 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>Concerns Noted</p> <p>While reviewing records, the following patterns were noticed in the writing of progress reports:</p> <ul style="list-style-type: none"> Progress was not reported using the measurements within the annual goal statement, but instead in language/data that only reflected the measurements within the objectives Modified Progress Reports occasionally missed one of the following required components: data sources, data points (quantitative data), comments (qualitative data), on/off track statement, and statement on whether or not the goal was met 		
DS-15	<p>OAC 3301-51-07(L) [Development, review and revision of IEP]</p> <p>There were no applicable IEPs reviewed to show evidence that revisions were made based on data indicating changes in student needs or abilities.</p>	<p>Individual Correction</p> <p>NA</p> <p>Systemic Correction</p> <p>NA</p>	<input checked="" type="checkbox"/> NA
DS-16	<p>34 CFR 300.321(5) [IEP team]</p> <p>OAC 3301-51-07(I) [IEP team]</p> <p>One out of 27, or 4%, IEPs reviewed did not indicate that the IEP Team included a group of qualified professionals.</p> <p>Interviews</p> <p>Staff members of varying positions stated overall strong communication practices with parents and guardians. It was noted that many parents/guardians are aware of the contents of the IEP prior to the meeting due to ongoing communication with their student's Intervention Specialist.</p>	<p>Individual Correction</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>Systemic Correction</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>	<input checked="" type="checkbox"/> No This finding does <u>not</u> need to be addressed in a Corrective Action Plan.

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>Twenty (20) out of 24, or 83%, 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>Staff members gave several examples of strategies that have been used within the general education setting before determining that a more restrictive setting will better serve individual students.</p> <p><u>Concerns Noted</u></p> <p>When reviewing LRE statements, it was frequently noted that the statement lacked a justification for why the student needed to receive services outside of the general education classroom. The LRE statement should reflect the consideration and attempts to deliver all services in the general classroom, and why this was not possible for this individual student.</p> <p>On several occasions, it was also observed that the LRE statement did not align with the SDI location noted in section 7 of the IEP.</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>Training from the State Support Team as well as an internal monitoring review system would be recommended to promote compliance in the area of Least Restrictive Environment.</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:

In interview sessions, it was reported by varying staff members that there is an inconsistent understanding of the role of certain positions, such as Youth Development Specialists and Behavior Support Specialists. Some buildings have a strong understanding of when and how to call for support from these staff members, however, staff in other buildings were less clear on when and how these team members should be utilized. There also appeared to be differences in the roles and responsibilities for these positions by building. It is recommended that the district unifies the roles and responsibilities of these positions and disseminate this information to ensure consistent use of these supports throughout all buildings. The Supports and Monitoring team witnessed the effective implementation of Conscious Discipline, with the help of Youth Development Specialist staff members, at Memorial. We encourage the district look to this building in providing guidance to other staff members on how to utilize some of these student supports.

Staff members stated that they received excellent training and professional development surrounding sensory breaks and de-escalation techniques, however, some of this training incorporated the use of a full sensory room. While administration noted that sensory/break spaces have been created throughout the buildings, teaching staff noted that they would like to see full sensory rooms created so that they can fully implement this training.

Staff members noted a desire, when possible, to continue coteaching in the same pairings each year. If it is not possible to pair the same intervention specialists with general education teachers, intervention specialists would at least like to stay in the same subject area. Several buildings reported common planning periods for general education teachers and intervention specialists. It was noted to be helpful where this was implemented.

Staff noted that, in general, there are differing policies from building to building (such as discipline, PBIS, RTI, and MTSS), which can create certain barriers when students transition into new settings. While there may be some necessary differences based on grade bands or physical spaces, it is recommended to unify policies and procedures where possible to ensure consistency for matriculating students as well as staff.

While it is not required that a universal SDI tracking system be put in place, our office recommends the agency create a policy that ensures fidelity with SDI tracking. During IEP verifications, the Supports and Monitoring team witnessed several strong examples of SDI tracking being done by intervention specialists, as well as consistent emailed progress reporting between general education teachers and intervention specialists. It is recommended that South Euclid-Lyndhurst leadership consider systems that are already being used successfully by staff members.

While South Euclid-Lyndhurst consistently uses PR-01s, it is recommended that the district reconsider existing policies and practices on obtaining written, informed consent, especially for consent for evaluations. Even if the parent agrees via phone/virtual meeting and this is captured in a PR-01, capturing a physical signature, or at least documenting attempts to obtain a physical signature through an OP-9, will help to protect the district in the event of a dispute hearing.

Staff noted that there is occasionally a shortage of therapy rooms available for related services, especially at the elementary level.

While there were no noncompliance findings in the area of DS-12 (Support for School Personnel), several interview sessions noted a desire to increase Intervention Specialist Assistant (ISA) retention. Some areas that were noted as opportunities for increased support were:

- Increased onboarding for new ISAs, especially for those hired during the school year (they may be missing some onboarding due to the logistics of starting mid-way through the school year);
- Technology training that can support progress monitoring;
- Planning time to ensure ISAs have opportunities to consult with intervention specialists and general education teachers;
- Opportunities to check in with administration, especially in MD and ED classrooms where ISA burnout may be higher;
- Access to full IEPs and ETRs, as well as log-in access to gradebook information to support student work completion.