

ETR Evaluation Team Report

District: _____

Roll-Over Prompts 12/2017 (R-O)

CHILD'S INFORMATION:

CHILD'S NAME: _____ ID NUMBER: _____
 STREET: _____ GENDER: _____ GRADE: _____
 CITY: _____ STATE: OH ZIP: _____
 DATE OF BIRTH: _____

TYPE OF EVALUATION:

☐ INITIAL EVALUATION ☐ REEVALUATION

DATES

DATE OF MEETING: _____
 DATE OF LAST ETR: _____
 REFERRAL DATE: _____
 DATE PARENT
 CONSENT RECEIVED: _____

DISTRICT OF RESIDENCE: _____ DISTRICT OF SERVICE: _____
 School district in which the parent of the child _____ The district of service is the district the child _____

Specify District of Residence/Service

PARENT/GUARDIAN INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

PLANNING FORM (required):

School Age ☒ Preschool ☐

ETR FORM STATUS

- ☐ PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT
 (Separate assessment from each evaluator)
☐ PART 2: TEAM SUMMARY
☐ PART 3: DOCUMENTATION FOR DETERMINING THE
 EXISTENCE OF A SPECIFIC LEARNING DISABILITY
☐ PART 4: ELIGIBILITY
☐ PART 5: SIGNATURES

INSTRUCTIONS

Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) that are included with this ETR form is required (Prior to PR-05 Parent Consent for Evaluation).

There are five parts to this form, i.e., Part 1, 2, 3, 4 and 5. Parts 1, 2 and 4, 5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability.

In Part 1, each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment.

Part 2 will be completed by the team chair or district representative by gathering all team members' assessments (Part 1) and summarizing them in the boxes provided in Part 2. Complete the interventions summary for both initial evaluations and reevaluations per the instructions found on the form. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings and outside evaluations.

Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box.

The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4.

In Part 4, the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination.

In Part 5, all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.

Will only appear if "School-Age" is selected on front page

ETR Evaluation Team Report

District:

Roll-Over Prompts 12/2017

SCHOOL AGE EVALUATION PLANNING FORM (Required)

DATE OF PLAN: _____

☐ INITIAL EVALUATION ☐ REEVALUATION

CHILD'S NAME: _____

R-D:

ID NUMBER: _____

DATE OF BIRTH: _____

TEAM CHAIRPERSON: Name and Title _____

TEAM MEMBERS: _____

R-D:

SUSPECTED DISABILITY(IES): Can be more than one suspected disability

★
clarifies
that
team
may
suspect
more
than
one
category

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	★ Data for Review	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent	Each field is a drop-down.	R-D: Title of person responsible
General intelligence		
Academic Skills	Options are:	
Classroom-based Evaluations and Progress in the General Curriculum	- sufficient data available	
Data from Interventions	- Additional testing/ data needed	
Communicative Status		
Vision	- N/A	
Hearing		
Social Emotional Status		
Physical Exam/General Health		
Gross Motor		
Fine Motor		
Vocational/Transition		
Background History		
Observations		
Behavior Assessment		
Adaptive Behavior		
Other:		

☐ The Team has taken into consideration limited English proficiency to plan this assessment

☐ The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment

SIGNATURES

School District Representative (Name/ Date)

Parent/Guardian (Name/ Date)

General Education Teacher (Name/ Date)

Intervention Specialist (Name/ Date)

Will only appear if "Preschool" is selected on front page

ETR Evaluation Team Report

District:

Roll-Over Prompts 12/2017

PRESCHOOL EVALUATION PLANNING FORM (Required)

CHILD'S NAME:

ID NUMBER:

TEAM CHAIRPERSON:

DATE OF BIRTH:

DATE
OF
PLAN

☐ INITIAL EVALUATION

☐ REEVALUATION

☐ TRANSITION FROM PART C

SUSPECTED DISABILITY CATEGORY (may check more than one)

☐ Autism

☐ Deaf-blindness

☐ Deafness

☐ Emotional Disturbance

☐ Hearing Impairment

☐ Intellectual Disability

☐ Multiple Disabilities

☐ Orthopedic Impairment

☐ Other Health Impairment

☐ Specific Learning Disability

☐ Speech or Language Impairment

☐ Traumatic Brain Injury

☐ Visual Impairment

☐ Developmental Delay - If selecting only this category, the team has considered the disability categories above and determined that they are not applicable to the child. See 3301-51-11(C)(6)(b & d)

see statement about suspecting DD only

Note: Each developmental area must be assessed using one of the methods/data sources listed and all methods/data sources must be used at least once.

SEE OPERATING STANDARDS 3301-51-11 (C)(3)

ASSESSMENT METHODS/DATA SOURCES

(Indicate the position responsible for assessment and/or data collection, and report.)

DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	Structured Interview	Structured Observations *	Norm- Referenced Assessments	Criterion- Referenced Assessments	Data from Part C and/or Community or Preschool Program Provider**
ADAPTIVE BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>					
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SPECIALIZED ASSESSMENTS: Required in some situations, see 3301-51-06 (E)(3)(i) and 3301-51-06 (H).							
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

*Structured observations are required in more than one setting and during multiple activities. 3301-51-11 (C)(1)(b)

**Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers is required if the child attends such program in the past 12 months. 3301-51-06 (F)(1) new statement

☐ The team has taken into consideration limited English proficiency in planning the assessments.

☐ The team has taken into consideration possible sources of racial/cultural bias in planning the assessments.

SIGNATURES

School District Representative

(Name/Date)

Parent/Guardian

(Name/Date)

General education teacher & Intervention Specialist removed.

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

1

INDIVIDUAL EVALUATOR'S ASSESSMENT

Part 1 to be completed by each individual evaluator

EVALUATOR NAME: _____

POSITION: _____

R-O.

AREAS OF ASSESSMENT:

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan. A variety of assessment tools and strategies must be used to gather relevant functional, developmental and academic information about the child, including information provided by the parent in accordance with the requirements of OAC Rule 3301-51-06(E) Evaluation Procedures.

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

☐ OBSERVATIONS

☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS

☐ NORM-REFERENCED ASSESSMENTS

☐ INTERVIEWS

☐ CURRICULUM-BASED ASSESSMENTS

☐ CLASSROOM-BASED ASSESSMENTS

☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)

☐ OTHER (Specify)

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan, including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

R-O:

This section must clearly summarize the results of all the methods and strategies checked above. The summary of the assessment results must be in language understandable to the parent. The evaluation team report must meet the requirements of OAC Rule 3301-51-06(G)(1)(b) (1)(a) Summary of information.

R-O:

DESCRIPTION OF EDUCATIONAL NEEDS:

The statement must include supports and services the child may benefit from in order to access the general curriculum.

(caution: this section should summarize key skills and knowledge which need improvement in order to access/progress in general ed. curriculum)

R-O:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING: The statement must include the supports and services needed to access the general curriculum. It must describe how progress can be monitored if the supports and services are implemented.

Evaluator's Signature: _____

Date: _____

(caution: do not state eligibility - describe instruction and supports which would address identified needs)

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

2 TEAM SUMMARY

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY

Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations, provide a summary of interventions routinely provided to this child.

R-D:

Initial Evaluation: The summary of interventions provided must include:

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 that was made as a result of the intervention(s).

R-D:

Reevaluation: The summary of interventions provided must include:

- A description as delineated above, if interventions were provided in addition to the specially designed instruction, related services, and other supports contained in the IEP.
- OR- If no additional interventions were provided, a statement that it was determined by the ETR team that the IEP special education supports and services were sufficient to meet the child's needs.

★ This area cannot be left blank and must refer to actual interventions, if provided, and not simply accommodations or modifications.

REASON(S) FOR EVALUATION:

R-D: To establish that the child is a child with a disability, or that the child continues to be a child with a disability. In case of a reevaluation, whether the child continues to need special education and related services as related to the disability category. OAC Rule 3301-51-06(F)(1)(b)

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

R-D: Relevant, current information regarding the child provided by the parent.

SUMMARY OF OBSERVATIONS: ★ (no longer says "Required for Preschool & SLD")

R-D: Ensure that the child is observed in the child's learning environment, including the general classroom setting, to document the child's academic performance and behavior in the areas of difficulty. In the case of a child less than school-age or out of school, a group member must observe the child in an environment appropriate for a child of the age. OAC Rule 3301-51-06(H)(4)

MEDICAL INFORMATION:

R-D: Educationally relevant and current medical information regarding the child, if any.

SUMMARY OF ASSESSMENT RESULTS:

R-D: This must clearly summarize all the individual assessment results from all Part 1 information and assessments. The summary of assessment results must be in language understandable to the parent. The evaluation team report must meet the requirements of OAC Rule 3301-51-06(G)(1)(b)(1)(a) Summary of information.

DESCRIPTION OF EDUCATIONAL NEEDS:

R-D: Summary of all individual evaluator assessment results indicating possible academic and functional needs.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

R-D: The statement must include the supports and services needed to access the general curriculum and describe how progress can be monitored if the supports and services are implemented.

Caution: do not state eligibility - describe instruction and supports which would address identified needs

ETR Evaluation Team Report

District:

Roll-Over Prompts 12/2017

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

REQUIRED NOTIFICATION

If the child has participated in a **process that assesses the child's response to scientific, research-based intervention**, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided ☐ YES ☐ NO

Strategies for increasing the child's rate of learning ☐ YES ☐ NO

The parents' right to request an evaluation ☐ YES ☐ NO

Section A must be completed

Either Section B **OR** Section C must be completed

A. IDENTIFIED AREAS

Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Mathematics Problem solving |

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION

Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

(no roll-over)

C. PATTERNS OF STRENGTHS AND WEAKNESSES

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

(no roll-over)

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

- | | |
|---|---|
| <input type="checkbox"/> A Visual, Hearing, or Motor Disability | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Environmental or Economic Disadvantage |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Cultural Factors |

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

E. DOCUMENTATION- UNDERACHIEVEMENT NOT DUE TO A LACK OF APPROPRIATE INSTRUCTION

Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information:

1. Data that demonstrate that prior to, or as part of the referral process, a qualified personnel delivered appropriate instruction to the child in general education settings.
Summarize the data the team used to document this requirement:

Summarize the data used by the team

2. Data-based documentation that the child's parent received about repeated formal assessments of student progress during instruction, done at reasonable intervals. Summarize the data-based information the team used to document this requirement:

Summarize the data-based documentation used by the team

F. OBSERVATION

Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment, including the general classroom setting.

(no roll-over)

G. MEDICAL FINDINGS

Describe the educationally-relevant medical findings, if any.

Educationally-relevant medical findings

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

4

ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child, the determining factor for the child's poor performance is not due to a lack of preschool pre-academics.

☐ YES ☐ NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document.

☐ YES ☐ NO

The child demonstrates an educational need that requires specially designed instruction.

☐ YES ☐ NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.

If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of:

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)

Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). **Include** how the disability affects the child's progress in the general education curriculum.

(no roll-over) ODE states that this section should not be a re-writing of the eligibility category/criteria. This should justify the student's eligibility through a summary of data and identified needs, to create a summary describing how the student does/does not meet criteria and how the disability affects progress in general education.

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

5

SIGNATURES

DATES

DATE OF MEETING:

DATE OF LAST ETR:

REFERRAL DATE:

EVALUATION TEAM

The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE (No Abbreviations)	SIGNATURE	DATE	STATUS
	★ Drop-down menu of participants:			<input type="checkbox"/> Agree
	- Parent/Guardian			<input type="checkbox"/> Disagree
	- Student			<input type="checkbox"/> Agree
	- District Representative			<input type="checkbox"/> Disagree
	- Intervention Specialist			<input type="checkbox"/> Agree
	- General Ed. Teacher			<input type="checkbox"/> Disagree
	- School Psychologist			<input type="checkbox"/> Agree
	- Speech-Language Pathologist			<input type="checkbox"/> Disagree
	- Occupational Therapist			<input type="checkbox"/> Agree
	- Physical Therapist			<input type="checkbox"/> Disagree
	- Other: (can add)			<input type="checkbox"/> Agree
				<input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree
				<input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree
				<input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree
				<input type="checkbox"/> Disagree

STATEMENT OF DISAGREEMENT

If a team member is not in agreement with the team's determination, the team member will attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.

IEP Individualized Education Program

District:

Roll-Over Prompts 12/2017

(R-O)

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
 STREET: _____ GENDER: _____ GRADE: _____
 CITY: _____ STATE: OH ZIP: _____
 DATE OF BIRTH: _____
 DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____ DISTRICT OF SERVICE: _____

★
Check
marks
control
content
of sections 4-5, 11

Is the child in preschool? YES ☐ NO ☐
 Will the child be 14 years old before the end of this IEP? YES ☐ NO ☐
 Is the child younger than 14 years of age but has transition and postsecondary goal information? YES ☐ NO ☐
 Is the child a ward of the state? YES ☐ NO ☐
 IEP by third birthday? (If transitioning from Part C services) YES ☐ NO ☐

PARENT/ GUARDIAN INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

R-O: Additional information that the school district has found to be useful may be included under this heading.

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

- ☐ INITIAL IEP
☐ ANNUAL REVIEW
☐ REVIEW OTHER THAN ANNUAL REVIEW

- ☐ AMENDMENT
☐ OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____
 NEXT ETR DUE DATE: _____
 IEP EFFECTIVE DATES
 START: _____
 END: _____
 NEXT IEP REVIEW: _____

★
Roll-
overs
for
dates
to
clarify

IEP FORM STATUS

(Check when complete)

- ☐ 1. FUTURE PLANNING
☐ 2. SPECIAL INSTRUCTIONAL FACTORS
☐ 3. PROFILE
☐ 4. EXTENDED SCHOOL YEAR SERVICES
☐ 5. POSTSECONDARY TRANSITION SERVICES
☐ 6. MEASURABLE ANNUAL GOALS
☐ 7. SPECIALLY DESIGNED SERVICES
☐ 8. TRANSPORTATION AS A RELATED SERVICE
☐ 9. NONACADEMIC AND EXTRA CURRICULAR
☐ 10. GENERAL FACTORS
☐ 11. LEAST RESTRICTIVE ENVIRONMENT
☐ 12. STATEWIDE AND DISTRICT TESTING
☐ 13. EXEMPTIONS
☐ 14. MEETING PARTICIPANTS
☐ 15. SIGNATURES

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials

PRESCHOOL / < Age 14 VERSION

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

1 FUTURE PLANNING

R-D: A statement that discusses the child's future. The IEP team shall ensure that the family and child's preferences and interests are an essential part of the planning process.

2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

- Does the child have behavior which impedes his/her learning or the learning of others? YES ☐ NO ☐
- Does the child have limited English proficiency? YES ☐ NO ☐
- Is the child blind or visually impaired? YES ☐ NO ☐
- Does the child have communication needs (required for deaf or hearing impaired)? YES ☐ NO ☐
- Does the child need assistive technology devices and/or services? YES ☐ NO ☐
- Does the child require specially designed physical education? YES ☐ NO ☐

3 PROFILE

★ Required to include RIMP, if applicable.

Child's profile to include Reading Improvement and Monitoring Plan (if applicable):

R-D: Summarize all relevant educational needs and performance of the child.

★ Old Sections 4-5 Combined into Section 5 (see below)
ESY now Section 4

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?

☐ Yes ☐ No

If yes, what goals determined the need?

Will the team need to collect further data and reconvene to make a determination?

☐ Yes ☐ No

Date to Reconvene

{ Section 5 will not appear if Preschool box is checked Yes, or if Age 14 / Transition questions on front page are checked No. }

TRANSITION VERSION

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

1 FUTURE PLANNING

R-D

A statement that discusses the child's future. The IEP team shall ensure that the family and child's preferences and interests are an essential part of the planning process.

2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

- Does the child have behavior which impedes his/her learning or the learning of others? YES ☐ NO ☐
- Does the child have limited English proficiency? YES ☐ NO ☐
- Is the child blind or visually impaired? YES ☐ NO ☐
- Does the child have communication needs (required for deaf or hearing impaired)? YES ☐ NO ☐
- Does the child need assistive technology devices and/or services? YES ☐ NO ☐
- Does the child require specially designed physical education? YES ☐ NO ☐

3 PROFILE

Child's profile to include Reading Improvement and Monitoring Plan (if applicable):

Summarize all relevant educational needs and performance of the child.

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?

☐ Yes ☐ No

If yes, what goals determined the need?

Will the team need to collect further data and reconvene to make a determination?

☐ Yes ☐ No

Date to Reconvene

5 POSTSECONDARY TRANSITION

POSTSECONDARY TRAINING AND EDUCATION

MEASURABLE POSTSECONDARY GOAL:

A goal that takes place after the student graduates from high school and is based on the Age-Appropriate Transition Assessment information.

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number



AATA
IS NOW
Summarized
separately
for each
of the
transition
goals

Age Appropriate Transition Assessment regarding Post Secondary Training and Education

(indicating student's needs, strengths, preferences and interests)

Describe the student's needs, strengths, preferences, and interests in relation to the post-secondary goal. Include the source(s) from which the information was obtained.

COURSES OF STUDY:

types of courses in which the child receives instruction during the school day.

NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs

The number of the measurable annual goal(s) that support the listed postsecondary goal.

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE
R-O: The services and activities that the district will provide to support the measurable postsecondary goal(s).			R-O: How often the service/activity will be provided	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record
☐ B. Checklist
☐ C. Work Sample

- ☐ D. Rubric
☐ E. Other (list)

Collection of evidence and transition progress report (separate form)

Transition Progress Report

COMPETITIVE INTEGRATED EMPLOYMENT

MEASURABLE POSTSECONDARY GOAL:

(same as above)

(All R-O's for above goal apply)

Age Appropriate Transition Assessment regarding Competitive Integrated Employment

(indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:

NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record
☐ B. Checklist
☐ C. Work Sample

- ☐ D. Rubric
☐ E. Other (list)

Transition Progress Report

INDEPENDENT LIVING (as appropriate)

MEASURABLE POSTSECONDARY GOAL:

(same as above)

(All R-O's for above goal apply)

Age Appropriate Transition Assessment regarding Independent Living

(indicating student's needs, strengths, preferences and interests)

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record
☐ B. Checklist
☐ C. Work Sample
☐ D. Rubric
☐ E. Other (list)

Transition Progress Report

Target Date for Child to Graduate:

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

6

MEASURABLE ANNUAL GOALS

NUMBER: 1

AREA:

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

R-D:

A summary of the child's performance in the child's current educational program. It must indicate the child's instructional and functional levels as compared to typically-performing peers. OAC Rule 3301-51-07(H)(1)(b)

MEASURABLE ANNUAL GOAL

R-D:

Measurable annual goals are statements that describe in measurable terms what can be taught to the child using specially designed instruction within a twelve month period. A measurable annual goal must contain the following:

- Clearly defined behavior: the specific action the child will be expected to perform.
- The condition (situation, setting, or given material) under which the behavior is to be performed.
- Performance criteria desired: the level the child must demonstrate for mastery and the number of times the child must demonstrate the skill or behavior.

There must be a direct relationship between each measurable annual goal and the present levels of academic and functional performance that precede. The goal must be measurable on its own. OAC Rule 3301-51-07(H)(1)(c)

METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- | | | |
|---|---|--|
| <input type="checkbox"/> A. Curriculum-Based Assessment | <input type="checkbox"/> E. Short-Cycle Assessments | <input type="checkbox"/> I. Work Samples |
| <input type="checkbox"/> B. Portfolios | <input type="checkbox"/> F. Performance Assessments | <input type="checkbox"/> J. Inventories |
| <input type="checkbox"/> C. Observation | <input type="checkbox"/> G. Checklists | <input type="checkbox"/> K. Rubrics |
| <input type="checkbox"/> D. Anecdotal Records | <input type="checkbox"/> H. Running Records | |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE
R-D:	Benchmarks or short-term objectives are designed to meet the child's needs that result from the child's disability, to enable the child to be involved and make progress in the general education curriculum; and meet each of the child's other educational needs that result from the child's disability.

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.



Reported every

weeks

Other reporting options eliminated

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
<p>R-D: A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child to:</p> <ul style="list-style-type: none"> (i) advance appropriately toward attaining the annual goals; (ii) Be involved in and make progress in the general education curriculum in accordance with paragraph (H)(1)(b) of this rule, and to participate in extracurricular and other nonacademic activities; and (iii) Be educated and participate with other children with disabilities and nondisabled children in the activities described in this rule. OAC Rule 3301-51-07(H)(1)(e) 			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

RELATED SERVICES:			
R-D: (see above) ↑			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ASSISTIVE TECHNOLOGY:			
<p>R-D: Assistive technology</p> <p>(1) Each school district must ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in OAC Rule 3301-51-02 FAPE are made available to a child with a disability if required, as part of the child's</p> <ul style="list-style-type: none"> (a) special education under OAC Rule 3301-51-01; (b) related services under OAC Rule 3301-51-01; or (c) supplementary aids or services under OAC Rule 3301-51-09. <p>(2) On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP team determines that the child needs access to those devices in order to receive FAPE.</p>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ACCOMMODATIONS:			
<p>R-D: The IEP describes accommodations provided to the child and explains the conditions for and the extent of the accommodation. Accommodations provide access to course content but do not alter the scope or complexity of the information taught to the child. OAC Rule 3301-51-07(H)(1)(g)</p>			
BEGIN:	END:	<p>★ <i>Am't. of time and frequency removed</i></p>	

MODIFICATIONS:

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

R-D:

Describe the type of modification and the extent of the modification provided to the child. Modifications mean changes made to the content that students are expected to learn where amount or complexity of materials is altered from 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. Sometimes the nature and severity of the student's disability require that both the materials and the performance expected of the student are changed. Modifications of the curriculum result in the child being taught the same information as the same-age and grade-level peers, but with less complexity. Explain how the curriculum is being modified. See OAC Rule 3301-51-07(H)(1)(e).

BEGIN:

END:



Amt. of time and frequency removed

SUPPORT FOR SCHOOL PERSONNEL:

R-D:

This is adult-to-adult consultation. Describe support(s) to school personnel who may need assistance in implementing the child's IEP. For each support, the team must list the school personnel to receive the support, the specific support that will be provided, who will provide the support, and when the support will take place. If preschool, provide the time and frequency in the description.

BEGIN:

END:



Amt. of time and frequency removed BUT see above for expected info.

SERVICE(S) TO SUPPORT MEDICAL NEEDS:

BEGIN:

END:



Amt of time and frequency removed

8

TRANSPORTATION AS A RELATED SERVICE

Does the child require special transportation?

YES ☐

NO ☐

Does the child need transportation to and from services?

YES ☐

NO ☐

Does the child need accommodations or modifications for transportation?

YES ☐

NO ☐

If yes, check any transportation accommodations/modifications below that the child needs:

☐ The bus driver will be notified of the child's behavioral and/or medical concerns

☐ Aide (for transportation only)

☐ Specially Adapted Vehicle

☐ Wheelchair lift

☐ Safety Vest

☐ Car Seat

☐ Securement Systems

☐ Other

Specify:



Clarified to prevent a bus aide from being generalized to full-time aide.

9

NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?

Describe

R-D:

Nonacademic services

(1) Each school district must take steps, including the provision of supplementary aids and services determined to be appropriate and necessary by the child's IEP team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities an equal opportunity for participation in those services and activities. (2) Nonacademic and extracurricular services and activities shall include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the school district, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, including both employment by the school district and assistance in making outside employment available.

PRESCHOOL VERSION

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

If the child will not participate in non-academic/extracurricular activities, explain.

R-D:

Nonacademic settings

In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in OAC Rule 3301-51-02, each school district must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child. The school district must ensure that each child with a disability has the supplementary aids and services determined by the child's IEP team to be appropriate and necessary for the child to participate in nonacademic settings. OAC Rule 3301-51-09(E)

10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

The strengths of the child?

YES ☐ NO ☐

The concerns of the parents for the education of the child?

YES ☐ NO ☐

The results of the initial or most recent evaluations of the child?

YES ☐ NO ☐

As appropriate, the results of performance on any state or district-wide assessments?

YES ☐ NO ☐

The academic, developmental and functional needs of the child?

YES ☐ NO ☐

11 LEAST RESTRICTIVE ENVIRONMENT

For Preschool:

Does the child attend a general education setting?

YES ☐ NO ☒

Change in questions for preschool



What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

If Preschool is marked "Y" on front page, LRE section (11) is changed to above.

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

If the child will not participate in non-academic/extracurricular activities, explain.

R-D:**Nonacademic settings**

In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in OAC Rule 3301-51-02, each school district must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child. The school district must ensure that each child with a disability has the supplementary aids and services determined by the child's IEP team to be appropriate and necessary for the child to participate in nonacademic settings. OAC Rule 3301-51-09(E)

10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

The strengths of the child?

YES ☐ NO ☐

The concerns of the parents for the education of the child?

YES ☐ NO ☐

The results of the initial or most recent evaluations of the child?

YES ☐ NO ☐

As appropriate, the results of performance on any state or district-wide assessments?

YES ☐ NO ☐

The academic, developmental and functional needs of the child?

YES ☐ NO ☐

Regarding the Third Grade Reading Guarantee, is the child on-track for reading?

YES ☒ NO ☐

11 LEAST RESTRICTIVE ENVIRONMENT

For School Age:

Does the child attend the school they would attend if not disabled?

YES ☐ NO ☒

If no, justify:

R-D:

See OAC Rule 3301-51-09(D)

Does this child receive all special education services with nondisabled peers?

YES ☐ NO ☒

If no, justify (justification may not be solely because of needed modifications in the general education curriculum):

R-D:

See OAC Rule 3301-51-09(D)

12 STATEWIDE AND DISTRICT WIDE TESTING

Met testing participation requirement?

YES ☐ NO ☐

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)?

YES ☒ NO ☐

Click below for guidance in considering AASCD:

[Ohio AASCD Participation Criteria](#)

click here to review criteria

Accessibility on district and statewide tests

If yes, a box appears requiring justification of the choice of alt. assess and why it is appropriate

This section only appears
when "Yes" is selected.

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

Will the child participate in district wide and state wide assessments with accommodations?

YES ☒ NO ☐

For each subject tested in the child's grade, choose the method of assessment below.

If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.

1. DISTRICT TESTING

(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

2. STATEWIDE TESTING

(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

☐ Check when complete

13 EXEMPTIONS

Third Grade Reading Guarantee (See [The Ohio Third Grade Reading Guarantee Guidance Manual](#) for details)

Applicable ☐ NA ☐

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

Will the child participate in district wide and state wide assessments with accommodations?

YES ☐ NO ☒

*(or blank)
If no box for accommodations will not appear*

☐ Check when complete



13 EXEMPTIONS

NEW SECTION

Third Grade Reading Guarantee (See The Ohio Third Grade Reading Guarantee Guidance Manual for details)

Applicable ☐ NA ☐

Does the child have a significant cognitive disability?

YES ☐ NO ☐

If yes, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

If no, the team considered all data and made the following decision (check one):

Not to exempt the child from the retention provision of the Third Grade Reading Guarantee ☐

To exempt the child from the retention provision of the Third Grade Reading Guarantee ☐

Graduation Tests

Applicable ☐ NA ☐

Is the child excused from the consequences of not passing required graduation tests?

YES ☐ NO ☐

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification	
		R-D: Explain why the child is excused from testing in this subject	

Other Assessments

Applicable ☐ NA ☐

Assessment	Justification	
	R-D: Explain why the child is excused from testing in this subject	

☐ Check when complete

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number



14

MEETING PARTICIPANTS

New
Section
Number

THIS IEP MEETING WAS:

- ☐ Face-to-Face Meeting
☐ Video Conference
☐ Telephone Conference/Conference Call
☐ Other

IEP EFFECTIVE DATES

START: _____

END: _____

DATE OF NEXT IEP REVIEW: _____

IEP MEETING PARTICIPANTS

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP

NAME (Print)	POSITION	SIGNATURE	DATE
	★ Drop-down menu includes		
	- Student ★★		
	- Parent/Guardian		
	- Intervention Specialist★		
	- District Representative★		
	- General Education Teacher★		
	- OT		
	- PT		
	- SLP		
	- Other Agency Representative		

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

NAME (Print)	POSITION	SIGNATURE	DATE

★

*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE. Revised language re: excusal

★★

*** THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS THERE IS NO TRANSFER OF GUARDIANSHIP. New language



IEP Individualized Education Program

CHILD'S NAME: _____

DOB _____

ID Number _____

**15 SIGNATURES****New Section Number****INITIAL IEP**

- ☐ I give consent to initiate special education and related services specified in this IEP.*
- ☐ I give consent to initiate special education and related services specified in this IEP except for **

AREA: _____

- ☐ I do not give consent for special education and related services at this time.**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

IEP ANNUAL REVIEW (Not a Change of Placement)

- ☐ I agree with the implementation of this IEP.*
- ☐ I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.**

AREA: _____

Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

IEP REVIEW (Change of Placement)

- ☐ I give consent for the Change of Placement as identified in this IEP.*
- ☐ I do not give consent for the Change of Placement as identified in this IEP.**
- ☐ I revoke consent for all special education and related services.**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

**PROCEDURAL SAFEGUARDS NOTICE****Updated**

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

☐YES ☐NO ☐

IF NO, DATE SENT TO PARENTS: _____

**Transfer of Rights at Age of Majority**

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES ☐NO ☐**NEW**

CHILD'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting.

YES ☐NO ☐

IF NO, DATE SENT TO PARENTS: _____



* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.

** If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

NO CHANGES TO PRIOR WRITTEN NOTICE REQUIREMENTS.

TRANSITION PROGRESS REPORT School Year:District Name: **Roll-Over Prompts 12/2017 (R-6)**

Student Name:

Student ID:

Grade:

TRANSITION SERVICE/ACTIVITY PROGRESS REPORT

POST SECONDARY TRAINING AND EDUCATION		
Goal:		
Transition Service/Activity	Summarize the Outcome(s)	Status
(R-6)	Within the summary, explain how the outcome(s) of the transition service/activity relate to the postsecondary goal	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
Comments		
COMPETITIVE INTEGRATED EMPLOYMENT		
Goal:		
Transition Service/Activity	Summarize the Outcome(s)	Status
R-D:	Within the summary, explain how the outcome(s) of the transition service/activity relate to the postsecondary goal	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
Comments		
INDEPENDENT LIVING		
Goal:		
Transition Service/Activity	Summarize the Outcome(s)	Status
R-D:	Within the summary, explain how the outcome(s) of the transition service/activity relate to the postsecondary goal	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
Comments		

OP-06 PROGRESS REPORT

School Year:

District Name: Roll-Over Prompts 12/2017 (R-O)

Student Name:

Student ID:

Grade:

Date:

Reporting Period:

IEP Date:

Goal #:

Goal:

Objective #:

Objective:

Summarize the measurable data utilized to assess progress			
Quantitative Data used to Demonstrate Progress			
Data Source	Data Points	On Track?	Goal Met?
R-O: What behavior and condition was utilized to assess progress for this goal? Clearly defined behavior: the specific action the child will be expected to perform; The condition (situation, setting, or given material) under which the behavior is to be performed	R-O: What performance criteria was used to show progress? The level the child must demonstrate for mastery and the number of times the child must demonstrate the skill or behavior	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Comments	R-O: Summarize the Data results. Is the child making sufficient progress? Did the child meet the goal? If so, does the team need to revise the IEP? If sufficient progress has not been met, why? Does the IEP team need to reconvene? Consider ESY services?		



Emphasis on quantitative data



Check YORN



Add New Reporting Period