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*ProgressBook Special Services  
Ohio Forms Guide*



# **ProgressBook SpecialServices Ohio Forms Guide**

**This document is current for v12.3 or later.**

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# Change Log

The following Change Log explains by Product Version, Heading, Page and Reason where changes in the *ProgressBook SpecialServices Ohio Forms Guide* have been made.

<b>Product Version</b>	<b>Heading</b>	<b>Page</b>	<b>Reason</b>
12.3	<i>"IEP 12 Statewide and District Testing"</i>	33	Added information about Date of Test column with an area underneath the date drop-down list and a text box below Area column. Updated the screen shot.
12.3	<i>"SP 3 Statewide and District Testing"</i>	52	Added information about Date of Test column with an area underneath the date drop-down list and a text box below Area column. Updated the screen shot.
12.3	<i>"Special Education Events Forms Valid Values for Lists by Event"</i>	73	Added to the Non-Compliance ID 09 District in compliance with due process...

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# About this Guide

The purpose of this guide is to present users with a brief description and graphic image of all the forms available in SpecialServices. These forms are presented by groups of tasks.

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# Forms

Each task contains the forms—required or optional—you would use to complete a particular step in the special education workflow or process additional services that relate to the student’s educational placement.

A calendar is available for you to select a desired date from in most Date fields on most forms. Insert your cursor in the Date field and then click the down arrow to open the calendar.

Throughout the guide the following codes describe a specific property for a field on the form:

- **Green highlighting** indicates that you can modify the value in the field using the Student Properties window, which you can access from the Open Tasks screen. See *“Modify Student Properties” in the SpecialServices User Guide*.
- An **asterisk (\*)** indicates that the value in the field comes from your student information system (SIS). You cannot change the values in these fields in SpecialServices.
- A **number** in the field indicates that the displayed or entered value updates a corresponding field on the EMIS Data Collection Form. These fields are also **highlighted yellow**. See *“EMIS Data Collection Form”*.

## Documentation of Attempts (Optional)

The Documentation of Attempts form allows the district to document all of the attempts to contact a parent or guardian concerning the student’s educational placement if no response has been received.

<b>DOCUMENTATION OF ATTEMPTS TO OBTAIN PARENT PARTICIPATION</b>			User's District * Student Name *
<b>CHILD'S INFORMATION</b>			
NAME: *	ID NUMBER: *	DATE OF BIRTH: *	
SCHOOL BUILDING: *			GRADE: * <input type="text"/>
<b>PROPOSED MEETING</b>			
PURPOSE OF MEETING: <input type="text"/>			
PROPOSED DATE:	PROPOSED TIME:		
PROPOSED LOCATION: <input type="text"/>			
<b>DOCUMENTATION OF ATTEMPTS TO CONTACT PARENTS</b>			
TYPES OF CONTACT: PHONE CALL, NOTE SENT WITH STUDENT, US MAIL, E-MAIL, FACE-TO-FACE MEETING, HOME VISIT, ETC			
DATE(S)	TYPE OF CONTACT	OUTCOME(S)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>SUPPLEMENTAL FORM REVISED BY SPS: AUGUST 26, 2009</small>			

**Documentation of Attempts Form**

## Prior Written Notice (PR-01)

The Prior Written Notice (PR-01) form provides notification to a student’s parent or guardian when the district proposes or refuses to initiate or change the identification, evaluation or educational placement of the student.

<b>PR-01 Prior Written Notice to Parents</b>			User's District * Student Name *
<b>CHILD'S INFORMATION</b>			
NAME: *	DATE OF BIRTH: *	DATE OF NOTICE: _____	
This is to notify you of the district's action:			
<b>TYPE OF ACTION TAKEN</b>			
<input type="checkbox"/> Proposes to initiate an initial evaluation <input type="checkbox"/> Refusal to initiate an evaluation <input type="checkbox"/> Expedited evaluation <input type="checkbox"/> Change of placement <input type="checkbox"/> Change of placement for disciplinary reasons <input type="checkbox"/> Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE <input type="checkbox"/> Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE <input type="checkbox"/> Reevaluation <input type="checkbox"/> IEP issues/meetings where parent(s) disagree with the district <input type="checkbox"/> Revocation of Consent <input type="checkbox"/> Due process hearing, or an expedited due process hearing, initiated by the district <input type="checkbox"/> Graduation from high school <input type="checkbox"/> Exiting high school due to exceeding the age eligibility for FAPE <input type="checkbox"/> Other _____			
2. A description of the action proposed or refused by the school district: <input type="text"/>			
3. An explanation of why the school district proposes or refuses to take the action: <input type="text"/>			
4. A description of other options that the IEP team considered and the reasons why those options were rejected: <input type="text"/>			
5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action: <input type="text"/>			
6. A description of other factors that are relevant to the school district's proposal or refusal: <input type="text"/>			
<b>PROVISION OF PROCEDURAL SAFEGUARDS</b>			
As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. You will be given a copy of your procedural safeguards once per year. In addition, you will be given a copy of your procedural safeguards when you request a copy, when your child is referred for their first evaluation, when you request an evaluation for your child, when you file a formal written complaint or request a due process hearing and in accordance with the discipline procedures in 34 CFR 300.530(h).			
If you have any questions about the action(s) described above, your rights, as described in the Procedural Safeguards Notice, or other related concerns, you may also obtain a copy of the procedural safeguards notice from the following:			
NAME: _____	TITLE: _____		
ADDRESS: _____	SCHOOL DISTRICT: _____		
CITY, STATE, ZIP: _____			
TELEPHONE: _____	EMAIL: _____		
<input type="text"/>			
<small>PR-01- PRIOR WRITTEN NOTICE FOR PARENTS FORM REVISED BY ODE: MAY 28 , 2009</small>			

**Prior Written Notice (PR-01) Form**

## Parent Invitation (PR-02) (Optional)

The Parent Invitation (PR-02) form invites parents to any meeting involving the educational welfare of the student.

<b>PR-02</b> Parent Invitation	User's District * Student Name *
TO: _____	DATE: _____
_____	WRITTEN NOTICE NUMBER: _____
FROM: _____	_____
_____	_____
<b>I am inviting you to attend a meeting to discuss the educational needs of:</b>	
NAME: * _____	DATE OF BIRTH: * _____
<b>PURPOSE FOR MEETING</b> (Check all that apply):	
<input type="checkbox"/> To determine if a child has a suspected disability	<input type="checkbox"/> To discuss transition from early childhood to school-age programs
<input type="checkbox"/> To develop an evaluation plan	<input type="checkbox"/> To discuss transition from school-age to secondary programs/activities
<input type="checkbox"/> To determine eligibility for services as a child with a disability	<input type="checkbox"/> To discuss disciplinary matters
<input type="checkbox"/> To develop, review, and/or revise the student's IEP	<input type="checkbox"/> At your request to discuss: _____
<input type="checkbox"/> To determine reevaluation needs	
<input type="checkbox"/> Other _____	
<b>THIS CONFERENCE WILL BE SCHEDULED AS A:</b> (Check all that apply)	
<input type="checkbox"/> Face to face meeting	<input type="checkbox"/> Video conference
<input type="checkbox"/> Telephone conference/Conference call	
DATE: _____	TIME: _____
LOCATION: _____	
<b>OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:</b>	
<input type="checkbox"/> Regular Education Teacher	<input type="checkbox"/> Speech and Language Pathologist
<input type="checkbox"/> Intervention Specialist	<input type="checkbox"/> Student
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> District Representative
<input type="checkbox"/> Other _____	
You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.	
If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:	
CONTACT: _____	PHONE: _____
----- CUT -----	
<b>Response to Parent Invitation</b>	
<b>COMPLETE AND RETURN TO THE CHILD'S SCHOOL</b>	
CHILD'S NAME: * _____	DATE OF BIRTH: * _____
MEETING SCHEDULED DATE: _____	TIME: _____
<input type="checkbox"/> I will attend/participate	<input type="checkbox"/> I will not attend/participate
<input type="checkbox"/> Another/Others will accompany me (optional)	
I would like the location of this meeting changed to: _____	
I would like to change the type of meeting to: _____	
I would like this meeting rescheduled for the following suggested date and time: _____	
<input type="checkbox"/> A bilingual or sign language interpreter is requested	
Desired language/mode of communication _____	
PARENT SIGNATURE: _____	DATE: _____
PR-02 PARENT INVITATION FORM REVISED BY ODE: MAY 4, 2009	

Parent Invitation (PR-02) Form

## General Invitation (PR-02) (Optional)

The General Invitation (PR-02) form invites concerned individuals to any meeting involving the educational welfare of the student.

<b>PR-02</b> General Invite	User's District * Student Name *
TO: _____	DATE: _____
_____	WRITTEN NOTICE NUMBER: _____
FROM: _____	_____
_____	_____
<b>I am inviting you to attend a meeting to discuss the educational needs of:</b>	
NAME: * _____	DATE OF BIRTH: * _____
<b>PURPOSE FOR MEETING</b> (Check all that apply):	
<input type="checkbox"/> To determine if a child has a suspected disability	<input type="checkbox"/> To discuss transition from early childhood to school-age programs
<input type="checkbox"/> To develop an evaluation plan	<input type="checkbox"/> To discuss transition from school-age to secondary programs/activities
<input type="checkbox"/> To determine eligibility for services as a child with a disability	<input type="checkbox"/> To discuss disciplinary matters
<input type="checkbox"/> To develop, review, and/or revise the student's IEP	<input type="checkbox"/> At your request to discuss: _____
<input type="checkbox"/> To determine reevaluation needs	
<input type="checkbox"/> Other _____	
<b>THIS CONFERENCE WILL BE SCHEDULED AS A:</b> (Check all that apply)	
<input type="checkbox"/> Face to face meeting	<input type="checkbox"/> Video conference
<input type="checkbox"/> Telephone conference/Conference call	
DATE: _____	TIME: _____
LOCATION: _____	
<b>OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:</b>	
<input type="checkbox"/> Regular Education Teacher	<input type="checkbox"/> Speech and Language Pathologist
<input type="checkbox"/> Intervention Specialist	<input type="checkbox"/> Student
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> District Representative
<input type="checkbox"/> Other _____	
You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.	
If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:	
CONTACT: _____	PHONE: _____
----- CUT -----	
<b>Response to Parent Invitation</b>	
<b>COMPLETE AND RETURN TO THE CHILD'S SCHOOL</b>	
CHILD'S NAME: * _____	DATE OF BIRTH: * _____
MEETING SCHEDULED DATE: _____	TIME: _____
<input type="checkbox"/> I will attend/participate	<input type="checkbox"/> I will not attend/participate
<input type="checkbox"/> Another/Others will accompany me (optional)	
I would like the location of this meeting changed to: <b>**For parent use only**</b> _____	
I would like to change the type of meeting to: <b>**For parent use only**</b> _____	
I would like this meeting rescheduled for the following suggested date and time: <b>**For parent use only**</b> _____	
<input type="checkbox"/> A bilingual or sign language interpreter is requested	
Desired language/mode of communication _____	
PARENT SIGNATURE: _____	DATE: _____
PR-02 PARENT INVITATION FORM REVISED BY ODE: MAY 4, 2009	

General Invitation (PR-02) Form

## Request for Assignment of a Surrogate Parent (OP-7)

The Request for Assignment of Surrogate Parent form allows the district to request the assignment of a surrogate parent for a child who may need special education services who is a ward of the state or whose parents or guardian are not known or not available.

**OP-7** Assignment of a Surrogate Parent
User's District \*  
Student Name \*

**REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT**

Purpose: This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known or are not available.

**CHILD'S INFORMATION**

NAME: \* \_\_\_\_\_ STREET: \* \_\_\_\_\_  
 DATE OF BIRTH: \* \_\_\_\_\_ GRADE: \_\_\_\_\_ CITY: \* \_\_\_\_\_ STATE: \* \_\_\_\_\_ ZIP: \* \_\_\_\_\_  
 BUILDING OF ATTENDANCE: \* \_\_\_\_\_ STUDENT'S PHONE: \_\_\_\_\_

**WITH WHOM CHILD IS RESIDING**

NAME: \_\_\_\_\_ STREET: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

PARENT'S DISTRICT OF RESIDENCE: \* \_\_\_\_\_

**CHILD'S CARING AGENCY**

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_

**PERSON MAKING REQUEST**

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Why has this request been made?  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPOINTMENT OF A SURROGATE PARENT**

Appointment of the surrogate parent should be reviewed annually.

Reason for the appointment of a surrogate parent:

Date of Appointment: \_\_\_\_\_

Please be informed that \_\_\_\_\_ is appointed as surrogate parent for  
 \* \_\_\_\_\_. It is my understanding that this appointee has completed the necessary  
 training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with  
 the district's special education policies and procedures.

DESIGNEE'S SIGNATURE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Prepared by the Ohio Department of Education for optional use. Not an ODE Required form.

**Request for Assignment of Surrogate Parent (OP-7)  
Form**

## Manifestation Determination Review (PR-03)

The Manifestation Determination Review (PR-03) form is completed to report the conclusions of a review meeting that determines whether or not a student's behavior, which resulted in disciplinary action by the school, is related to the student's disability. With the exception of the demographic information, you must manually enter the information on this form.

**PR-03** Manifestation Determination Review
User's District \*  
Student Name \*

In carrying out a manifestation determination review, the local educational agency, the parent, and the relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child.

**CHILD'S INFORMATION**

NAME: \* \_\_\_\_\_ ID NUMBER: \* \_\_\_\_\_ DATE OF BIRTH: \* \_\_\_\_\_

NATURE OF THE CHILD'S DISABILITY  
 \_\_\_\_\_  
 \_\_\_\_\_

NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION:  
 \_\_\_\_\_  
 \_\_\_\_\_

**DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR OF CONCERN TO THE STUDENT'S DISABILITY**

1. In relationship to the behavior subject to disciplinary action

a. Did the IEP team review relevant information in the student's file and the student's IEP?  YES  NO

b. Did the IEP team review relevant information presented by the parents and teacher observations?  YES  NO

c. Did the IEP team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability?  YES  NO

d. Was the child's conduct a direct result of the district's failure to implement the IEP?  YES  NO

The behavior is a manifestation of the student's disability, if the IEP team indicated "Yes" on item c or d of 1 above.

**CONCLUSION**  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF MANIFESTATION DETERMINATION REVIEW:  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPPLEMENTAL FORM REVISED BY SPS: AUGUST 26, 2009

**Manifestation Determination Review (PR-03) Form**

# Manifestation Determination Worksheet

The Manifestation Determination Worksheet enables the IEP team to record all of the relevant information used to determine the outcome of the manifestation determination review meeting.

Manifestation Determination Worksheet	User's District * Student Name *
This Manifestation Determination MUST occur within 10 school days of any decision to change the placement of a child with a disability due to a violation of the code of conduct.	
<b>CHILD'S INFORMATION</b>	
NAME: * _____	ID NUMBER: * _____
GRADE: * _____	
<b>MEETING DATE</b> _____	
<b>I. NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION</b>	
Describe the student's behavior that violated a rule or code of conduct (in observable, measurable terms).	
_____	
<b>II. NATURE OF DISABILITY</b>	
Describe the nature and severity of the student's disability (in observable, measurable terms).	
_____	
<b>III. RELEVANT INFORMATION</b>	
a. Evaluation/Diagnostic Results:	
_____	
Date of last evaluation report: _____	Evaluation current (less than 3 years): <input type="checkbox"/> YES <input type="checkbox"/> NO
Do existing evaluation/diagnostic results address current areas of concern? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IV. DESCRIBE HOW THE DISABILITY AFFECTS THE STUDENT'S:</b>	
a. Academic Progress	
_____	
b. Social Skills Development	
_____	
c. Self-care, Domestic, and/or Community Skills	
_____	
d. Receptive and Expressive Language	
_____	
<b>V. RELEVANT INFORMATION</b>	
b. Relevant Parent Information:	
Sources of information:	
_____	
c. Observations of the Child:	
Sources of information:	
_____	
d. IEP:	
_____	
Date of last IEP: _____	Is IEP current? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
e. Placement (Describe current placement appropriate to meet student's needs):	
_____	
<b>THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 SCHOOL DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT.</b>	
The manifestation determination review is conducted by the child's parents and the relevant members of the child's IEP team, as determined by the parents and the school system.	
NOTE: No manifestation determination review is required when a child is removed from his current placement for NOT MORE THAN 10 SCHOOL DAYS to an interim alternative educational setting (IAES), another setting or via suspension and for additional removals of not more than 10 cumulative days in that same school year for separate incidents of misconduct, as long as those removals do not constitute a pattern. Schools may make such short-term removals for violations of a code of student conduct to the extent that such alternative settings are also applied to students without disabilities. In addition, schools may remove a student to an IAES for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability in cases where a child carries or possesses a weapon to or at school, on school premises or at a school function; knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises or at a school function; has inflicted serious bodily injury upon another person while at school, on school premises or at a school function.	
OP-03 MANIFESTATION DETERMINATION WORKSHEET REVISED BY ODE: JULY 1, 2009	

# Referral for Evaluation (PR-04)

The Referral for Evaluation (PR-04) form is used to initiate a request for evaluation of a student whom a parent or district staff member suspects as having a disability.

The Referral for Evaluation form contains several demographic fields. Using the Student Properties, you can add additional contact information for a primary parent, such as work phone, cell phone and email address, as well as the contact information for a second parent.

Though the Grade field defaults to the current grade of the student, as obtained from your student information system, you can select a different grade level using the Grade list.

See "Referral for Evaluation (PR-04) Form – Page 1" and "Referral for Evaluation (PR-04) Form – Page 2" .

<b>PR-04</b> Referral for Evaluation		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	BUILDING OF CURRENT ATTENDANCE:	
ID NUMBER: *	GRADE: * ▾	TEACHERS:
DATE OF BIRTH: *	GENDER: *	_____
STREET: *	_____	
CITY: *	STATE: *	ZIP: *
<b>PARENTS'/GUARDIAN'S INFORMATION</b>		
NAME: *		STUDENT'S NATIVE LANGUAGE (if not English):
STREET: *		PARENT'S NATIVE LANGUAGE (if not English):
CITY: *	STATE: *	ZIP: *
HOME PHONE: _____	WORK PHONE: _____	
CELL PHONE: _____	EMAIL: _____	
NAME: _____		
STREET: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	WORK PHONE: _____	
CELL PHONE: _____	EMAIL: _____	
REASON FOR REFERRAL:		
_____		
<b>EDUCATIONAL HISTORY</b>		
Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:		
_____		
Provide data from previous interventions, including interventions required by rule 3301-35-06 or, for the preschool child, data from early intervention, community or preschool providers:		
_____		
Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:		
_____		
Number of school districts attended: _____ Years at present school building: _____		
List schools/early childhood programs and dates:		
_____		
<b>ATTENDANCE</b>		
<input type="checkbox"/> Regular <input type="checkbox"/> Irregular   If irregular, explain: _____		
Is this student age-appropriate for grade level? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If No, check all that apply: <input type="checkbox"/> Retained (specify grade) _____ <input type="checkbox"/> Enrolled late in school <input type="checkbox"/> Held out of school by parent <input type="checkbox"/> Unknown		
<b>BACKGROUND INFORMATION</b>		
<b>A. Health Data</b>		
Do you suspect problems with <input type="checkbox"/> Vision <input type="checkbox"/> Hearing		
Does the student <input type="checkbox"/> Wear Glasses <input type="checkbox"/> Use hearing aid(s)		
Does the student take medication <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, specify type and purpose:		
_____		
Does the student have any health/developmental/physical problems of which you are aware? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, please explain:		
_____		
<b>B. Environmental Factors</b>		
Describe any specific home factors that might affect the student's performance in school		
_____		
PR-04 REFERRAL FOR EVALUATION FORM   REVISED BY ODE: MAY 4, 2009		

Referral for Evaluation (PR-04) Form – Page 1

<b>PR-04</b> Referral for Evaluation		User's District * Student Name *
_____		
<b>For Preschool Children Only (Please check the area(s) of concern):</b>		
<input type="checkbox"/> Eating	<input type="checkbox"/> Dressing	<input type="checkbox"/> Tolerating
<input type="checkbox"/> Receptive Communication	<input type="checkbox"/> Expressive Communication	<input type="checkbox"/> Hearing
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Play
<input type="checkbox"/> Social/Emotional Behavior	<input type="checkbox"/> Other	<input type="checkbox"/> Attention
		<input type="checkbox"/> Gross Motor
		<input type="checkbox"/> Vision
Describe any other pertinent information not previously described:		
_____		
<b>SIGNATURES</b>		
_____	Signature of Person Receiving the Referral	
Signature of Person Initiating the Referral		
_____	Title	
Position or Relationship to Student		
_____	Date Received	
Date		
_____		
Date District Suspects a Disability		
_____		
PR-04 REFERRAL FOR EVALUATION FORM   REVISED BY ODE: MAY 4, 2009		

Referral for Evaluation (PR-04) Form – Page 2



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# Parent Consent for Evaluation (PR-05)

Parent Consent for Evaluation (PR-05) form is completed by the parent or guardian of the student to agree to or refuse evaluation of the student. The district must receive parent consent for evaluation within 30 days of receiving the Referral for Evaluation form.

<b>PR-05</b> Parent Consent for Evaluation	User's District * Student Name **
<b>TYPE OF EVALUATION</b> <input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Reevaluation (if additional assessment is to be conducted)	
<b>PART 1: TO GRANT CONSENT</b> I HEREBY GIVE MY PERMISSION for * _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time. I have received a copy of my procedural safeguards and I understand the information provided.  Parent/Legal Guardian/ Custodian/Student (if 18 or older) Name: _____ Signature: _____ Relationship to Child: _____ Date: _____	
<b>PART 2: TO REFUSE CONSENT</b> (Do NOT complete Part 2 if you completed Part 1) I have received a copy of my procedural safeguards and I understand the information provided. I DO NOT GIVE MY PERMISSION for an evaluation for * _____ Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)  <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Parent/Legal Guardian/ Custodian/Student (if 18 or older) Name: _____ Signature: _____ Relationship to Child: _____ Date: _____	
<b>PART 3 (To be completed by the school)</b> Information about the evaluation and a copy of the procedural safeguards notices were presented/sent by: District Representative: _____ Signature: _____ Date: _____  The parent's native language is: _____ If not English, was the information provided in the native language or other mode of communication of the parents? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <small>If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.</small>	
PR-04 REFERRAL FOR EVALUATION FORM    REVISED BY ODE: MAY 4, 2009	

## Parent Consent for Evaluation (PR-05) Form

## Evaluation Team Report

The Evaluation Team Report (ETR) forms document the evaluation to determine whether or not a student has a disability requiring special education services. The district must complete an Evaluation Team Report within 60 days of receiving the Parent Consent for Evaluation form.

The following table lists all of the forms that comprise the ETR and indicates by task whether the form is required or optional.

**ETR Forms by Task**

Form	Task				
	IETR (Preschool)	IETR (School-Age)	RETR (Preschool)	RETR (School-Age)	TETR
ETR Cover Page	R	R	R	R	R
ETR 1 Individual Assessment	R	R	R	R	O
ETR 1 Individual Assessment (2 pages)	O	O	O	O	O
ETR 2 Team Summary	R	R	R	R	O
ETR 3 Specific Learning Disability	O	O	O	O	O
ETR 4 Eligibility	R	R	R	R	O
ETR 5 Signatures	R	R	R	R	O
ETR Evaluation Plan Preschool	R	N/A	R	N/A	O
ETR Evaluation Plan School-Age	N/A	R	N/A	R	O
Agreement to Waive Reevaluation	N/A	N/A	O	O	N/A
ETR Attachment Page	A	A	A	A	A
ETR Background Information	O	O	O	O	O
ETR Communication Skills	O	O	O	O	O
ETR Fine Motor Skills	O	O	O	O	O
ETR Gross Motor Skills	O	O	O	O	O
ETR Hearing	O	O	O	O	O
ETR Observation	O	O	O	O	O
ETR Social Emotional Status	O	O	O	O	O
ETR Vision	O	O	O	O	O
R = Required form in task. O = Optional form in task. A = Attachment page in task.					

## ETR Cover Page

The ETR Cover Page lists the demographic information for the student being evaluated. Using the Student Properties, you can add additional contact information for a primary parent, such as work phone, cell phone and email address, as well as the contact information for a second parent.

Though the Grade field defaults to the current grade of the student selected on the task creation window, you can select a different grade level from the Grade list. For example, if you are creating an ETR for the next school year, you might select the student's grade level for the next school year in the Grade list.

The Meeting Date determines which completed tasks appear on the EMIS Review Report and in the EMIS Extract.

If a student's disability code is changed as a result of an ETR task, the Meeting Date field is reported to EMIS as the Effective Start Date for the disability.

ETR Evaluation Team Report		User's District *	Student Name *
<b>CHILD'S INFORMATION</b> NAME: _____ 1 ID NUMBER: _____ 2 GRADE: 3* DATE OF BIRTH: _____ 4 GENDER: 5* STREET: * _____ CITY: * _____ STATE: * _____ ZIP: * _____ DISTRICT OF RESIDENCE: _____ 7* DISTRICT OF SERVICE: _____ 8*		<b>MEETING INFORMATION</b> MEETING TYPE: <input type="checkbox"/> INITIAL EVALUATION <input type="checkbox"/> REEVALUATION <b>DATES</b> MEETING DATE: 10 LAST ETR DATE: _____ REFERRAL DATE: _____ PARENTS' CONSENT RECEIVED DATE: _____	
<b>PARENTS'/GUARDIAN'S INFORMATION</b> NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____ NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____		<b>ETR FORM STATUS</b> (check when complete) <input type="checkbox"/> PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT (separate assessment from each evaluator) <input type="checkbox"/> PART 2: TEAM SUMMARY <input type="checkbox"/> PART 3: DOCUMENTATION FOR DETERMINING THE EXISTING OF A SPECIFIC LEARNING DISABILITY <input type="checkbox"/> PART 4: ELIGIBILITY <input type="checkbox"/> PART 5: SIGNATURES	
<b>INSTRUCTIONS</b> Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (early childhood or school age) that are included with this ETR form or a planning form of your own choosing is optional, but planning for the process is required. 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 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. The interventions summary is completed for both initial evaluations and reevaluations per the instructions found on the form and in Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities. 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, interview or meetings, 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 to 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. The final text box in this section is completed with the information that supports the team's eligibility decision. 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.			
PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011			

## ETR Cover Page

## ETR 1 Individual Assessment

Each evaluator involved with the evaluation completes an ETR 1 Individual Assessment page summarizing his/her assessment of the student. Therefore, an ETR may have multiple ETR 1 pages associated to it.

<b>ETR</b> Evaluation Team Report		User's District *
		Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME:	POSITION:	
<b>AREAS OF ASSESSMENT</b>		
Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.		
<b>EVALUATION METHODS AND STRATEGIES</b>		
Indicate the types of assessment strategies used to gather information about the child's performance.		
<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM BASED ASSESSMENTS
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)		
<input type="checkbox"/> OTHER (Specify) _____		
<b>ASSESSMENT INFORMATION</b>		
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		
DESCRIPTION OF EDUCATIONAL NEEDS		
IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING		
EVALUATOR SIGNATURE: _____	DATE: _____	
PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011		

### ETR 1 Individual Assessment Page

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## ETR 2 Team Summary

The evaluation or IEP team completes the ETR 2 Team Summary page summarizing the team's collective assessment of the student.

<b>ETR</b> Evaluation Team Report		User's District *
		Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>2 TEAM SUMMARY</b>		
Combine all Part 1's Individual Evaluators Assessment from all evaluators into a team summary		
<b>INTERVENTIONS SUMMARY</b> 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.		
<b>REASON(S) FOR EVALUATION</b>		
<b>SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD</b>		
<b>SUMMARY OF OBSERVATIONS (only required for preschool and SLD)</b>		
<b>MEDICAL INFORMATION</b>		
<b>SUMMARY OF ASSESSMENT RESULTS</b>		
<b>DESCRIPTION OF EDUCATIONAL NEEDS</b>		
<b>IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING</b>		
PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011		

## ETR 2 Team Summary

## ETR 3 Specific Learning Disability (Optional)

If the evaluation team determines that the student has a specific learning disability, the team completes the ETR 3 Specific Learning Disability page.

<b>ETR</b> Evaluation Team Report	User's District * Student Name *
<b>CHILD'S INFORMATION</b>	
NAME: *	ID NUMBER: *      DATE OF BIRTH: *
<b>3 DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY</b>	
<b>REQUIRED NOTIFICATION</b>	
If the child has participated in, indicate if the parents a process that assesses the child's response to scientific, research based intervention 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. (See Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Strategies for increasing the child's rate of learning	<input type="checkbox"/> YES <input type="checkbox"/> NO
The parents right to request an evaluation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section A must be completed Either Section B or Section C must be completed.	
<b>A. IDENTIFIED AREAS</b>	
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"/> Listening Comprehension	<input type="checkbox"/> Reading Comprehension
<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Calculation
<input type="checkbox"/> Basic Reading Skill	<input type="checkbox"/> Mathematics Problem Solving
<b>B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION</b>	
Assessment information should be summarized in this section if the evaluation team used a process based on a 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.	
<b>C. PATTERNS OF STRENGTHS AND WEAKNESSES</b>	
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.	
PR-06 ETR FORM    REVISED BY ODE: MAY 10, 2011	

<b>ETR</b> Evaluation Team Report	User's District * Student Name *
<b>D. EXCLUSIONARY FACTORS</b>	
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"/> Environmental or Economic Disadvantage	<input type="checkbox"/> Emotional Disturbance
	<input type="checkbox"/> Mental Retardation
	<input type="checkbox"/> Cultural Factors
<b>E. DOCUMENTATION – UNDERACHIEVEMENT NOT DUE TO LACK OF APPROPRIATE INSTRUCTION</b>	
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 the 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, the child was provided appropriate instruction in general education settings, delivered by qualified personnel. Summarize the data used by the team to document this requirement:	
2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, that was provided to the child's parent. Summarize the data-based documentation used by the team to document this requirement:	
<b>F. OBSERVATION</b>	
Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment including the regular classroom setting.	
<b>G. MEDICAL FINDINGS</b>	
Describe the educationally relevant medical findings, if any:	
PR-06 ETR FORM    REVISED BY ODE: MAY 10, 2011	

## ETR 4 Eligibility

On the ETR 4 Eligibility page, the evaluation team states whether or not the student meets the eligibility criteria for a disability and, if eligibility is met, specifies the nature of the student’s disability.

The team must select the applicable disability code from the Disability Determination list. The value you select in this field is reported to EMIS in the Effective Date Record (FD); the disability start date is reported as the date in the Meeting Date field on the ETR Cover Page.

The Disability Determination list contains the following values:

- \*\* Not Applicable
- 01 Multiple Disabilities (not deaf-blind)
- 02 Deaf-Blindness
- 03 Deafness (Hearing Impairment)
- 04 Visual Impairment
- 05 Speech & Language Impairments
- 06 Orthopedic Impairments
- 08 Emotional Disturbance (SBH)
- 09 Cognitive Disorders
- 10 Specific Learning Disability
- 12 Autism
- 13 Traumatic Brain Injury
- 14 Other Health Impaired (Major)
- 15 Other Health Impaired (Minor)
- 16 Developmental Delay

<b>ETR</b> Evaluation Team Report	User's District * Student Name *
<b>CHILD'S INFORMATION</b>	
NAME: *	ID NUMBER: *      DATE OF BIRTH: *
<b>4 ELIGIBILITY</b>	
<b>ELIGIBILITY DETERMINATION</b>	
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. <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>	
The child meets the state criteria for having a disability (or continuing to have a disability) based on the data provided in this document. <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>	
The child demonstrates an educational need that requires specially designed instruction. <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>	
If the response is <b>NO</b> to any question, then the child is <b>NOT</b> eligible for special education. If the response to all three questions is <b>YES</b> , then the child <b>IS</b> eligible for special education.	
The child is eligible for special education and related services in the category of: <span style="background-color: yellow; padding: 2px;">9</span>	
<b>BASIS FOR ELIGIBILITY DETERMINATION (or Continued Eligibility)</b>	
Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC 3301-51-01 (B)(10) (Definitions) and OAC 3301-51-06 (Evaluations). Include how the disability affects the child's progress in the general education curriculum.	
PR-06 ETR FORM   REVISED BY ODE: MAY 10, 2011	

### ETR 4 Eligibility Page

## ETR 5 Signatures

Each member of the evaluation team, including the student's parent(s), signs the ETR 5 Signatures page and indicates whether they agree or disagree with the evaluation.

The system completes the demographic information in the Name, ID Number and Date of Birth fields. The dates in the Date of Meeting, Date of Last ETR and Referral Date are updated by the values entered in the corresponding fields on the ETR Cover Page.

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 24pt; font-weight: bold; margin-right: 10px;">ETR</span> <span>Evaluation Team Report</span> <span style="font-size: 10pt;">User's District * Student Name *</span> </div>				
<b>CHILD'S INFORMATION</b>				
NAME: * _____ ID NUMBER: * _____ DATE OF BIRTH: * _____				
<span style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: inline-block; line-height: 20px; vertical-align: middle;">5</span> SIGNATURES	<b>DATES</b> DATE OF MEETING: _____ DATE OF LAST ETR: _____ REFERRAL DATE: _____			
<b>EVALUATION TEAM</b> 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.				
<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>STATUS</b>
	Parent			<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
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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				<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
<b>STATEMENT OF DISAGREEMENT</b> If a team member is not in agreement with the team's determination, the team member shall attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.				
PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011				

**ETR 5 Signatures Page**



## **ETR Evaluation Plan Preschool (Preschool ETR Task Only)**

If the ETR is for a preschool-aged child, the task must include the ETR Evaluation Plan Preschool page to determine the factors involved to assess the student for the suspected disability.

The IETR - Initial Evaluation (Preschool) and RETR - Reevaluation (Preschool) tasks provide this page by default; this page is optional in a TETR - Transfer ETR task.

See “*ETR Evaluation Plan Preschool – Page 1*” and “*ETR Evaluation Plan Preschool – Page 2*” .

*This space intentionally left blank.*

**ETR** Evaluation Team Report
User's District \*  
Student Name \*

---

**CHILD'S INFORMATION**  
NAME: \* ID NUMBER: \* DATE OF BIRTH: \*

**EVALUATION PLANNING FORM - PRESCHOOL ELIGIBILITY DETERMINATION** *(Required)*  
DATE OF PLAN: \_\_\_\_\_

SUSPECTED DISABILITY: \_\_\_\_\_  
TEAM CHAIRPERSON: \_\_\_\_\_  INITIAL EVALUATION  
TEAM MEMBERS: \_\_\_\_\_  REEVALUATION  
 TRANSITION FROM PART C

NOTE: 1 Each domain must be assessed using one of the methods listed.  
2 The areas related to the suspected disability must be assessed using all the methods listed (data from early intervention only applies if the child is transitioning from "Help Me Grow"). Refer to the chart on the next page.

ASSESSMENT AREAS	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	STRUCTURED INTERVIEW	STRUCTURED OBSERVATIONS*	STANDARDIZED NORM-REFERENCED ASSESSMENTS	CRITERION-REFERENCED/CURRICULUM-BASED ASSESSMENTS	DATA FROM PART C **
Background (PR-04)	<input type="checkbox"/>	<input type="checkbox"/>					
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>					
Cognition	<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"/>					
Pre-Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>					
Gross/Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>					
Social/Emotional Behavioral	<input type="checkbox"/>	<input type="checkbox"/>					
Medical/Health	<input type="checkbox"/>	<input type="checkbox"/>					

\* Observations are in more than one setting and in multiple activities.

The team has taken into consideration limited English proficiency in planning this assessment and determining eligibility as a preschool child with a disability.  
 The team has taken into consideration possible sources of racial or cultural bias in planning the assessments.

**SIGNATURES**

School District Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
General Preschool/Regular Education Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
Preschool Special Education Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011

**ETR** Evaluation Team Report
User's District \*  
Student Name \*

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**EVALUATION PLANNING FORM - PRESCHOOL ELIGIBILITY DETERMINATION** *(Required)*  
The following chart can assist the team planning for assessments and determining eligibility. Additional data beyond what is necessary for eligibility may be collected and reviewed for programming purposes.

**SUSPECTED DISABILITY**

Autism (AUT)  Cognitive Disability (CD)  Deaf-Blindness (DB)  
 Deaf  Emotional Disturbance (ED)  Hearing Impairment (HI)  
 Multiple Disabilities (MD)  Orthopedic Impairment (OH)  Other Health Impairment (OHI)  
 Speech or Language Impairment (S/L)  Specific Learning Disability (SLD)  Traumatic Brain Injury (TBI)  
 Visual Impairment (VI)  Developmental Delay (DD)

Based upon the suspected disability, the following areas should be considered in planning the evaluation. ■ Related to disability category  
The team determines the assessment plan. ● Other areas recommended

ASSESSMENT AREAS	AUT	CD	D/B	DEAF	ED	HI	MD	OH	OHI	SLD	S/L	TBI	VI	DD <sup>1</sup>
Previous Interventions	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Cognition <sup>1</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Pre-Academic Skills <sup>3</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Hearing <sup>4</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Audiological	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Vision <sup>4</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Adaptive Behavior	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Communication	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Oral Expression	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Listening Comprehension	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Written Expression	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Gross Motor Skills	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fine Motor Skills	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Social Functioning	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Emotional Status	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Behavioral Status	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Physical/Mental/Health	■	■	■	■	■	■	■	■	■	■	■	■	■	■

1 Intelligence quotient required for a cognitive disability only.  
2 All possible areas for developmental delay are noted. The team will decide the areas to be assessed for eligibility.  
3 Pre-academic skills are related to content standards and basic functional skills for preschoolers and provide information on current level performance.  
4 Vision and hearing screening are part of the basic requirements for entry into program, just like kindergarten, and are part of the Early Learning Program Guidelines.

A preschool child is determined eligible because of a disability that (1) adversely affects the child's performance and ability to participate in developmentally appropriate activities and therefore, (2) the child is in need of special education and related services.

Eligibility in a disability category other than developmental delay must be determined first. If the child is eligible with a disability category of speech/language impairment, cognitive disability or emotional disturbance, the team may choose to use the term developmental delay without any further assessments. If the child does not meet the criteria for any of these disability categories, the team is to consider developmental delay. Developmental Delay means the child has a disability in one or more of the following areas of development: physical, cognitive, communication, social or emotional, or adaptive. A developmental delay is substantiated by a delay of 2.0 standard deviations below the mean in one area of development or 1.5 standard deviations below the mean in two areas of development. The standard deviation cannot be the sole factor in determining the child has a disability. If a child does not meet the standard deviation requirement, the team can still determine that the child has a developmental delay; this does not mean that norm-referenced assessments can be bypassed.

A preschool child with a disability is at least age three and not of compulsory school age. A child's age is determined as of the district entry date. Eligible children who are age three can enter the program on the third birthday whenever that occurs during the year. A child who will be three as of December 1 of the school year can begin earlier than the third birthday. The IEP team must consider kindergarten for a child who will be age five as of December 1. If a child is age six as of district's entry date, the child is no longer a preschooler and must be enrolled in kindergarten (compulsory attendance begins at age six and children are required to have developmentally appropriate kindergarten experience before first grade).

There are different types of assessments that may be used for different reasons. IDEA (P.L.108-446, 2004) does not permit screening to be used for evaluation purposes or for eligibility determinations. Screenings however can indicate a need for further assessment.

PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011

## ETR Evaluation Plan School Age (School Age ETR Task Only)

If the ETR is for a school-aged child, the task must include the ETR Evaluation Plan School Age page to determine the factors involved to assess the student for the suspected disability.

The IETR - Initial Evaluation (School-Aged) and RETR - Reevaluation (School-Aged) tasks provide this form by default; this page is optional in a TETR - Transfer ETR task.

The Initial Evaluation or Reevaluation check box is updated from the ETR Cover Page.

<b>ETR</b> Evaluation Team Report			User's District * Student Name *
Evidence of planning for the evaluation process is a requirement. Using this form or a planning form of your own choosing is optional, but planning for the process is required.			
<b>CHILD'S INFORMATION</b>			
NAME: * _____		ID NUMBER: * _____	DATE OF BIRTH: * _____
<b>EVALUATION PLANNING FORM - SCHOOL AGE DISABILITY DETERMINATION (Required)</b>			
SUSPECTED DISABILITY: _____		DATE OF PLAN: _____	
TEAM CHAIRPERSON: _____		<input type="checkbox"/> INITIAL EVALUATION	
TEAM MEMBERS: _____		<input type="checkbox"/> REEVALUATION	
ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY (IES)	DATA AVAILABLE <sup>1</sup>	FURTHER TESTING NEEDED <sup>2</sup>	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent	<input type="checkbox"/>	<input type="checkbox"/>	
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	
Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom Based Evaluations and Progress in the General Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	
Data from Interventions	<input type="checkbox"/>	<input type="checkbox"/>	
Communicative Status	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Social Emotional Status	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Exam/General Health	<input type="checkbox"/>	<input type="checkbox"/>	
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational/Transition	<input type="checkbox"/>	<input type="checkbox"/>	
Background History	<input type="checkbox"/>	<input type="checkbox"/>	
Observations	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	
Braille Needs (as determined by VI teacher or appropriately trained/licensed personnel)	<input type="checkbox"/>	<input type="checkbox"/>	
Audiological Needs (as determined by certified/licensed audiologist)	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive Technology Needs	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
<sup>1</sup> Sufficient data to determine eligibility. <sup>2</sup> Additional data required to determine eligibility. Check if further testing is needed.			
<input type="checkbox"/> The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment. <input type="checkbox"/> The Team has taken into consideration limited English proficiency to plan this assessment.			
<b>SIGNATURES</b>			
School District Representative: _____		Date: _____	
Parent: _____		Date: _____	
Parent: _____		Date: _____	
Regular Education Teacher: _____		Date: _____	
Intervention Specialist: _____		Date: _____	
PR-06 ETR FORM REVISED BY ODE: MAY 10, 2011			

### ETR Evaluation Plan School Age Page

## Agreement to Waive Reevaluation (Optional)

If the IEP team determines that reevaluation of the student is not necessary, the Agreement to Waive Reevaluation page is completed by the team and signed by the student's parent. The Agreement to Waive Reevaluation page is optional in the RETR - Reevaluation (Preschool), RETR - Reevaluation (School-Age) and Other Meeting tasks.

<b>Agreement to Waive Reevaluation</b>	User's District * Student Name *
<b>CHILD'S INFORMATION</b>	
NAME: * _____	ID NUMBER: * _____
DATE SENT: _____	GRADE: * _____
<b>TO:</b>	
NAME: * _____	RELATIONSHIP TO STUDENT: _____
ADDRESS: * _____	
CITY: * _____	STATE: * _____ ZIP: * _____
<b>RE: REEVALUATION NOT NECESSARY</b>	
Dear * _____	
The Individuals with Disabilities Education Improvement Act of 2004 (IDEA), requires that a reevaluation of every child with a disability be conducted at least once every three years, unless the parents and school district agree that a reevaluation is unnecessary.	
We have reviewed your child's progress to date on IEP goals. Based on this review, we are recommending that a reevaluation is NOT necessary and be waived for the following reasons:	
Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me.	
NAME: _____	POSITION: _____
PHONE: _____	EMAIL: _____
<b>DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE</b>	
Please check either 1 or 2 and sign below.	
1. <input type="checkbox"/> Yes, I agree that my child does not need to be reevaluated at this time; however, I understand that I may request a reevaluation at a later date.	
2. <input type="checkbox"/> No, I do not agree to waive a reevaluation and would like to have my child reevaluated.	
PARENT/GUARDIAN/SURROGATE SIGNATURE: _____	DATE: _____
PARENT/GUARDIAN/SURROGATE NAME: _____	DAYTIME PHONE: _____
<b>PLEASE RETURN THIS ENTIRE FORM TO:</b>	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
<small>A copy of the Procedural Safeguards Notice, <i>Whose IDEA Is This, A Parent's Guide to the Individuals with Disabilities Education Improvement Act of 2004</i>, is available upon request from your child's school. Please contact the person listed at the bottom of the first page of this form if you need a copy of this notice. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.</small>	
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Agreement to Waive Reevaluation Page

## ETR Attachment Page (Optional)

The ETR Attachment Page enables you to add supporting information to a page in an ETR task.

<b>ETR Evaluation Team Report</b>	User's District * Student Name *
<b>CHILD'S INFORMATION</b>	
NAME: * _____	ID NUMBER: * _____
DATE OF BIRTH: * _____	
<b>CONTINUATION OF</b> _____	
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ETR Attachment Page

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## ETR Background Information (Optional)

On the ETR Background Information page, an evaluator can provide relevant assessment information about the student's background.

<b>ETR</b> Evaluation Team Report		User's District *
		Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME:	POSITION:	
<b>AREAS OF ASSESSMENT</b>	<u>BACKGROUND INFORMATION</u>	
<b>ASSESSMENT INFORMATION</b>		
SUMMARY OF EDUCATIONAL HISTORY (including education in regular classroom setting):		
DATA FROM ANY CURRENT OR PAST SUPPLEMENTAL PROGRAMS/SERVICES OR INTERVENTIONS: (e.g., Title I, Early Intervention services, Pre-school, Reading Recovery, Individualized Interventions)		
EVALUATOR SIGNATURE:	DATE:	
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### ETR Background Information Page

# ETR Communication Skills (Optional)

On the ETR Communication Skills page, an evaluator can provide the results of the student's communication skills assessment.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME: _____	POSITION: _____	
<b>AREAS OF ASSESSMENT</b> COMMUNICATION SKILLS		
<b>EVALUATION METHODS AND STRATEGIES</b>		
Indicate the types of assessment strategies used to gather information about the child's performance.		
<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM BASED ASSESSMENTS
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)		
<input type="checkbox"/> OTHER (Specify) _____		
<b>ASSESSMENT INFORMATION</b>		
GENERAL INFORMATION (regarding communications skills) FOR THIS STUDENT:		
Select One: (yes, sometimes, no, not observed)	<b>ORAL EXPRESSION</b> (In comparison with same age typical peers)	
<input type="checkbox"/>	<input type="checkbox"/> Uses age appropriate vocabulary	
<input type="checkbox"/>	<input type="checkbox"/> Knows how to begin, maintain, and end a conversation	
<input type="checkbox"/>	<input type="checkbox"/> Restates thoughts in an alternative form	
<input type="checkbox"/>	<input type="checkbox"/> Tells stories or relates information in the proper sequence with beginning, middle, and/or end	
<input type="checkbox"/>	<input type="checkbox"/> Uses speech rather than gestures to express self	
<input type="checkbox"/>	<input type="checkbox"/> Speaks easily without seeming frustrated	
<input type="checkbox"/>	<input type="checkbox"/> Formulates sentences correctly with correct word order and grammar	
<input type="checkbox"/>	<input type="checkbox"/> Understands rules of conversation	
Select One: (yes, sometimes, no, not observed)	<b>LISTENING COMPREHENSION</b> (In comparison with same age typical peers)	
<input type="checkbox"/>	<input type="checkbox"/> Is able to ignore auditory distractions	
<input type="checkbox"/>	<input type="checkbox"/> Responds after first presentation; does not often ask for things to be repeated	
<input type="checkbox"/>	<input type="checkbox"/> Understands materials presented through the auditory channel (lecture)	
<input type="checkbox"/>	<input type="checkbox"/> Demonstrates understanding of vocabulary	
<input type="checkbox"/>	<input type="checkbox"/> Comprehends questions	
<input type="checkbox"/>	<input type="checkbox"/> Understands concepts of time, space, quantity	
Select One: (yes, sometimes, no, not observed)	<b>WRITING - STRUCTURE</b> (In comparison with same age typical peers)	
---	Use conventions of print including the following:	
<input type="checkbox"/>	<input type="checkbox"/> Left to right progressions	
<input type="checkbox"/>	<input type="checkbox"/> Correct manuscript capital letter formation	
<input type="checkbox"/>	<input type="checkbox"/> Correct manuscript lower-case letter formation	
<input type="checkbox"/>	<input type="checkbox"/> Spacing	
<input type="checkbox"/>	<input type="checkbox"/> Correct cursive capital letter formation	
<input type="checkbox"/>	<input type="checkbox"/> Correct cursive lower-case letter formation	
<input type="checkbox"/>	<input type="checkbox"/> Ending Punctuation	
<input type="checkbox"/>	<input type="checkbox"/> Commas	
<input type="checkbox"/>	<input type="checkbox"/> Apostrophes	
<input type="checkbox"/>	<input type="checkbox"/> Quotation Marks	
<input type="checkbox"/>	<input type="checkbox"/> Write own first name	
<input type="checkbox"/>	<input type="checkbox"/> Write own last name	
---	Use a variety of spelling strategies in written context including the following:	
<input type="checkbox"/>	<input type="checkbox"/> Letter-sound correspondence in invented spelling	
<input type="checkbox"/>	<input type="checkbox"/> Visual memory	
<input type="checkbox"/>	<input type="checkbox"/> Word knowledge (structure of words such as syllables, root, compound words)	
<input type="checkbox"/>	<input type="checkbox"/> Spell conventionally	
<input type="checkbox"/>	<input type="checkbox"/> Write complete sentences	
<input type="checkbox"/>	<input type="checkbox"/> Write two or more sentences related to a theme	
<input type="checkbox"/>	<input type="checkbox"/> Use descriptive language in writing	
<input type="checkbox"/>	<input type="checkbox"/> Web, list, outline, and/or cluster when preparing for writing	
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<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<input type="checkbox"/>	<input type="checkbox"/> Edit pieces of writing with peer and teaching assistance	
<input type="checkbox"/>	<input type="checkbox"/> Vary sentence patterns when revising	
<input type="checkbox"/>	<input type="checkbox"/> Use correct subject/verb agreement	
<input type="checkbox"/>	<input type="checkbox"/> Use correct tense agreement	
<input type="checkbox"/>	<input type="checkbox"/> Experiment with word substitutions in writing to clarify meaning	
<input type="checkbox"/>	<input type="checkbox"/> Use correct paragraphing	
<input type="checkbox"/>	<input type="checkbox"/> Write legibly	
---	Write for a variety of purposes including the following:	
<input type="checkbox"/>	<input type="checkbox"/> To inform	
<input type="checkbox"/>	<input type="checkbox"/> To narrate	
<input type="checkbox"/>	<input type="checkbox"/> To describe (through narration or poetry)	
<input type="checkbox"/>	<input type="checkbox"/> To explain a sequence such as a recipe, tying shoes, etc (expository)	
<input type="checkbox"/>	<input type="checkbox"/> To persuade	
Select One: (yes, sometimes, no, not observed)	<b>WRITING - MEANING CONSTRUCTION</b> (In comparison with same age typical peers)	
<input type="checkbox"/>	<input type="checkbox"/> Participate in group pre-writing activities	
<input type="checkbox"/>	<input type="checkbox"/> Dictate/write labels stemming from real life events	
<input type="checkbox"/>	<input type="checkbox"/> Dictate/write sentences stemming from real life events	
<input type="checkbox"/>	<input type="checkbox"/> Self-evaluate writing to determine if thoughts are complete and clear	
<input type="checkbox"/>	<input type="checkbox"/> Use various technologies to construct and convey meaning	
<input type="checkbox"/>	<input type="checkbox"/> Write on prompted and self-selected topic, demonstrating a sense of flow, organization, and clarity of thought	
<input type="checkbox"/>	<input type="checkbox"/> Gather appropriate information to produce a piece of writing	
Select One: (yes, sometimes, no, not observed)	<b>WRITING - APPLICATION</b> (In comparison with same age typical peers)	
<input type="checkbox"/>	<input type="checkbox"/> Compose, draw, dictate, and/or write stories for a variety of purposes and audiences	
<input type="checkbox"/>	<input type="checkbox"/> Write daily for a sustained period of time	
<input type="checkbox"/>	<input type="checkbox"/> Maintain a writing portfolio with teacher support	
<input type="checkbox"/>	<input type="checkbox"/> Develop pieces of writing which include a beginning, middle, and end	
<input type="checkbox"/>	<input type="checkbox"/> Use various resources to expand vocabulary during the writing process	
<input type="checkbox"/>	<input type="checkbox"/> Use keyboard with increased competence	
<input type="checkbox"/>	<input type="checkbox"/> Use computers in writing activities	
At or Above Expectation	Below Expectation	In comparison with same age typical peers, this student's skills are:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral Expression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Listening Comprehension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Written Expression
<b>INTERPRETATIONS &amp; INSTRUCTIONAL IMPLICATIONS (please check only one):</b>		
<input type="checkbox"/> The student's communication status is <u>not</u> believed to significantly interfere with academic performance.		
<input type="checkbox"/> The student's communication status is <u>is</u> believed to significantly interfere with academic performance.*		
*If the student's communication status is believed to significantly interfere with academic performance, list specific activities which may benefit this student:  _____		
EVALUATOR SIGNATURE: _____		DATE: _____
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## ETR Fine Motor Skills (Optional)

On the ETR File Motor Skills page, an evaluator can provide the results of the student's fine motor skills assessment.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: * _____ ID NUMBER: * _____ DATE OF BIRTH: * _____		
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME: _____ POSITION: _____		
<b>AREAS OF ASSESSMENT</b> <u>FINE MOTOR</u>		
<b>EVALUATION METHODS AND STRATEGIES</b>		
Indicate the types of assessment strategies used to gather information about the child's performance.		
<input type="checkbox"/> OBSERVATIONS <input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS <input type="checkbox"/> NORM-REFERENCED ASSESSMENTS <input type="checkbox"/> INTERVIEWS <input type="checkbox"/> CURRICULUM BASED ASSESSMENTS <input type="checkbox"/> CLASSROOM BASED ASSESSMENTS <input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY) <input type="checkbox"/> OTHER (specify) _____		
<b>ASSESSMENT INFORMATION</b>		
GENERAL INFORMATION (regarding fine motor skills) FOR THIS STUDENT:		
Select One: (yes, sometimes, no, not observed)	(In comparison with same age typical peers)	
<input type="checkbox"/>	Adequately uses classroom supplies (scissors, etc) for fine motor tasks	
<input type="checkbox"/>	Draws/copies designs adequately	
<input type="checkbox"/>	Eye-hand coordination successful (opens doors, sharpens pencils, draws using a ruler)	
<input type="checkbox"/>	Uses one hand consistently for writing and other motor tasks	
<input type="checkbox"/>	Uses both hands together in a coordinated manner during an activity	
<input type="checkbox"/>	Holds pencil adequately and applies appropriate pressure and grip	
<input type="checkbox"/>	Written work is neat and legible (colors within lines, letters/words adequately spaced)	
<input type="checkbox"/>	Completes fine motor tasks without becoming frustrated	
<input type="checkbox"/>	Completes fine motor tasks within usual time limits	
<input type="checkbox"/>	Completes fine motor tasks in a coordinated and efficient manner	
<b>INTERPRETATIONS &amp; INSTRUCTIONAL IMPLICATIONS (please check only one):</b>		
<input type="checkbox"/> Fine motor skills <u>are not</u> believed to significantly interfere with academic performance. <input type="checkbox"/> Fine motor skills <u>are</u> believed to significantly interfere with academic performance (list & describe needs below).		
<b>DESCRIPTION OF EDUCATIONAL NEEDS</b>		
List and describe student's fine motor needs:		
EVALUATOR SIGNATURE: _____ DATE: _____		
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ETR Fine Motor Skills Page

## ETR Gross Motor Skills (Optional)

On the ETR Gross Motor Skills page, an evaluator can provide the results of a student's gross motor skills assessment.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: * _____ ID NUMBER: * _____ DATE OF BIRTH: * _____		
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME: _____ POSITION: _____		
<b>AREAS OF ASSESSMENT</b> <u>GROSS MOTOR</u>		
<b>EVALUATION METHODS AND STRATEGIES</b>		
Indicate the types of assessment strategies used to gather information about the child's performance.		
<input type="checkbox"/> OBSERVATIONS <input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS <input type="checkbox"/> NORM-REFERENCED ASSESSMENTS <input type="checkbox"/> INTERVIEWS <input type="checkbox"/> CURRICULUM BASED ASSESSMENTS <input type="checkbox"/> CLASSROOM BASED ASSESSMENTS <input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY) <input type="checkbox"/> OTHER (specify) _____		
<b>CURRENT PHYSICAL EDUCATION PROGRAM</b>		
<input type="checkbox"/> GENERAL ED. PHYSICAL EDUCATION <input type="checkbox"/> HAS MET P.E. CREDIT REQUIREMENTS <input type="checkbox"/> MODIFIED PHYSICAL EDUCATION <input type="checkbox"/> OTHER _____		
<b>ASSESSMENT INFORMATION</b>		
GENERAL INFORMATION (regarding gross motor skills) FOR THIS STUDENT:		
Select One: (yes, sometimes, no, not observed)	(In comparison with same age typical peers)	
<input type="checkbox"/>	Demonstrates adequate balance when walking, standing on one foot, jumping	
<input type="checkbox"/>	Demonstrates coordinated, efficient gross motor movements (does not run into/trip on objects or display unusual body alignment)	
<input type="checkbox"/>	Demonstrates adequate locomotor skills: walking, running, hopping, jumping	
<input type="checkbox"/>	Navigates stairs (up and down), ramps, and curbs independently	
<input type="checkbox"/>	Demonstrates hand/eye coordination adequate for throwing, catching, etc.	
<input type="checkbox"/>	Demonstrates lower limb coordination adequate for kicking a ball, jumping rope	
<input type="checkbox"/>	Demonstrates adequate endurance	
<input type="checkbox"/>	Demonstrates adequate strength	
<input type="checkbox"/>	Demonstrates adequate flexibility	
<input type="checkbox"/>	Demonstrates body awareness/control in the area of balance	
<input type="checkbox"/>	Demonstrates body awareness/control in the area of coordination	
<input type="checkbox"/>	Demonstrates body awareness/control in the area of directionality	
<input type="checkbox"/>	Demonstrates body awareness/control in the area of spatial judgment	
<input type="checkbox"/>	Demonstrates body awareness/control in the area of sequencing movements	
<input type="checkbox"/>	Performs gross motor tasks without unusual frustration	
<b>INTERPRETATIONS &amp; INSTRUCTIONAL IMPLICATIONS (please check only one):</b>		
<input type="checkbox"/> Gross motor skills <u>are not</u> believed to significantly interfere with academic performance. <input type="checkbox"/> Gross motor skills <u>are</u> believed to significantly interfere with academic performance (list & describe needs below).		
<b>DESCRIPTION OF EDUCATIONAL NEEDS</b>		
List and describe student's gross motor needs:		
EVALUATOR SIGNATURE: _____ DATE: _____		
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ETR Gross Motor Skills Page

## ETR Hearing (Optional)

On the ETR Hearing page, an evaluator can provide the results of a student's hearing assessment.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME: _____	POSITION: _____	
<b>AREAS OF ASSESSMENT</b> <u>HEARING</u>		
<b>EVALUATION METHODS AND STRATEGIES</b>		
Indicate the types of assessment strategies used to gather information about the child's performance.		
<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM BASED ASSESSMENTS
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)		
<input type="checkbox"/> OTHER (specify) _____		
<b>TESTING BEHAVIOR OBSERVATION</b>		
<b>TESTING RESULTS</b>		
NAME OF INSTRUMENT/PROCEDURE _____	RESULTS	
DATE ADMINISTERED _____	RIGHT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
	LEFT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
	Tested at 20 db at 1000, 2000, 4000 Hz in both ears	
NAME OF INSTRUMENT/PROCEDURE _____	RESULTS	
DATE ADMINISTERED _____	RIGHT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
	LEFT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
<b>HEALTH AND MEDICATIONS (related to hearing and/or ear conditions)</b>		
Please list any known concerns, physical conditions, and/or any current prescribed medications:		
<b>HEARING DEVICES (prescribed by audiologist and/or ENT physician)</b>		
HEARING AID <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	FM SYSTEM (individual) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	
COCHLEAR IMPLANT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	FM SYSTEM (classroom) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	
<b>INTERPRETATIONS &amp; INSTRUCTIONAL IMPLICATIONS (please check only one)</b>		
<input type="checkbox"/> Hearing status <b>is not</b> believed to significantly interfere with academic performance		
<input type="checkbox"/> Hearing status <b>is</b> believed to significantly interfere with academic performance		
<input type="checkbox"/> When hearing devices are used, hearing status <b>is not</b> believed to significantly interfere with academic performance		
<input type="checkbox"/> When hearing devices are used, hearing status <b>is</b> believed to significantly interfere with academic performance		
<input type="checkbox"/> Other _____		
<b>DESCRIPTION OF EDUCATIONAL NEEDS</b>		
List and describe student's hearing needs:		
EVALUATOR SIGNATURE: _____	DATE: _____	
PR-06 ETR FORM    REVISED BY SpS: NOVEMBER 4, 2009		

ETR Hearing Page

## ETR Observation (Optional)

On the ETR Observation page, an evaluator can provide information obtained from general observations of the student, such as the student's interactions with peers and adults, attention span, work habits and organizational skills.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME: _____	POSITION: _____	
<b>AREAS OF ASSESSMENT</b> <u>OBSERVATION</u>		
<b>OBSERVATION SETTING</b>		
ACTIVITY OBSERVED _____	NUMBER OF PEERS IN SETTING _____	
DATE _____	START/END TIME _____	NUMBER OF ADULTS IN SETTING _____
<b>OBSERVATION (The following behaviors are noted as compared to the same age typical peer)</b>		
1. Interactions with peers:		
2. Interactions with adults:		
3. Attention:		
4. Work habits and organizational skills:		
5. Other		
EVALUATOR SIGNATURE: _____	DATE: _____	
PR-06 ETR FORM    REVISED BY SpS: NOVEMBER 4, 2009		

ETR Observation Page



## ETR Social Emotional Status (Optional)

On the ETR Social Emotional Status page, an evaluator can specify the social emotional status factors that may affect the student's academic performance.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *																														
<b>CHILD'S INFORMATION</b>																																
NAME: *		ID NUMBER: *      DATE OF BIRTH: *																														
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>																																
EVALUATOR NAME: _____		POSITION: _____																														
<b>AREAS OF ASSESSMENT</b> <u>SOCIAL EMOTIONAL STATUS</u>																																
<b>EVALUATION METHODS AND STRATEGIES</b>																																
Indicate the types of assessment strategies used to gather information about the child's performance.																																
<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS																														
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM BASED ASSESSMENTS																														
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)																																
<input type="checkbox"/> OTHER (Specify) _____																																
<b>ASSESSMENT INFORMATION</b>																																
GENERAL INFORMATION (regarding social emotional status) FOR THIS STUDENT:																																
Select One:																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">(yes, sometimes, no, not observed)</td> <td style="width: 50%; text-align: center;">(In comparison with same age typical peers)</td> </tr> <tr> <td style="text-align: center;">▾</td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Able to work or play independently</td> </tr> <tr> <td></td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Transitions or adapts to new situations</td> </tr> <tr> <td></td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Cooperates and follows classroom rules</td> </tr> <tr> <td></td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Handles frustrations in an appropriate manner for his/her age level</td> </tr> <tr> <td></td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Resolves conflicts without verbal aggression</td> </tr> <tr> <td></td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Builds/maintains satisfactory interpersonal relationships with peers</td> </tr> <tr> <td></td> <td style="text-align: center;">▾</td> </tr> <tr> <td></td> <td style="text-align: center;">Builds/maintains satisfactory interpersonal relationships with adults</td> </tr> </table>	(yes, sometimes, no, not observed)	(In comparison with same age typical peers)	▾	▾		Able to work or play independently		▾		Transitions or adapts to new situations		▾		Cooperates and follows classroom rules		▾		Handles frustrations in an appropriate manner for his/her age level		▾		Resolves conflicts without verbal aggression		▾		Builds/maintains satisfactory interpersonal relationships with peers		▾		Builds/maintains satisfactory interpersonal relationships with adults		
(yes, sometimes, no, not observed)	(In comparison with same age typical peers)																															
▾	▾																															
	Able to work or play independently																															
	▾																															
	Transitions or adapts to new situations																															
	▾																															
	Cooperates and follows classroom rules																															
	▾																															
	Handles frustrations in an appropriate manner for his/her age level																															
	▾																															
	Resolves conflicts without verbal aggression																															
	▾																															
	Builds/maintains satisfactory interpersonal relationships with peers																															
	▾																															
	Builds/maintains satisfactory interpersonal relationships with adults																															
<b>INTERPRETATIONS &amp; INSTRUCTIONAL IMPLICATIONS (please check only one)</b>																																
<input type="checkbox"/> Social/Emotional status <b>is not</b> believed to significantly interfere with academic performance																																
<input type="checkbox"/> Social/Emotional status <b>is</b> believed to significantly interfere with academic performance (list & describe needs below).																																
<b>DESCRIPTION OF EDUCATIONAL NEEDS</b>																																
List and describe student's social/emotional needs:																																
EVALUATOR SIGNATURE: _____		DATE: _____																														
PR-06 ETR FORM    REVISED BY SpS: NOVEMBER 4, 2009																																

ETR Social Emotional Status Page

## ETR Vision (Optional)

On the ETR Vision page, an evaluator can provide the results of a student's vision assessment.

<b>ETR</b> Evaluation Team Report		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *		ID NUMBER: *      DATE OF BIRTH: *
<b>1 INDIVIDUAL EVALUATOR'S ASSESSMENT</b>		
EVALUATOR NAME: _____		POSITION: _____
<b>AREAS OF ASSESSMENT</b> <u>VISION</u>		
<b>EVALUATION METHODS AND STRATEGIES</b>		
Indicate the types of assessment strategies used to gather information about the child's performance.		
<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM BASED ASSESSMENTS
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)		
<input type="checkbox"/> OTHER (Specify) _____		
<b>TESTING BEHAVIOR OBSERVATION</b>		
<b>TESTING RESULTS</b>		
NAME OF INSTRUMENT/PROCEDURE _____		
DATE ADMINISTERED _____	RESULTS _____	RIGHT EYE _____ LEFT EYE _____
NAME OF INSTRUMENT/PROCEDURE _____		
DATE ADMINISTERED _____	RESULTS _____	RIGHT EYE _____ LEFT EYE _____
<b>HEALTH AND MEDICATIONS (related to eye conditions)</b>		
Please list any known concerns, physical conditions, and/or any current prescribed medications:		
<b>INTERPRETATIONS &amp; INSTRUCTIONAL IMPLICATIONS (please check only one)</b>		
<input type="checkbox"/> Vision <b>is not</b> believed to significantly interfere with academic performance.		
<input type="checkbox"/> Vision <b>is</b> believed to significantly interfere with academic performance (list & describe needs below).		
<input type="checkbox"/> When corrective lenses are worn, vision <b>is not</b> believed to significantly interfere with academic performance.		
<input type="checkbox"/> Other _____		
<b>DESCRIPTION OF EDUCATIONAL NEEDS</b>		
List and describe student's vision needs:		
EVALUATOR SIGNATURE: _____		DATE: _____
PR-06 ETR FORM    REVISED BY SpS: NOVEMBER 4, 2009		

ETR Vision Page

## Individualized Education Plan

The Individualized Education Plan (IEP) forms outline the educational plan for a student to whom the district will deliver special education services. The district must complete an IEP 30 days after the meeting date of the ETR, if applicable. IEPs already in place for a student must be reviewed on a yearly basis to assess the student's progress and determine whether or not the IEP requires adjustment.

The following table lists all of the forms that comprise the IEP and indicates by task whether the form is required or optional.

**IEP Forms by Task**

Form	Task - Required (R) or Optional (O)				
	IIEP	RIEP	RIEP (14+)	TIEP	FIEP
IEP Cover Page	R	R	R	R	R
IEP 1 Future Planning, 2 Special Factors, 3 Profile	R	R	R	O	R
IEP 4 PostSecondary Transition	O	O	R	O	R
IEP 5 PostSecondary Transition Services	O	O	R	O	R
IEP 6 Measurable Annual Goals	R	R	R	O	R
IEP 7 Specially Designed Services, 8 Transportation as Service	R	R	R	O	R
IEP 9 Academic, 10 General Factors, 11 LRE	R	R	R	O	R
IEP 12 Statewide and District Testing	R	R	R	O	R
IEP 13 Meeting Participants	R	R	R	O	R
IEP 14 Signatures	R	R	R	O	R
IEP 15 Visual Impairments	O	O	O	O	O
IEP Attachment Page	A	A	A	A	A
Parent/Guardian Excusal of an IEP Team Member	O	O	O	O	O
R = Required form in task. O = Optional form in task. A = Attachment page in task.					

## IEP Cover Page

The IEP Cover Page lists the demographic information for the student for whom the IEP is being created. Using the Student Properties, you can add additional contact information for a primary parent, such as work phone, cell phone and email address, as well as the contact information for a second parent.

Though the Grade list defaults to the current grade of the student selected on the task creation window, you can select a different grade level. For example, if you are creating an IEP for the next school year, you might select the student's grade level for the next school year in the Grade list.

The Meeting Date and IEP Effective Date fields determine which completed tasks appear on the EMIS Review Report and in the EMIS Extract.

The ETR Completion Date is reported to the EMIS Extract as the Effective Start Date if the student's disability code has changed but the change is not made through an ETR task.

IEP

Individualized Education Program

User's District \*  
 Student Name \*

This IEP will be implemented during the regular school term unless noted in general factors.

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_ 1\*

ID NUMBER: \_\_\_\_\_ 2\*      GRADE: 3\* / \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ 4\*      GENDER: \_\_\_\_\_ 5\*

STREET: \* \_\_\_\_\_

CITY: \* \_\_\_\_\_      STATE: \* \_\_\_\_\_      ZIP: \* \_\_\_\_\_

DISTRICT OF RESIDENCE: \_\_\_\_\_ 7\*

COUNTY OF RESIDENCE: \_\_\_\_\_

DISTRICT OF SERVICE: \_\_\_\_\_ 8\*

Will the child be 14 years old before the end of this IEP?     YES     NO

Is the child a ward of the state?     YES     NO

If yes, provide the name of the surrogate parent: \_\_\_\_\_

**MEETING INFORMATION**

MEETING DATE: \_\_\_\_\_

MEETING TYPE:

INITIAL IEP

ANNUAL REVIEW

REVIEW OTHER THAN ANNUAL REVIEW

---

AMENDMENT

OTHER

**IEP TIMELINES**

ETR COMPLETION DATE: \_\_\_\_\_ 10

NEXT ETR DUE DATE: \_\_\_\_\_

---

IEP EFFECTIVE DATES

START: \_\_\_\_\_ 20/28

END: \_\_\_\_\_ 21/29

NEXT IEP REVIEW: \_\_\_\_\_

IEP BY 3<sup>RD</sup> BIRTHDAY?     YES     NO  
(if transitioning from EI services)

**IEP FORM STATUS** (checked when complete)

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

**PARENTS/GUARDIAN'S INFORMATION**

NAME: \* \_\_\_\_\_

STREET: \* \_\_\_\_\_

CITY: \* \_\_\_\_\_      STATE: \* \_\_\_\_\_      ZIP: \* \_\_\_\_\_

HOME PHONE: \* \_\_\_\_\_      WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_      EMAIL: \_\_\_\_\_

---

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_      STATE: \_\_\_\_\_      ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_      WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_      EMAIL: \_\_\_\_\_

**OTHER INFORMATION**

**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

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## IEP Cover Page

## IEP 1 Future Planning, 2 Special Factors, 3 Profile

IEP 1-3 contains the following three sections: Future Planning, Special Factors and Child's Profile.

<b>IEP</b> Individualized Education Program		User's District *
		Student Name *
<b>1 FUTURE PLANNING</b>		
<b>2 SPECIAL INSTRUCTIONAL FACTORS</b>		
ITEMS CHECKED "YES" WILL BE ADDRESSED IN THIS IEP:		
Does the child have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the child have limited English proficiency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the child blind or visually impaired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the child have communication needs (required for deaf or hearing impaired)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the child need assistive technology devices and/or services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the child require specially designed physical education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>3 CHILD'S PROFILE</b>		
PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009		

IEP 1 Future Planning, 2 Special Factors, 3 Profile Page

## IEP 4 PostSecondary Transition

If the student will be 14 years of age or older during the effective dates of the IEP, the task must include the IEP 4 PostSecondary Transition page to establish the assessments necessary to assist the student in the transition from school to post-school activities, such as post-secondary education, vocational education, employment and independent living.

<b>IEP</b> Individualized Education Program		User's District *
		Student Name *
<b>4 POSTSECONDARY TRANSITION</b>		
FOR 14 YEARS AND OLDER (or younger if appropriate)		
A STATEMENT OF TRANSITION SERVICE NEEDS OF THE CHILD THAT FOCUSES ON THE CHILD'S COURSE OF STUDY		
FOR 16 YEARS AND OLDER (or younger if appropriate)		
AGE APPROPRIATE TRANSITION ASSESSMENTS		
Summarize the results of the age-appropriate transition assessment data in the space below, indicating the source of the assessment(s) and the relevant information for transition planning		
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IEP 4 PostSecondary Transition Page

## IEP 5 PostSecondary Transition Services

If the student will be 16 years of age or older during the effective dates of the IEP, the task must include an IEP 5 PostSecondary Transition page to establish measurable goals that specifically pertain to the student's post-school activities, such as post-secondary education, vocational education, employment and independent living. You may also complete this page for students 15 years of age or younger, if appropriate, but it is not required.

<b>IEP</b> Individualized Education Program			User's District * Student Name *
<b>5 POSTSECONDARY TRANSITION SERVICES</b>			
<b>POSTSECONDARY EDUCATION AND TRAINING</b> (optional for 15 and younger)			
MEASURABLE POSTSECONDARY GOAL			
COURSES OF STUDY			NUMBERS OF ANNUAL GOAL(S)
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE
<b>EMPLOYMENT</b> (optional for 15 and younger)			
MEASURABLE POSTSECONDARY GOAL			
COURSES OF STUDY			NUMBERS OF ANNUAL GOAL(S)
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE
<b>INDEPENDENT LIVING</b> (optional for 15 and younger)			
MEASURABLE POSTSECONDARY GOAL			
COURSES OF STUDY			NUMBERS OF ANNUAL GOAL(S)
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE
Target date for child to Graduate: _____			
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## IEP 5 PostSecondary Transition Services

## IEP 6 Measurable Annual Goals

The IEP 6 Measurable Annual Goals page describes the measurable goals the IEP team expects the student to accomplish in a particular area within the effective dates of the IEP. Because a student may have goals in multiple areas, the IEP team may create multiple IEP 6 pages per IEP task.

When you enter the goal number in the Number field, the system automatically updates the numbers in the Measurable Objectives or Benchmarks section of the page. For example, if you enter “1” in the Number field, the value in the Number column for each objective displays a “1” to the left of the decimal point (i.e., 1.1, 1.2, etc.).

<b>IEP</b> Individualized Education Program		User's District * Student Name *
<b>6 MEASURABLE ANNUAL GOALS</b>		
NUMBER: _____ AREA: _____		
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
MEASURABLE ANNUAL GOAL	METHOD(S)	
METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS THE ANNUAL GOAL		
a. Curriculum Based Assessment    d. Anecdotal Records    g. Checklists    j. Inventories b. Portfolios    e. Short-Cycle Assessments    h. Running Records    k. Rubrics c. Observation    f. Performance Assessments    i. Work Samples		
MEASURABLE OBJECTIVES or BENCHMARKS		
NUM	OBJECTIVE or BENCHMARK	DATE OF MASTERY
.1		
.2		
.3		
.4		
.5		
METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS		
<input type="checkbox"/> Written Report <input type="checkbox"/> Phone Call    Reported every _____ weeks <input type="checkbox"/> Email <input type="checkbox"/> Journal Entry <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> The child's progress will be reported to the child's parents each time report cards are issued		
Note: Interim 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.		
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### IEP 6 Measurable Annual Goals Page

## IEP 7 Specially Designed Services, 8 Transportation as Service

The IEP 7-8 Services page contains the following two sections: Specially Designed Services and Transportation as a Related Service.

In the Related Services grid in IEP 7, you can select the appropriate service from the list containing the following values:

- 215001 Adapted Phys Ed Services
- 215002 Aide Services
- 215003 Attendant Services
- 215004 Audiological Services
- 215006 Interpreter Services
- 215007 Medical Services
- 215008 Occupational Therapy
- 215009 Orientation & Mobility Services
- 215010 Physical Therapy Services
- 215011 Reader Services
- 215012 School Psyc Services
- 215013 Speech & Language Services
- 215015 Rehabilitation Counseling Services
- 215017 Parent Counseling & Training Services
- 215018 Counseling/Guidance
- 215020 Recreational Services
- 215021 Special Transportation
- 215022 Social Work Services
- 215023 Other (describe below)
- 220100 Preschool Itinerant Services
- 215026 School Health Services
- 215027 School Nurse Services

<b>IEP</b> Individualized Education Program		User's District * Student Name *		
<b>7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES</b>				
TYPE OF SERVICE:		GOAL(S) ADDRESSED:	PROVIDER TITLE:	LOCATION OF SERVICES:
<b>SPECIALLY DESIGNED INSTRUCTION:</b>				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
TYPE OF SERVICE:		GOAL(S) ADDRESSED:	PROVIDER TITLE:	LOCATION OF SERVICES:
<b>RELATED SERVICES:</b>				
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
BEGIN:	68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
		44-67		
TYPE OF SERVICE:		GOAL(S) ADDRESSED:	PROVIDER TITLE:	LOCATION OF SERVICES:
<b>ASSISTIVE TECHNOLOGY:</b>				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
TYPE OF SERVICE:		GOAL(S) ADDRESSED:	PROVIDER TITLE:	LOCATION OF SERVICES:
<b>ACCOMMODATIONS:</b>				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009				

IEP 7 Specially Designed Services, 8 Transportation as Service - Page 1

<b>IEP</b> Individualized Education Program			User's District * Student Name *
TYPE OF SERVICE:	GOAL(S) ADDRESSED:	PROVIDER TITLE:	LOCATION OF SERVICES:
<b>MODIFICATIONS:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
<b>SUPPORT FOR SCHOOL PERSONNEL:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
<b>SERVICE(S) TO SUPPORT MEDICAL NEEDS:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

KEY:  OPTIONAL ENTRY     NOT REQUIRED

**8 TRANSPORTATION AS A RELATED SERVICE**

Does the child have needs related to their identified disability that require special transportation?     YES     NO

Does the child need accommodations or modifications for transportation?     YES     NO

If yes, check any transportation accommodations/modifications that are needed.

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

Specially Adapted Vehicle     Wheelchair Lift     Bus Aide

Securement Systems     Car Seat     Harness

Other Specify: \_\_\_\_\_

Does the child need transportation to and from provider services?     YES     NO

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**IEP 7 Specially Designed Services, 8 Transportation as Service - Page 2**

## IEP 9 NonAcademic, 10 General Factors, 11 LRE

The IEP 9-11 page contains the following three sections: NonAcademic and Extracurricular Activities, General Factors and Least Restrictive Environment.

<b>IEP</b> Individualized Education Program		User's District * Student Name *
<b>9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES</b>		
In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers? Describe.		
If the child will not participate in nonacademic/extracurricular activities, explain.		
<b>10 GENERAL FACTORS</b>		
HAS THE IEP TEAM CONSIDERED:		
The strengths of the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The concerns of the parents for the education of the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The results of the initial or most recent evaluations of the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As appropriate, the results of performance on any state or district-wide assessments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The academic, developmental, and functional needs of the child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The need for extended school year (ESY) services		
<input type="checkbox"/> The team has determined that ESY services are not necessary.		
<input type="checkbox"/> The team has determined that ESY services are necessary for the following Goals and Objectives or Benchmarks:		
<input type="checkbox"/> The team needs to collect further data before making a determination and will meet again by: _____		
<b>11 LEAST RESTRICTIVE ENVIRONMENT</b>		
Does this child attend the school (or for a preschool-age child, participate in the environment) he/she would attend if not disabled? If no, justify:		
Does this child receive all special education services with nondisabled peers? If no, justify:		

PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009

**IEP 9 NonAcademic, 10 General Factors, 11 LRE Page**



## IEP 12 Statewide and District Testing

On the IEP 12 Statewide and District Testing page, the team must specify how the student will take state and district tests for each subject area and any additional subject areas for the district. The information entered on this page is included in the EMIS Extract and appears on the EMIS Data Collection Form in the numbered fields indicated in the following.

In the Grade column, you can select the grade level in which the student will take the test.

In the Date of Test column, which are the same values as the drop-down list on the EMIS Data Collection Form Date of Test column, you can select a date. Underneath the date drop-down list, there is a text box, which is expandable.

In the Area column for each subject area, you can select the appropriate state-mandated test from the list, if applicable, which contains the values displayed in the following table. A text box is located in the Area column below the state assessment drop-down list.

### IEP 12 Statewide and District Testing Page Subject Areas and Valid Values

Subject Area	Valid Values	Subject Area	Valid Values
Reading	<ul style="list-style-type: none"> <li>• KG Assessment</li> <li>• 3rd Achievement</li> <li>• 4th Achievement</li> <li>• 5th Achievement</li> <li>• 6th Achievement</li> <li>• 7th Achievement</li> <li>• 8th Achievement</li> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>	Science	<ul style="list-style-type: none"> <li>• 5th Achievement</li> <li>• 8th Achievement</li> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>
Writing	<ul style="list-style-type: none"> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>	Social Studies	<ul style="list-style-type: none"> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>
Math	<ul style="list-style-type: none"> <li>• 3rd Achievement</li> <li>• 4th Achievement</li> <li>• 5th Achievement</li> <li>• 6th Achievement</li> <li>• 7th Achievement</li> <li>• 8th Achievement</li> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>		

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IEP

Individualized Education Program

User's District\*  
Student Name\*

12

STATEWIDE AND DISTRICT WIDE TESTING

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.

Will the child participate in classroom, district wide and state wide assessments with accommodations?  YES  NO

AREA	GRADE	DATE OF TEST	CHILD WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING 117/117B	119/ 119B	118/118B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Modified Assessment <input type="checkbox"/> Alternate Assessment	120/120B
WRITING 123/123B	125/ 125B	124/124B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Modified Assessment <input type="checkbox"/> Alternate Assessment	126/126B
MATH 129/129B	131/ 131B	130/130B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Modified Assessment <input type="checkbox"/> Alternate Assessment	132/132B
SCIENCE 136/136B	137/ 137B	136/136B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Modified Assessment <input type="checkbox"/> Alternate Assessment	138/138B
SOCIAL STUDIES 141/141B	143/ 143B	142/142B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Modified Assessment <input type="checkbox"/> Alternate Assessment	144/144B
OTHER			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Modified Assessment <input type="checkbox"/> Alternate Assessment	

Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)?  YES  NO

The child is completing a curriculum that is significantly different than the curriculum completed by other children required to take the test.  YES  NO

The child requires accommodations that are beyond the accommodations allowed for children taking state wide assessments.  YES  NO

The child is excused from the consequences of not passing the OGT in the following subjects:

Reading   
  Writing   
  Mathematics   
  Science   
  Social Studies

122/122B    128/128B    134/134B    140/140B    146/146B

Met Testing Participation Requirement? \_\_\_\_\_ Date complete: \_\_\_\_\_  YES  NO

Is the child participating in the alternate assessment?  YES  NO

If yes, justify the choice of alternate assessment and address why it is appropriate:

PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009

**IEP 12 Statewide and District Testing Page**

### IEP 13 Meeting Participants

The IEP 13 Meeting Participants page should list all of the individuals who attended the IEP meeting or participated in the IEP team, including individuals who contributed information but did not attend the meeting. A space is provided for the signatures of each participant.

The IEP Effective Dates fields are updated from the IEP Cover Page.

**Note:** A signature on this page only signifies an individual's participation in the IEP meeting or on the IEP; it does not indicate the participant's approval of the IEP.

<b>IEP</b> Individualized Education Program		User's District * Student Name *	
<b>13 MEETING PARTICIPANTS</b>			
<b>THIS IEP MEETING WAS:</b>		<b>IEP EFFECTIVE DATES</b>	
<input type="checkbox"/> Face-to-Face Meeting		Start: _____	
<input type="checkbox"/> Video Conference		End: _____	
<input type="checkbox"/> Telephone Conference/Conference Call		Date of Next IEP Review: _____	
<input type="checkbox"/> Other			
<b>IEP MEETING PARTICIPANTS</b>			
THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP			
<b>POSITION</b>	<b>NAME</b>	<b>SIGNATURE</b>	
Student*			
Parent			
Parent			
District Representative*			
Intervention Specialist*			
General Education Teacher*			
<b>PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS</b>			
<b>POSITION</b>	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<small>*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, a written excuse must be on file.</small>			
<small>PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009</small>			

**IEP 13 Meeting Participants Page**

## IEP 14 Signatures

The IEP 14 Signatures page allows the parent to indicate approval or disapproval of the IEP. The IEP is comprised of four signature sections: Initial IEP, Annual Review/Review Other than Annual Review (Not a Change of Placement), Annual Review/Review Other than Annual Review (Change of Placement) and Transfer of Right at Age of Majority. The parent should sign only the section that applies to the current IEP.

Additionally, IEP 14 indicates that the parent has received a copy of the Procedural Safeguards Notice and the IEP at the meeting or, if not at the time of the meeting, indicates the date each was sent to the parents.

<b>IEP</b> Individualized Education Program	User's District * Student Name *
<b>14 SIGNATURES</b>	
<b>INITIAL IEP</b> <input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP. * <input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP except for ** AREA: _____ <input type="checkbox"/> I do not give consent for special education and related services at this time. **	
PARENTS' SIGNATURE: _____	DATE: _____
<b>ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW (Not a Change of Placement)</b> <input type="checkbox"/> I agree with the implementation of this IEP. * <input type="checkbox"/> 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: _____ <i>NOTE: Not a Change of Placement does NOT require a parents' signature to implement the IEP.</i>	
PARENTS' SIGNATURE: _____	DATE: _____
<b>ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW (Change of Placement)</b> <input type="checkbox"/> I give consent for the change of placement as identified in this IEP. * <input type="checkbox"/> I do not give consent for the change of placement as identified in this IEP. <input type="checkbox"/> I revoke consent for all special education and related services. **	
PARENTS' SIGNATURE: _____	DATE: _____
* This IEP serves as prior written notice if there is agreement. ** If there is not agreement or consent is revoked, the district must provide prior written notice to parents.	
<b>TRANSFER OF RIGHTS AT MAJORITY</b> By the child's 17 <sup>th</sup> birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice and notice of the transfer of procedural safeguard rights under IDEA will take place on the child's 18 <sup>th</sup> birthday.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILD'S SIGNATURE: _____	DATE: _____
PARENTS' SIGNATURE: _____	DATE: _____
<b>PROCEDURAL SAFEGUARDS NOTICE</b> A copy of the Procedural Safeguards Notice was given to the parents at the IEP Meeting.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, DATE SENT TO PARENTS: _____	
<b>COPY OF THE IEP</b> A copy of the IEP was given to the parents at the IEP Meeting.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, DATE SENT TO PARENTS: _____	
PR-07 IEP FORM    REVISED BY ODE: MAY 6, 2009	

### IEP 14 Signatures Page

## IEP 15 Visual Impairments (Optional)

IEP 15 Visual Impairments is an optional IEP page that indicates the instructional reading and writing media requirements for students who have a vision disability.

<b>IEP</b> Individualized Education Program	User's District * Student Name *
<b>15 CHILDREN WITH VISUAL IMPAIRMENTS</b>	
<p>This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. <b>A copy of this completed form is part of, and must be attached to, the child's IEP form.</b></p>	
1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Development/Functioning/Performance" on the IEP and indicate both strengths and weaknesses.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Standard English Braille" as a special service in Step 4, listing the date initiated and the anticipated duration of services.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. The following visual condition(s) was taken into account and discussed in making the above decision:	
Condition is degenerative and progressive loss is expected.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Condition is temporary and expected to improve.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Condition is stable and will be monitored.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Indicate the appropriate instructional media:	
Standard English Braille	<input type="checkbox"/> YES <input type="checkbox"/> NO
Large Print	<input type="checkbox"/> YES <input type="checkbox"/> NO
Regular Print	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tape/auditory	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pre-reader	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Complete if Braille by reading and writing ARE appropriate at this time	
Annual goals provided	<input type="checkbox"/> YES <input type="checkbox"/> NO
Short-term objectives provided	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of initiation indicated	<input type="checkbox"/> YES <input type="checkbox"/> NO
Frequency and duration of instructional sessions indicated	<input type="checkbox"/> YES <input type="checkbox"/> NO
Level of competency to be achieved annually indicated	<input type="checkbox"/> YES <input type="checkbox"/> NO
Objective determinants used to measure achievement provided	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Reasons Braille reading and writing ARE NOT appropriate at this time	
Documented visual acuity allowing the choice of larger type/regular type	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child is considered a pre-reader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009	

IEP 15 Visual Impairments Page

## IEP Attachment Page (Optional)

The IEP Attachment Page enables you to add supporting information to a page in an IEP task.

<b>IEP</b> Individualized Education Program	User's District * Student Name *
<b>CHILD'S INFORMATION</b>	
NAME: *	ID NUMBER: *      DATE OF BIRTH: *
<b>CONTINUATION OF</b> _____	
PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009	

IEP Attachment Page

## Parent/Guardian Excusal of an IEP Team Member (Optional)

The team completes the Parent/Guardian Excusal of an IEP Team Member page to inform the parent if one or more members of the IEP team is unable to attend the IEP meeting. The parent must sign the page to indicate agreement.

<b>IEP</b> Individualized Education Program	User's District * Student Name *
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ DATE OF BIRTH: * _____	
<b>PARENT/GUARDIAN EXCUSAL OF AN IEP TEAM MEMBER</b> DATE: _____ Dear _____  An IEP team meeting is scheduled for your child on _____ at _____. Prior to this meeting, we <input type="checkbox"/> Met in person <input type="checkbox"/> Spoke on the phone <input type="checkbox"/> Exchanged e-mails <input type="checkbox"/> Exchanged faxes and agreed to the following: Allowing required team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The required team members are described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.	
<b>EXCUSED MEMBER(S) WHOSE CONTENT AREA WILL NOT BE DISCUSSED AT THE MEETING</b> <input type="checkbox"/> YES The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in whole or in part because the individual's area of curriculum, content or related services will not be discussed or modified. <input type="checkbox"/> NA NAME: _____ AREA: _____ NAME: _____ AREA: _____ NAME: _____ AREA: _____	
<b>EXCUSED MEMBER(S) WHOSE CONTENT AREA WILL BE DISCUSSED AT THE MEETING</b> <input type="checkbox"/> YES The school district and parent/guardian consent* to the excusal of the following member(s) from attending the IEP meeting in whole or in part even though the meeting involves a modification to or discussion of the member's area of the curriculum or related services. The member will submit his/her input into the IEP in writing to the other IEP team members, including the parents, prior to the meeting. <input type="checkbox"/> NA NAME: _____ AREA: _____ NAME: _____ AREA: _____ NAME: _____ AREA: _____	
*I understand that my granting of consent is voluntary and that I may revoke consent at any time before the activity is conducted for which consent is sought. PARENT/GUARDIAN: _____ SIGNATURE: _____ DATE: _____ DISTRICT REPRESENTATIVE: _____ SIGNATURE: _____ DATE: _____	
If you have any questions or would like a copy of the procedural safeguards notice, please contact: NAME: _____ TITLE: _____ PHONE: _____	
Sincerely, NAME: _____ TITLE: _____	
PR-07 IEP FORM REVISED BY ODE: MAY 6, 2009	

Parent/Guardian Excusal of an IEP Team Member Page

## Due Process (PR-08)

The Due Process form (PR-08) is used to file a complaint with the school district for an alleged action or inaction in regard to the student's education.

<b>DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING</b>
<b>Instructions</b>
<b>Please provide information requested in all of the fields.</b>
1. <i>Name, birthdate and grade</i> of the child. 2. <i>Disability category:</i> Provide a list of all disabilities that currently apply to the child. If the child has not been identified as a child with a disability, state "Child has not been identified" in the space provided. 3. <i>Address</i> of the residence of the child; or in the case of a homeless child or youth, available contact information. 4. <i>Name and address</i> of the school the child is attending. 5. <i>Name of parent and address</i> if address is different from child's; or in the case of a homeless child or youth, <i>available contact information</i> for the child: "Homeless" means homeless within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11434a(2); and telephone numbers. 6. <i>Mediation:</i> Mediation is a free service provided by the State to resolve disputes. Participation in mediation is completely voluntary and must be agreed to by both parties. A mediator will arrange dates for the parties to discuss remedies to resolve the dispute. Mediation is concurrent with due process, but the mediation meeting will usually be scheduled before the due process hearing takes place. If you are interested in mediation, please check the applicable line. 7. <i>Description of the Problem and Facts Relating to the Problem:</i> Provide a description of the nature of the problem which is the basis of your request for a due process hearing, and provide facts relating to the problem. <b>Example of Problem:</b> The problem is the school district's failure to implement my child's IEP. <b>Example of Facts Relating to the Problem:</b> My child has not received the speech and language services specified in her IEP. 8. <i>Description of the Proposed Resolution:</i> State the resolution you are proposing to the extent known and available to you at the time. <b>Example of Proposed Resolution:</b> I am proposing that my child receive the speech and language services specified in her IEP. 9. <i>Attorney or Representative:</i> If you have an attorney or representative in this case, please provide the name and address of the attorney or representative. If this section is completed by the parent or LEA, all due process correspondence and information will be sent to the attorney or representative and not to the parent or LEA. 10. <i>Signature:</i> Party requesting the hearing is required to print, sign and date the complaint notice/due process hearing request. 11. <i>Expedited Hearing, if Applicable:</i> A parent may request an expedited hearing <b>only</b> if the parent disagrees with a decision regarding placement for disciplinary removals or with the manifestation determination. A local educational agency (LEA) may request an expedited hearing <b>only</b> if the LEA believes that maintaining the current placement of the child is substantially likely to result in injury to the child or to others. An <i>expedited hearing may not be requested for any other reason.</i> 12. <i>Submission of Request:</i> Send the original completed request to the other party, and send a copy to the Ohio Department of Education, Office for Exceptional Children, Procedural Safeguards, 25 South Front Street, Columbus, Ohio 43215-4183 or fax a copy to (614) 728-1097.
<b>Note:</b> The use of this form is not required. Instead of using this form, you may submit your own due process request, but your request must include all information required by federal regulation at 34 C.F.R. § 300.508.
Due Process Complaint and Request for a Due Process Hearing Revised August 28, 2008

Due Process (PR-08) Form – Page 1

<b>DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING</b>	User's District * Student Name *
<b>CHILD'S INFORMATION</b> NAME: * _____ STREET: * _____ DATE OF BIRTH: * _____ GRADE: * <input type="checkbox"/> _____ CITY: * _____ STATE: * _____ ZIP: * _____ DISABILITY CATEGORY: * _____	
<b>CHILD'S SCHOOL OF ATTENDANCE</b> NAME: * _____ STREET: _____ SCHOOL'S PHONE: _____ CITY: _____ STATE: _____ ZIP: _____	
<b>PARENT/GUARDIAN'S INFORMATION</b> <i>In the case of a homeless child or youth, available contact information for the child</i> NAME: * _____ STREET: * _____ RELATIONSHIP: _____ CITY: * _____ STATE: * _____ ZIP: * _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____	
<b>INTERPRETER REQUESTED</b> <input type="checkbox"/> YES IF YES, specify language/mode of communication: _____ <input type="checkbox"/> NO	
<b>DISTRICT INFORMATION</b> SUPERINTENDENT: _____ DISTRICT OF SERVICE: * _____	
<b>MEDIATION</b> <input type="checkbox"/> YES I am interested in mediation. <input type="checkbox"/> NO I am NOT interested in mediation.	
<b>DESCRIPTION OF THE PROBLEM</b> <i>Describe the nature of the problem of the child relating to a proposed initiation or change of placement or provision of a free appropriate public education.</i> _____ _____	
<b>FACTS RELATING TO THE PROBLEM</b> <i>Provide facts relating to the problem described above.</i> _____ _____	
<b>DESCRIPTION OF THE PROPOSED RESOLUTION YOU ARE SEEKING</b> <i>Provide the proposed resolution of the problem to the extent known and available to the party at the time.</i> _____ _____	
<b>ATTORNEY OR REPRESENTATIVE INFORMATION</b> <i>If this section is completed, all information and correspondence regarding the due process request will be sent to the attorney or representative and not to the parent/guardian or LEA.</i> NAME: _____ STREET: _____ OFFICE PHONE: _____ CITY: _____ STATE: _____ ZIP: _____ FAX NUMBER: _____	
Due Process Complaint and Request for a Due Process Hearing Revised August 28, 2008	

Due Process (PR-08) Form – Page 2

<b>DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING</b>	User's District * Student Name *
<b>HEARING REQUEST</b> The party requesting the hearing is: <input type="checkbox"/> Parent/Guardian of the child on whose behalf the hearing is being brought <input type="checkbox"/> School District of Residence (Superintendent) <input type="checkbox"/> Other Educational Agency (Name): _____  <input type="checkbox"/> Student with a Disability Who Is At Least 18 years Of Age But Not More Than 21 Years of Age	
NAME OF PARTY REQUESTING HEARING: _____ SIGNATURE: _____ DATE: _____	
<b>REQUEST FOR EXPEDITED HEARING</b> <i>(Complete this section ONLY if you are requesting an expedited hearing)</i> <b>AN EXPEDITED HEARING MAY BE REQUESTED ONLY IF ONE OF THE FOLLOWING REASONS APPLIES.</b> <b>Parent: As the parent/guardian or student, I am requesting an expedited hearing because:</b> <input type="checkbox"/> I disagree with a decision regarding placement for disciplinary removals; or <input type="checkbox"/> I disagree with the manifestation determination. <b>School District: As the school district, I am requesting an expedited hearing because:</b> <input type="checkbox"/> I believe that maintaining the current placement of the child is substantially likely to result in injury to the child or to others.	
<b>Submission of Request:</b> Send the original completed request to the other party, and send a copy to the Ohio Department of Education, Office for Exceptional Children, Procedural Safeguards, 25 South Front Street, Columbus, Ohio 43215-4183 or fax a copy to (614) 728-1097. <b>Note:</b> The use of this form is not required. Instead of using this form, you may submit your own due process request, but your request must include all information required by federal regulation at 34 C.F.R. § 300.508.	
<b>See page one for instructions.</b>	
Due Process Complaint and Request for a Due Process Hearing Revised August 28, 2008	

Due Process (PR-08) Form – Page 3

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# Summary of Performance (OP-8)

The Summary of Performance form provides information regarding assistance in meeting post-secondary goals to students who are graduating.

**OP-8 Summary of Performance** User's District \*  
Student Name \*

**CHILD'S INFORMATION**  
NAME: \* \_\_\_\_\_ ID NUMBER: \* \_\_\_\_\_ GRADE: \*  \_\_\_\_\_ DATE OF BIRTH: \* \_\_\_\_\_  
DATE OF MEETING: \_\_\_\_\_ DATE OF IMPLEMENTATION: \_\_\_\_\_ ANTICIPATED EXIT DATE: \_\_\_\_\_  
CASE MANAGER: \_\_\_\_\_

**1. Summary of Student's Academic Achievement and Functional Performance:**  
\_\_\_\_\_

**2. Student's Post-secondary Goals (from IEP):**  
\_\_\_\_\_

**3. Recommendations to Assist Student in Meeting Post-secondary Goals:**  
\_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**4. Student Input:** Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)

A. How, or in which areas, does your disability affect your school work and school activities? Activities such as: grades, grades, relationships, assignments, projects, communications, time on tests, mobility, or extra-curricular activities. Please describe how these areas are affected, both positive and negative.  
\_\_\_\_\_

B. What supports or accommodations have helped you succeed in school? Supports such as: adaptive equipment, extra time on tests and assignments, audio books, teacher notes, alternative assignments, tutoring and extra instructions, or other supports. Please explain.  
\_\_\_\_\_

C. What supports or accommodations do you feel you will need to achieve your goals after high school?  
\_\_\_\_\_

D. If you believe you will need services, supports, programs or accommodations, have you and your family made connections with adult agencies that can help you meet these needs.  
\_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Prepared by the Ohio Department of Education for optional use. Not an ODE Required form.

## Summary of Performance (OP-8) Form



## IEP Progress Reports

The IEP Progress Report forms provide information regarding the student's progress in meeting the annual goals in the IEP. As mandated by the state, the parents must be provided with a progress report at least as often as progress is reported for nondisabled students (i.e., report cards and interims).

SpecialServices offers several different layouts for progress reports, as shown in the following figures, each of which is available in a separate task. Your district may only use one or two of the forms as best applies to your district's practices.

<b>IEP Individualized Education Program</b>		User's District *
<b>PROGRESS REPORT</b>		Student Name *
<small>PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should you have any questions, please do not hesitate to contact your child's special education teacher.</small>		
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	GRADE LEVEL: * ▾ / ▾
HOMEROOM TEACHER:	IEP EFFECTIVE DATES: -	
SPECIAL EDUCATION TEACHER:	BUILDING:	
RELATED SERVICE PROVIDERS:		
NUMBER: _____	AREA: _____	DATE: _____
<b>MEASURABLE ANNUAL GOAL</b>		<b>PROGRESS CODES</b>
		<b>M</b> Mastered/Met
		<b>AP</b> Making Adequate Progress
		<b>LP</b> Limited Progress
		<b>NP</b> Not Making Progress
		<b>NI</b> Objective/Benchmark Not Yet Introduced
<b>MEASURABLE OBJECTIVES or BENCHMARKS</b>		
<small>NUM</small>	<small>OBJECTIVE or BENCHMARK</small>	<small>PROGRESS</small>
.1		
.2		
.3		
.4		
.5		
<b>COMMENTS</b>		
<small>(Including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)</small>		
<small>PR-04 REFERRAL FOR EVALUATION FORM REVISED BY ODE: MAY 4, 2009</small>		

Progress Report (IEP) Form

**IEP** Individualized Education Program  
**PROGRESS REPORT** User's District \*  
Student Name \*

PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.

**CHILD'S INFORMATION**  
 NAME: \* \_\_\_\_\_ ID NUMBER: \* \_\_\_\_\_ GRADE LEVEL: \*  /  IEP EFFECTIVE DATES: \_\_\_\_\_ - \_\_\_\_\_

**MEASURABLE ANNUAL GOAL**

GOAL NUMBER: \_\_\_\_\_  
 AREA: \_\_\_\_\_

BUILDING: \* \_\_\_\_\_  
 HOMEROOM TEACHER: \_\_\_\_\_  
 SPECIAL EDUCATION TEACHER: \_\_\_\_\_  
 RELATED SERVICE PROVIDERS: \_\_\_\_\_

MEASURABLE OBJECTIVES or BENCHMARKS		STUDENT PROGRESS			
NUM	OBJECTIVE or BENCHMARK				
.1					
.2					
.3					
.4					
.5					

\*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced

**COMMENTS** (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)

IEP PROGRESS REPORT FORM REVISED BY sp5: MARCH 22, 2010

**Progress Report (IEP) - 4 Columns, Goals & Objectives, Single Comment**

**IEP** Individualized Education Program  
**PROGRESS REPORT** User's District \*  
Student Name \*

PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.

**CHILD'S INFORMATION**  
 NAME: \* \_\_\_\_\_ ID NUMBER: \* \_\_\_\_\_ GRADE LEVEL: \*  /  IEP EFFECTIVE DATES: \_\_\_\_\_ - \_\_\_\_\_

GOAL NUMBER: \_\_\_\_\_  
 AREA: \_\_\_\_\_

SCHOOL BUILDING: \* \_\_\_\_\_  
 HOMEROOM TEACHER: \_\_\_\_\_  
 SPECIAL ED TEACHER: \_\_\_\_\_  
 RELATED SERVICE PROVIDERS: \_\_\_\_\_

MEASURABLE ANNUAL GOAL	STUDENT PROGRESS			

\*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced

**COMMENTS** (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)


IEP PROGRESS REPORT FORM REVISED BY sp5: MARCH 22, 2010

**Progress Report (IEP) - 4 Columns, Goals Only, 4 Comments**

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.		
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: * _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____		
<b>MEASURABLE ANNUAL GOAL</b>	<b>STUDENT PROGRESS</b>	
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced		
<b>COMMENTS</b> (Including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)		
IEP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010		

**Progress Report (IEP) - 4 Columns, Goals Only, Single Comment**

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.		
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: * _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____		
<b>MEASURABLE ANNUAL GOAL</b>	<b>STUDENT PROGRESS</b>	
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced		
<b>COMMENTS</b> (Including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)		
IEP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010		

  

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.		
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: * _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____		
<b>MEASURABLE ANNUAL GOAL</b>	<b>STUDENT PROGRESS</b>	
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced		
<b>COMMENTS</b> (Including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)		
IEP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010		

**PR (IEP) - 4 Progress Goals & Obj**

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *					
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.							
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____							
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	GOAL NUMBER: _____ AREA: _____  BUILDING: * _____ HOMEROOM TEACHER: _____ SPECIAL EDUCATION TEACHER: _____ RELATED SERVICE PROVIDERS: _____						
<b>MEASURABLE OBJECTIVES or BENCHMARKS</b>	<b>STUDENT PROGRESS</b>						
NUM   OBJECTIVE or BENCHMARK							
.1							
.2							
.3							
.4							
.5							
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced							
<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)							
IEP PROGRESS REPORT FORM REVISED BY SpS: MARCH 22, 2010							

**Progress Report (IEP) - 6 Columns, Goals & Objectives, Single Comment**

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *					
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.							
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____							
GOAL NUMBER: _____ AREA: _____	SCHOOL BUILDING: * _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____						
<b>MEASURABLE ANNUAL GOAL</b>	<b>STUDENT PROGRESS</b>						
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced							
<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)							
IEP PROGRESS REPORT FORM REVISED BY SpS: MARCH 22, 2010							

**Progress Report (IEP) - 6 Columns, Goals Only, 6 Comments**

<b>IEP Individualized Education Program</b> <b>PROGRESS REPORT</b>		User's District * Student Name *										
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.												
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: * _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____												
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 100px;"></div>	<b>STUDENT PROGRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced												
<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms) <div style="border: 1px solid black; height: 150px;"></div>												
IEP PROGRESS REPORT FORM REVISED BY SpS: MARCH 22, 2010												

**Progress Report (IEP) - 6 Columns, Goals Only, Single Comment**

<b>IEP Individualized Education Program</b> <b>PROGRESS REPORT</b>		User's District * Student Name *										
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.												
<b>CHILD'S INFORMATION</b> NAME: _____ ID NUMBER: _____ GRADE LEVEL: <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____												
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 100px;"></div>	<b>STUDENT PROGRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											
<b>MEASURABLE OBJECTIVES or BENCHMARKS</b>												
		<b>STUDENT PROGRESS</b>										
NUM	OBJECTIVE or BENCHMARK											
.1												
.2												
.3												
.4												
.5												
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced												
<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms) <div style="border: 1px solid black; height: 150px;"></div>												
IEP PROGRESS REPORT FORM REVISED BY SpS: MARCH 22, 2010												

**PR (IEP) - 6 Progress Goals & Obj**

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.		
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____		
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		GOAL NUMBER: _____ AREA: _____  BUILDING: * _____ HOMEROOM TEACHER: _____ SPECIAL EDUCATION TEACHER: _____ RELATED SERVICE PROVIDERS: _____
<b>MEASURABLE OBJECTIVES or BENCHMARKS</b>		<b>STUDENT PROGRESS</b>
NUM	OBJECTIVE or BENCHMARK	
.1		
.2		
.3		
.4		
.5		
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced		
<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)		
IEP PROGRESS REPORT FORM REVISED BY SpS: MARCH 22, 2010		

**Progress Report (IEP) - 8 Columns, Goals & Objectives, Single Comment**

<b>IEP</b> Individualized Education Program PROGRESS REPORT		User's District * Student Name *
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.		
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____		
GOAL NUMBER: _____ AREA: _____		SCHOOL BUILDING: * _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		<b>STUDENT PROGRESS</b>
*STUDENT PROGRESS CODES: (M) Mastered, (AP) Making Adequate Progress, (LP) Limited Progress, (NP) Not Making Progress, (NI) Objective/Benchmark Not Yet Introduced		
<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms)		
IEP PROGRESS REPORT FORM REVISED BY SpS: MARCH 22, 2010		

**Progress Report (IEP) - 8 Columns, Goals Only, 8 Comments**

<b>IEP Individualized Education Program</b> <b>PROGRESS REPORT</b>		User's District * Student Name *										
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.												
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: * _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____												
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 100px;"></div>	<b>STUDENT PROGRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
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<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms) <div style="border: 1px solid black; height: 150px;"></div>												
IEP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010												

**Progress Report (IEP) - 8 Columns, Goals Only, Single Comment**

<b>IEP Individualized Education Program</b> <b>PROGRESS REPORT</b>		User's District * Student Name *										
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should have you have any questions, please do not hesitate to contact your child's special education teacher.												
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> IEP EFFECTIVE DATES: _____ - _____ GOAL NUMBER: _____ SCHOOL BUILDING: * _____ AREA: _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____												
<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 100px;"></div>	<b>STUDENT PROGRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
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<b>COMMENTS</b> (including summary of the measurable data utilized to assess progress and a description of child's progress toward meeting the goal in measurable terms) <div style="border: 1px solid black; height: 150px;"></div>												
IEP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010												

**PR (IEP) - 8 Progress Goals & Obj**

## Service Plan

The Service Plan (SP) forms define the educational plan for a student enrolled in a nonpublic school to whom the district will deliver special education services.

An SP consists of the following required forms:

- SP Cover Page
- SP 1 Measurable Annual Goals
- SP 2 Specially Designed Services, 8 Transportation as Service
- SP 3 Statewide and District Testing
- SP 4 Meeting Participants
- SP 5 Signatures

The following forms are optional:

- Documentation of Attempts
- Parent Invitation (PR-02)
- General Invitation (PR-02)

### SP Cover Page

The SP Cover Page lists the demographic information for the student for whom the Service Plan is being created. Using the Student Properties, you can add additional contact information for a primary parent, such as work phone, cell phone and email, as well as the contact information for a second parent.

The Grade list defaults to the current grade of the student selected on the task creation window; however, you can select a different grade level.

Enter the date the Service Plan meeting occurred in the Meeting Date field. The date entered in this field determines which completed Service Plan tasks appear on the EMIS Review Report and in the EMIS Extract.

The Meeting Date and Service Plan Effective Dates fields determine which completed tasks appear on the EMIS Review Report and in the EMIS Extract.

**SP Services Plan**
User's District \*  
Student Name \*

This Services Plan will be implemented during the regular school term unless noted in general factors.

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_

ID NUMBER: **1\*** \_\_\_\_\_ GRADE: **3\***  /

DATE OF BIRTH: **2\*** \_\_\_\_\_ GENDER: **5\*** \_\_\_\_\_

STREET: **4\*** \_\_\_\_\_

CITY: **\*** \_\_\_\_\_ STATE: **\*** \_\_\_\_\_ ZIP: **\*** \_\_\_\_\_

DISTRICT OF RESIDENCE: **7\*** \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

DISTRICT OF SERVICE: **8\*** \_\_\_\_\_

Is the child a ward of the state?  YES  NO  
If yes, provide the name of the surrogate parent: \_\_\_\_\_

**PARENTS'/GUARDIAN'S INFORMATION**

NAME: **\*** \_\_\_\_\_

STREET: **\*** \_\_\_\_\_

CITY: **\*** \_\_\_\_\_ STATE: **\*** \_\_\_\_\_ ZIP: **\*** \_\_\_\_\_

HOME PHONE: **\*** \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEETING INFORMATION**

MEETING DATE: **10** \_\_\_\_\_

MEETING TYPE:

INITIAL SERVICES PLAN

ANNUAL REVIEW

REVIEW OTHER THAN ANNUAL REVIEW

AMENDMENT

OTHER \_\_\_\_\_

**SERVICES PLAN TIMELINES**

ETR COMPLETION DATE: \_\_\_\_\_

NEXT ETR DUE DATE: \_\_\_\_\_

**SERVICES PLAN EFFECTIVE DATES**

START: \_\_\_\_\_

END: \_\_\_\_\_

NEXT SP REVIEW: \_\_\_\_\_

**SP FORM STATUS** (checked when complete)

1. MEASURABLE ANNUAL GOALS

2. SPECIALLY DESIGNED SERVICES

3. STATEWIDE AND DISTRICT TESTING

4. MEETING PARTICIPANTS

5. SIGNATURES

**OTHER INFORMATION**

AMENDMENTS: (Complete only if amending the SP)			
SP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE SP	DATE OF AMENDMENT	PARTICIPANT & ROLE

PR-09 SP FORM REVISED BY ODE: MARCH 13, 2009

The ETR Completion Date is reported to the EMIS Extract as the Effective Start Date if the student's disability code has changed but the change is not made through an ETR task.

### SP Cover Page



## SP 1 Measurable Annual Goals

The SP 1 Measurable Annual Goals page describes the measurable goals the Service Plan team expects the student to accomplish in a particular area within the effective dates of the Service Plan. Because a student may have goals in multiple areas, the team may create multiple SP 1 pages per Service Plan task.

When you enter the goal number in the Number field, the system automatically updates the numbers in the Measurable Objectives or Benchmarks section of the page. For example, if you enter “1” in the Number field, the value in the Number column for each objective displays a “1” to the left of the decimal point (i.e., 1.1, 1.2, etc.).

<b>SP</b> Services Plan		User's District * Student Name *
<b>1 MEASURABLE ANNUAL GOALS</b>		
NUMBER: _____		
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
MEASURABLE ANNUAL GOAL	METHOD(S)	
METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS THE ANNUAL GOAL		
a. Curriculum Based Assessment    d. Anecdotal Records    g. Checklists    j. Inventories b. Portfolios    e. Short-Cycle Assessments    h. Running Records    k. Rubrics c. Observation    f. Performance Assessments    i. Work Samples		
MEASURABLE OBJECTIVES or BENCHMARKS		
NUM	OBJECTIVE or BENCHMARK	DATE OF MASTERY
.1		
.2		
.3		
.4		
.5		
METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS		
<input type="checkbox"/> Written Report <input type="checkbox"/> Phone Call    Reported every _____ weeks <input type="checkbox"/> Email <input type="checkbox"/> Journal Entry <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> The child's progress will be reported to the child's parents each time report cards are issued		
<i>Note: Interim 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.</i>		
PR-09 SP FORM REVISED BY ODE: MARCH 13, 2009		

### SP 1 Measurable Annual Goals Page

## SP 2 Specially Designed Services

*This space intentionally left blank.*

The SP 2 Specially Designed Services page defines each service or support the district will provide to assist the student in accomplishing the goals stated in the SP.

See “*SP 2 Specially Designed Services - Page 1*” and “*SP 2 Specially Designed Services - Page 2*”.

In the Related Services grid on SP 2, you must select the appropriate service from the list which contains the following values:

- 215001 Adapted Phys Ed Services
- 215002 Aide Services
- 215003 Attendant Services
- 215004 Audiological Services
- 215006 Interpreter Services
- 215007 Medical Services
- 215008 Occupational Therapy
- 215009 Orientation & Mobility Services
- 215010 Physical Therapy Services
- 215011 Reader Services
- 215012 School Psyc Services
- 215013 Speech & Language Services
- 215015 Rehabilitation Counseling Services
- 215017 Parent Counseling & Training Services
- 215018 Counseling/Guidance
- 215020 Recreational Services
- 215021 Special Transportation
- 215022 Social Work Services
- 215023 Other (describe below)
- 220100 Preschool Itinerant Services
- 215026 School Health Services
- 215027 School Nurse Services

<b>SP Services Plan</b>		User's District * Student Name *	
<b>2 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES</b>			
TYPE OF SERVICE:		GOAL(S) ADDRESSED:	PROVIDER TITLE:
<b>SPECIALLY DESIGNED INSTRUCTION:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
<b>RELATED SERVICES:</b>			
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
44-67			
BEGIN: 68-91	END: 92-115	AMOUNT OF TIME:	FREQUENCY:
<b>ASSISTIVE TECHNOLOGY:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
<b>ACCOMMODATIONS:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
<b>MODIFICATIONS:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
<b>SUPPORT FOR SCHOOL PERSONNEL:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

PR-09 SP FORM REVISED BY ODE: MARCH 13, 2009

SP 2 Specially Designed Services - Page 1

<b>SP Services Plan</b>		User's District * Student Name *	
<b>SERVICE(S) TO SUPPORT MEDICAL NEEDS:</b>			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
KEY: <input type="checkbox"/> OPTIONAL ENTRY <input checked="" type="checkbox"/> NOT REQUIRED			

PR-09 SP FORM REVISED BY ODE: MARCH 13, 2009

SP 2 Specially Designed Services - Page 2

### SP 3 Statewide and District Testing

In the SP 3 Statewide and District Testing page, the team must specify how the student will take state and district tests for each subject area and any additional subject areas for the district.

In the Grade column, you can select the grade level in which the student will take the test.

In the Date of Test column, which are the same values as the drop-down list on the EMIS Data Collection Form Date of Test column, you can select a date. Underneath the date drop-down list, there is a text box, which is expandable.

In the Area column for each subject area, you can select the appropriate state-mandated test from the list, if applicable, which contains the values displayed in the following table. A text box is located in the Area column below the state assessment drop-down list.

### SP 3 Statewide and District Testing Page Subject Areas and Valid Values

Subject Area	Valid Values	Subject Area	Valid Values
Reading	<ul style="list-style-type: none"> <li>• KG Assessment</li> <li>• 3rd Achievement</li> <li>• 4th Achievement</li> <li>• 5th Achievement</li> <li>• 6th Achievement</li> <li>• 7th Achievement</li> <li>• 8th Achievement</li> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>	Science	<ul style="list-style-type: none"> <li>• 5th Achievement</li> <li>• 8th Achievement</li> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>
Writing	<ul style="list-style-type: none"> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>	Social Studies	<ul style="list-style-type: none"> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>
Math	<ul style="list-style-type: none"> <li>• 3rd Achievement</li> <li>• 4th Achievement</li> <li>• 5th Achievement</li> <li>• 6th Achievement</li> <li>• 7th Achievement</li> <li>• 8th Achievement</li> <li>• 10th OGT</li> <li>• Passed OGT</li> </ul>		

This space is intentionally blank.

SP

Services Plan

User's District\*  
 Student Name\*

### 3 STATEWIDE AND DISTRICT WIDE TESTING

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.

Will the child participate in classroom, district wide and state wide assessments with accommodations?  YES  NO

AREA	GRADE	DATE OF TEST	CHILD WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING 117/117B	119/ 119B	118/118B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment	120/120B
WRITING 123/123B	125/ 125B	124/124B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment	126/126B
MATH 129/129B	131/ 131B	130/130B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment	132/132B
SCIENCE 135/135B	137/ 137B	136/136B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment	138/138B
SOCIAL STUDIES 141/141B	143/ 143B	142/142B	<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment	144/144B
OTHER			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment	

Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)?  YES  NO

The child is completing a curriculum that is significantly different than the curriculum completed by other children required to take the test.  YES  NO

The child requires accommodations that are beyond the accommodations allowed for children taking state wide assessments.  YES  NO

The child is excused from the consequences of not passing the OGT in the following subjects:

Reading 122/122B
 Writing 128/128B
 Mathematics 134/134B
 Science 140/140B
 Social Studies 146/146B

Met Testing Participation Requirement?  YES  NO      Date complete: \_\_\_\_\_

Is the child participating in the alternate assessment?  YES  NO

Justify the choice of alternate assessment and address why it is appropriate:

PR-09 SP FORM REVISED BY ODE: MARCH 13, 2009

### SP 3 Statewide and District Testing Page

ProgressBook ProgressBook SpecialServices Ohio Forms Guide

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## SP 4 Meeting Participants

The SP 4 Meeting Participants page should list all of the individuals who attended the IEP meeting or participated in the team, including individuals who contributed information but did not attend the meeting. A space is provided for the signatures of each participant.

**Note:** A signature on this page only signifies an individual's participation in the SP meeting or on the Service Plan; it does not indicate the participant's approval of the Service Plan.

The Service Plan Effective Dates fields are updated from the SP Cover Page.

<b>SP Services Plan</b>	User's District * Student Name *																																													
<b>4 MEETING PARTICIPANTS</b>																																														
<b>THIS SERVICE PLAN MEETING WAS:</b> <input type="checkbox"/> Face-to-Face Meeting <input type="checkbox"/> Video Conference <input type="checkbox"/> Telephone Conference/Conference Call <input type="checkbox"/> Other	<b>SERVICE PLAN EFFECTIVE DATES</b> Start: _____ End: _____ Date of Next Services Plan Review: _____																																													
<b>SERVICES PLAN MEETING PARTICIPANTS</b> THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS SERVICES PLAN																																														
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<small>*If the General Education Teacher, Intervention Specialist, District Representative and representative from the nonpublic school the child is attending or a person knowledgeable about the instructional implications of the evaluation data have signed as not in attendance at the Service Plan meeting, a written excuse must be on file.</small>																																														
<small>PR-09 SP FORM REVISED BY CODE: MARCH 13, 2009</small>																																														

### SP 4 Meeting Participants Page

## SP 5 Signatures Page

The SP 5 Signatures Page allows the parent to indicate approval or disapproval of the Service Plan. SP 5 comprises two signature sections: Initial SP and Annual Review/Review Other than Annual Review. The parent should sign only the section that applies to the current SP.

Additionally, SP 5 indicates that the parent has received a copy of the Procedural Safeguards Notice and Service Plan at the meeting or, if not at the time of the meeting, indicates the date each was sent to the parents.

<b>SP</b> Services Plan	User's District * Student Name *
<b>5 SIGNATURES</b>	
<b>INITIAL SP</b>	
<input type="checkbox"/> I give consent to initiate special education and related services specified in this SP. * <input type="checkbox"/> I give consent to initiate special education and related services specified in this SP except for ** AREA: _____ <input type="checkbox"/> I do not give consent for special education and related services at this time. **	
PARENTS' SIGNATURE: _____	DATE: _____
<b>ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW</b>	
<input type="checkbox"/> I agree with the implementation of this SP. * <input type="checkbox"/> I am signing to show my attendance/participation at the SP team meeting but I do not agree with the following special education and related services specified in this SP. ** AREA: _____ <input type="checkbox"/> I revoke consent for all special education and related services. **	
PARENTS' SIGNATURE: _____	DATE: _____
* This SP serves as prior written notice if there is agreement. ** If there is not agreement or consent is revoked, the district must provide prior written notice to parents.	
<b>PROCEDURAL SAFEGUARDS NOTICE</b>	
A copy of the Procedural Safeguards Notice was given to the parents at the SP Meeting. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> IF NO, DATE SENT TO PARENTS: _____	
<b>COPY OF THE SERVICES PLAN</b>	
A copy of the SP was given to the parents at the SP Meeting. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> IF NO, DATE SENT TO PARENTS: _____	
PR-09 SP FORM REVISED BY ODE: MARCH 13, 2009	

## SP 5 Signatures Page

## Service Plan (SP) Progress Reports

SpecialServices offers several layouts for Service Plan progress reports, each of which is available in a separate task. Your district may only use one or two of the forms as best applies to your district's practices.

<b>SP Services Plan</b> <b>PROGRESS REPORT</b>		User's District * Student Name *																																								
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<b>MEASURABLE ANNUAL GOAL</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		GOAL NUMBER: _____ AREA: _____  BUILDING: * _____ HOMEROOM TEACHER: _____ SPECIAL EDUCATION TEACHER: _____ RELATED SERVICE PROVIDERS: _____																																								
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**Progress Report (SP) - 4 Columns, Goals & Objectives, Single Comment**

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**Progress Report (SP) - 4 Columns, Goals Only, 4 Comments**



<b>SP</b> Services Plan <b>PROGRESS REPORT</b>		User's District * Student Name *		
PARENT: This form is used to report on your child's progress on the goals and objectives listed on his/her SP. Should you have any questions, please do not hesitate to contact your child's special education teacher.				
<b>CHILD'S INFORMATION</b> NAME: * _____ ID NUMBER: * _____ GRADE LEVEL: * <input type="checkbox"/> / <input type="checkbox"/> SP EFFECTIVE DATES: _____ - _____				
GOAL NUMBER: _____ AREA: _____	SCHOOL BUILDING: * _____ HOMEROOM TEACHER: _____ SPECIAL ED TEACHER: _____ RELATED SERVICE PROVIDERS: _____			
<b>MEASURABLE ANNUAL GOAL</b>	<b>STUDENT PROGRESS</b>			
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SP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010				

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SP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010				

**PR (SP) - 4 Progress Goals & Obj**

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**Progress Report (SP) - 6 Columns, Goals Only, 6 Comments**

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SP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010										

**Progress Report (SP) - 6 Columns, Goals Only, Single Comment**

<b>SP Services Plan</b> <b>PROGRESS REPORT</b>		User's District * Student Name *								
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SP PROGRESS REPORT FORM REVISED BY Sps: MARCH 22, 2010										

**PR (SP) - 6 Progress Goals & Obj**

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**PR (SP) - 8 Progress Goals & Obj**

## Gifted Written Education Plan (WEP)

The Gifted Written Education Plan (WEP) defines the educational plan for students to whom the district will provide gifted and talented education.

A WEP consists of the following required forms:

- WEP Cover Page
- WEP Measurable Annual Goals Page
- WEP Signature Page

The following forms are optional:

- Documentation of Attempts
- Parent Invitation (PR-02)
- General Invitation (PR-02)

### WEP Cover Page

The WEP Cover Page lists the demographic information for the student for whom the WEP is created. Using the Student Properties, you can add additional contact information for a primary parent such as work phone.

Though the Grade list defaults to the current grade of the student selected on the task creation window, you can select a different grade level. For example, if you are creating a WEP for the next school year, you might select the student's grade level for the next school year in the Grade list.

Student Name *		Written Education Plan (WEP)		Effective _____	
Student Name *	_____	Date of Birth *	____/____/____	Grade *	____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Student ID *	_____	Student Address *	_____		
Parent/Guardian *	_____	Parent Address *	_____		
Email *	_____	Home Phone *	_____	Work Phone *	_____
District of Residence *	_____	District of Service *	_____	Work Phone *	_____
Meeting Date _____	Does student have Written Acceleration Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Target graduation date _____		
<b>Area(s) and date(s) of Identification:</b>		<b>Specific Academic Ability:</b>		<b>Visual Performing Arts:</b>	
<input type="checkbox"/> Superior Cognitive Ability _____	<input type="checkbox"/> Reading/Writing/Combination _____	<input type="checkbox"/> Drama _____			
<input type="checkbox"/> Creative Thinking Ability _____	<input type="checkbox"/> Mathematics _____	<input type="checkbox"/> Dance _____			
	<input type="checkbox"/> Science _____	<input type="checkbox"/> Music _____			
	<input type="checkbox"/> Social Studies _____	<input type="checkbox"/> Visual Arts _____			
<b>Student interests and learning styles:</b>					
<b>Present levels of academic and social/emotional functioning:</b>					

### WEP Cover Page

## WEP Measurable Annual Goals

The WEP Measurable Annual Goals page describes the measurable goals the WEP team expects the student to accomplish in a particular area within the established WEP effective dates. Because a student may have goals in multiple areas, the team may create multiple WEP Measurable Annual Goals pages per WEP task.

User's District *	<b>Written Education Plan (WEP)</b>	Effective _____ - _____
Student Name *	<b>Annual Goal Page</b>	
<b>Annual Goal:</b> (one page for each goal)		<b>Goal #</b> _____ <b>of</b> _____
<b>Content area(s)</b> to be addressed by this goal: _____		
<b>Area of identification</b> associated with this goal: <input type="checkbox"/> Superior Cognitive Ability <input type="checkbox"/> Creative Thinking Ability <input type="checkbox"/> Specific Academic Ability: _____ <input type="checkbox"/> Visual Performing Arts: _____		
<b>What specific program components or curricular interventions will assist in accomplishing this goal?</b> Consider the differentiation concepts of acceleration, complexity, depth, challenge, abstractness, and/or cognitive creativity.		
<b>State the policy for waiver of assignments and scheduling of tests.</b>		
<b>Student Progress Measures</b> (How will this student prove mastery of this goal?)		
<b>Service Setting</b> (for this goal/objective) : <input type="checkbox"/> Gifted Resource Room <input type="checkbox"/> Regular Education Class (GIS) <input type="checkbox"/> Acceleration Placement <input type="checkbox"/> Internship/Mentorship <input type="checkbox"/> Dual Enrollment including PSEO <input type="checkbox"/> Gifted Self-Contained Class <input type="checkbox"/> Regular Education Class (GenEd Tchr) <input type="checkbox"/> Advanced Placement <input type="checkbox"/> Educational Options <input type="checkbox"/> Arts Classroom _____		
<b>Personnel Responsible for Service:</b> <input type="checkbox"/> Gifted Intervention Specialist <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Arts Specialist <input type="checkbox"/> Gifted Coordinator <input type="checkbox"/> Other _____		

### WEP Measurable Annual Goals Page

## WEP Signatures

The WEP Signatures page allows the parent to indicate consent of the Written Education Plan. Additionally, the WEP Signatures page indicates that the parent has received a copy of the identification procedures for the district, district service options and the WEP at the meeting.

User's District *	<b>Written Education Plan (WEP)</b>	Effective _____	-	_____
Student Name *	<b>Signature Page</b>	Date of next review: _____		
<b>WEP Team Meeting Participants (choose all that apply)</b>				
Check one of the following: This WEP team meeting was a <input type="checkbox"/> Face to face meeting <input type="checkbox"/> Video conference <input type="checkbox"/> Telephone conference call <input type="checkbox"/> Mail correspondence				
Student (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	Parent (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	
Gifted Intervention Specialist (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	Parent (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	
Gifted Coordinator (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	Principal/Administrator (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	
General Education Teacher (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	Other Title (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	
General Education Teacher (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	Other Title (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	
<b>Reporting Periods :</b> 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____				
<b>Initial WEP</b> <input type="checkbox"/> I give consent to initiate gifted education and related services specified in this WEP. <input type="checkbox"/> I give consent to initiate gifted education and related services specified in this WEP except for _____ <input type="checkbox"/> I do not give consent for gifted education services at this time. Parent Signature _____ Date _____		<b>Parent Notice of District Service Options/Copy of the WEP</b> <input type="checkbox"/> I have received a copy of the Identification Procedures for the District <input type="checkbox"/> I have received a copy of the District Service Options <input type="checkbox"/> I have received a copy of this WEP Parent Signature _____ Date _____		

### WEP Signatures Page



## Progress Report (WEP)

The Progress Report (WEP) form provides information regarding the student's progress in meeting the annual goals in the WEP.

User's District *	<b>Written Education Plan (WEP)</b>	Effective _____ - _____
Student Name *	<b>Progress Report</b>	
<b>Annual Goal:</b> (one page for each goal)		<b>Goal #</b> ____ <b>of</b> ____
Content area(s) to be addressed by this goal: _____		
<b>Area of identification</b> associated with this goal: <input type="checkbox"/> Superior Cognitive Ability <input type="checkbox"/> Creative Thinking Ability <input type="checkbox"/> Specific Academic Ability: _____ <input type="checkbox"/> Visual Performing Arts: _____		
<b>Student Progress Measures</b> (How will this student prove mastery of this goal?)		
<b>Student Progress</b>		

**Progress Report (WEP) Form**

## Behavior Intervention Plan (BIP)

The Behavior Intervention Plan (BIP) defines the plan of action for managing a student's behavior, where that behavior was found to be an issue impacting their success.

A BIP consists of the following required forms:

- BIP Cover Page
- Functional Behavior Assessment
- Documentation of Interventions
- BIP Outcomes Worksheet
- BIP Goal Page
- BIP Signature Page
- BIP Crisis Intervention Plan

### BIP Cover Page

The BIP Cover Page lists the demographic information for the student for whom the Behavior Intervention Plan is being created. Using the Student Properties, you can add additional contact information for a primary parent, such as work phone, cell phone and email address, as well as the contact information for a second parent.

Though the Grade field defaults to the current grade of the student selected on the task creation window, you can select a different grade level from the Grade list. For example, if you are creating a BIP for the next school year, you might select the student's grade level for the next school year in the Grade list.

<b>BIP</b> Behavior Intervention Plan		User's District * Student Name *
<b>CHILD'S INFORMATION</b> NAME: _____ ID NUMBER: _____ GRADE: <input type="checkbox"/> / <input type="checkbox"/> DATE OF BIRTH: _____ GENDER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____  DISTRICT OF RESIDENCE: _____ DISTRICT OF SERVICE: _____		<b>MEETING INFORMATION</b> MEETING DATE: _____ EFFECTIVE START DATE: _____ EFFECTIVE END DATE: _____ NEXT BIP REVIEW: _____  DOES CHILD HAVE IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PARENTS/GUARDIAN'S INFORMATION</b> NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____  NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____		<b>OTHER INFORMATION</b> _____ _____ _____
<b>INSTRUCTIONS</b> <b>What are behavior intervention plans?</b> There are four areas of focus in a behavior intervention plan: (1) Adjustment of environmental factors; (2) Decrease of interfering behaviors; (3) Acquisition of replacement behaviors; and (4) Strengthen existing skills. All behavior intervention plans should include proactive approaches to changing behavior. The purpose of a behavior intervention plan is to ensure the environment is conducive to learning and to teach the student what "to do instead."  <b>The design of behavior intervention plans leads to positive outcomes for students.</b> The behavior intervention plan is developed as a means of coordinating intervention activities. Discipline, when used as a proactive approach in the behavior intervention planning process, addresses the cause of the behavior and helps to create a safe, positive learning environment for all. Effective discipline provides appropriate logical consequences for behavior and results in long-term positive behavioral changes. Discipline does not focus on the behavior in isolation or "quick fixes." Rather, it is a learning process that provides the child with an opportunity to learn new skills so that he/she can be an effective student.  <b>The behavior intervention planning process is a collaborative problem solving approach involving all stakeholders.</b> A behavior intervention plan serves as a communication tool developed by a team that is made up of "stakeholders." Stakeholders, as used in this context, may mean the student, the parents/family members, general and special educators who work with the student, peers, a key administrator and support service providers who may provide support services. These individuals know the student best and are essential to behavior planning.  <b>How should the functional behavioral assessment be conducted in the behavior intervention planning process?</b> Functional behavioral assessment is a collaborative problem-solving process that is used to describe the "function" or purpose that is served by a student's behavior. Understanding the "function" that an impending behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.  The collaborative problem-solving process is the foundation for many team processes in education including the IEP planning process, functional behavior assessment, behavior intervention planning process and intervention-based assessment.  The following sections outline a systematic collaborative problem solving process to guide behavior intervention planning, either as a component of the IEP or as an intervention plan for a student with or without a disability.		
PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011		

### BIP Cover Page

# Functional Behavior Assessment (OP-1)

A Functional Behavioral Assessment (FBA) must be conducted when the IEP team determines that the student's behavior is a manifestation of the student's disability. A FBA may be conducted, as determined appropriate by the student's IEP team, if the student's behavior results in disciplinary action that changes the child's placement on the continuum of alternative placement options.

<b>FBA</b> Functional Behavior Assessment		User's District * Student Name *	
<b>CHILD'S INFORMATION</b> NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____			
<small>DIRECTIONS:</small> A functional behavioral assessment (FBA) must be conducted when the IEP team determines that the student's behavior is a manifestation of the student's disability. A FBA may be conducted, as determined appropriate by the student's IEP team, if the student's behavior results in disciplinary action that changes the child's placement on the continuum of alternative placement options. Please fill out a separate copy of this form for each behavior being assessed.			
DATE OF MEETING: _____ PRIMARY MODE OF COMMUNICATION: _____			
<b>BEHAVIOR OF CONCERN:</b> Provide a description of the behavior in observable and measurable terms. Include a description of the intensity, frequency and duration of the problem behavior. _____			
<b>WHAT TRIGGERS THE BEHAVIOR:</b> Include a description of the environmental factors which may contribute to the behavior (e.g. medical conditions, sleep, diet, scheduling and social factors). _____			
<b>SETTING OR EVENT WHERE BEHAVIOR IS MOST LIKELY TO OCCUR:</b> Describe the setting in which the behavior occurs (time of day, physical setting, persons involved). Include a description of any relevant events that preceded the target behavior. _____			
<b>HOW OFTEN/HOW LONG:</b> Describe the time between the request to stop or change the behavior and the time of the student's response to the request. _____			
<b>SETTING OR EVENT WHERE BEHAVIOR IS LEAST LIKELY TO OCCUR:</b> Describe the setting in which the behavior is least likely to occur (time of day, physical setting, persons involved). _____			
<b>PERSON(S) WITH WHOM BEHAVIOR IS MOST LIKELY TO OCCUR:</b> _____			
<b>PERSON(S) WITH WHOM BEHAVIOR IS LEAST LIKELY TO OCCUR:</b> _____			
<b>ADULT RESPONSE:</b> Describe the adult response to the student's behavior. _____			
<b>OUTCOMES:</b> Include a description of the outcomes that resulted from the behavior of concern. _____			
<b>FUNCTION OR PURPOSE OF BEHAVIOR:</b> Describe the perceived function or purpose of the behavior (e.g. attention seeking, avoidance, power, object seeking, stimulation) _____			
<b>OTHER RELEVANT INFORMATION:</b> Include any other relevant information (e.g. medical) _____			
<b>SUMMARY STATEMENT</b> Describe the behavior of concern using the observable and measurable data above. _____			
<b>SIGNATURES</b>			
NAME	TITLE	SIGNATURE	DATE

## Functional Behavior Assessment

## Documentation of Interventions

The Documentation of Interventions Page allows the district to document all of the interventions attempted to address areas of concern with the student's behavior.

<b>Documentation of Interventions</b>					User's District * Student Name *
<b>CHILD'S INFORMATION</b>					
NAME: _____		ID NUMBER: _____		DATE OF BIRTH: _____ GRADE: _____	
SCHOOL: _____		DATE OF MEETING: _____		DATE OF FOLLOW-UP MEETING: _____	
<b>INTERVENTION INFORMATION</b>					
AREA(S) OF CONCERN & BASELINE DATA	INTERVENTION(S) (Include Intervention Timeline)	EVALUATION PROCEDURES	PERSON RESPONSIBLE	STUDENT'S RESPONSE TO INTERVENTION(S) (Follow-Up Data)	
<b>PARTICIPANTS:</b> 1 _____		5 _____			
(Name/Title) 2 _____		6 _____			
3 _____		7 _____			
4 _____		8 _____			
PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011					

## Documentation of Interventions

# BIP Outcomes Worksheet

The BIP Outcomes Worksheet Page documents the functional equivalent replacement behavior to assist a student in correcting the behaviors of concern as well as the strategies that will be utilized to implement the replacement behavior.

<b>BIP</b> Behavior Intervention Plan		User's District * Student Name *	
<b>CHILD'S INFORMATION</b>			
NAME: _____		ID NUMBER: _____	GRADE: _____ DATE OF BIRTH: _____
<b>PLAN INFORMATION</b>			
DATE OF MEETING: _____		DATE OF IMPLEMENTATION: _____	PROJECTED DATE FOR REVIEW: _____
<b>SOURCES OF INFORMATION:</b> List sources of information used in the FBA, both formal and informal, to develop this plan.			
<b>STRENGTH BASED PROFILE:</b> Identify skills and interests, positive relationships, pro-social behaviors, family and community supports.			
<b>FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA) SUMMARY STATEMENT:</b> Describe the specific behavior of concern using the observable and measurable data as summarized in the FBA.			
<b>FUNCTIONAL EQUIVALENT REPLACEMENT BEHAVIOR:</b> Describe the behavior that the student should use in replacement for the behavior of concern.			
<b>BIP STRATEGIES/OUTCOMES WORKSHEET:</b> Based on summary identify the strategy, what will be done, when and where the strategy will occur.			
Strategy Area	What Will Be Done?	When Will It Be Done?	Where Will the Strategy Occur?
<b>Antecedent Strategies</b> (to reduce the triggers as identified on the FBA)			
<b>Setting &amp; Event Strategies</b> (to reduce the impact of setting & events as identified on the FBA)			
<b>Behavior Teaching Strategies (Alternative Behaviors)</b> (to increase the likelihood that the appropriate replacement behavior will occur through instruction)			
<b>Reinforcement Strategies</b> (to reinforce the functional equivalent replacement behavior)			
PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011			

BIP Outcomes Worksheet

# BIP Goal Page

The BIP Goal Page describes the goals set for the student in overcoming the identified behaviors of concern and the plan to help the student achieve the goals. The methods for measuring the progress of the student achieving the goal are also documented on this page.

<b>BIP</b> Behavior Intervention Plan		User's District * Student Name *	
<b>CHILD'S INFORMATION</b>			
NAME: _____		ID NUMBER: _____	GRADE: _____ DATE OF BIRTH: _____
NUMBER: _____		AREA: _____	
<b>BEHAVIOR ACTION PLAN</b>			
<b>GOAL STATEMENT (Including criterion for success):</b> (Use one page for each goal).			
<b>SKILL(S) TO BE TAUGHT:</b>			
<b>INTERVENTION(S) TO BE PROVIDED:</b>			
<b>ACCOMMODATION(S) TO BE PROVIDED:</b>			
<b>PERSON(S) RESPONSIBLE FOR TEACHING SKILL:</b> _____			
<b>MEASURING PROGRESS</b>			
Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified functional equivalent replacement behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success).			
METHOD(S) USED TO COLLECT DATA: _____			
PERSON(S) RESPONSIBLE FOR DATA COLLECTION: _____			
PERSON RESPONSIBLE FOR REPORTING PROGRESS: _____			
METHOD(S) USED TO REPORT PROGRESS: _____			
FREQUENCY FOR REPORTING PROGRESS: _____			
<b>SUPPORT FOR SCHOOL PERSONNEL</b>			
Supports, resources and training needed for personnel to implement this plan in the current educational environment.			
PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011			

BIP Goal Page

### BIP Signature Page

The BIP Signature Page documents the communication plan for the Behavior Intervention Plan and allows team members to indicate participation in its development.

### BIP Crisis Intervention Plan

The BIP Crisis Intervention Plan allows the district to document the plan of action to protect all parties involved if the student's behavior of concern has the potential to cause harm to themselves or other individuals.

<b>BIP</b> Behavior Intervention Plan		User's District * Student Name *	
<b>CHILD'S INFORMATION</b>			
NAME: _____		ID NUMBER: _____	GRADE: _____ DATE OF BIRTH: _____
<b>COMMUNICATING THE BEHAVIOR INTERVENTION PLAN</b> <small>The plan will be communicated to the following people (i.e. bus driver, clinic aid, etc):</small>			
Person to be contacted:	How contact will be made:	Person Responsible:	Initial Contact Date & Frequency:
<b>CRISIS INTERVENTION PLAN</b> If the student's behavior has the potential to produce harm, summarize the steps to be taken to protect all parties. <input type="checkbox"/> Detailed on separate plan (and communicated with the Behavior Intervention Plan) <input type="checkbox"/> Not needed at this time			
<b>TEAM MEMBERS</b>			
NAME	TITLE	SIGNATURE	DATE
<input type="checkbox"/> Parent provided a copy of the Behavior Intervention Plan      Date: _____			
<small>PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011</small>			

**BIP Signature Page**

<b>BIP</b> Behavior Intervention Plan		User's District * Student Name *	
<b>CHILD'S INFORMATION</b>			
NAME: _____		ID NUMBER: _____	GRADE: _____ DATE OF BIRTH: _____
<b>CRISIS INTERVENTION PLAN</b> If the student's behavior has the potential to produce harm, summarize the steps to be taken to protect all parties.			
<small>PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011</small>			

**BIP Crisis Intervention Plan**

## BIP Attachment Page

The BIP Attachment Page enables you to add supporting information to a page in any BIP task.

<b>BIP</b> Behavior Intervention Plan	User's District *
	Student Name *
<b>CHILD'S INFORMATION</b>	
NAME: _____	ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____
<b>CONTINUATION OF</b> _____	
PR-21 BIP FORM REVISED BY SPS: JULY 26, 2011	

### BIP Attachment Page

## General Attachment Page

The General Attachment Page enables you to add supporting information to a page in any task.

			User's District *
			Student Name *
<b>CHILD'S INFORMATION</b>			
NAME: *	ID NUMBER: *	DATE OF BIRTH: *	
<small>SUPPLEMENTAL FORM REVISED BY SPS: AUGUST 26, 2009</small>			

**General Attachment Page**



## Special Education Events Forms

The Special Education Events Forms document information for the events listed in the following and is required in all tasks in which information is required for the EMIS Extract.

- PSTC - Preschool Transition Conference Date
- RFRL - Referral for Evaluation Date
- CNST - Parental Consent for Evaluation Date
- IETR - Evaluation Team Report Completion Date - Initial
- IIEP - Individualized Education Program (IEP) Completion Date - Initial
- RETR - Evaluation Team Report Completion Date - Reevaluation
- RIEP - Individualized Education Program (IEP) Completion Date - Periodic Review
- TETR - Transfer Student ETR Adoption Date
- TIEP - Transfer Student IEP Adoption Date
- FIEP - Final Individualized Education Program (IEP) Team Meeting Prior to Graduation
- CIEP - IEP Consent Withdrawn by Parent

For the event applicable to the task, select the date the event occurred from the calendar or type it in the field. You may be required to select or enter additional information for some of the events. “*Special Education Events Forms Valid Values for Lists by Event*” lists the valid values for the student’s information, Outcome ID and Non-compliance ID.

### Special Education Events Forms Valid Values for Lists by Event

List	Event	Valid Values
Disability Category	N/A	<ul style="list-style-type: none"> <li>• ** Not Applicable</li> <li>• 01 Multiple Disabilities (other than Deaf-Blind)</li> <li>• 02 Deaf-Blindness</li> <li>• 03 Deafness (Hearing Impairment)</li> <li>• 04 Visual Impairments</li> <li>• 05 Speech and Language Impairments</li> <li>• 06 Orthopedic Impairments</li> <li>• 08 Emotional Disturbance (SBH)</li> <li>• 09 Cognitive Disabilities</li> <li>• 10 Specific Learning Disabilities</li> <li>• 12 Autism</li> <li>• 13 Traumatic Brain Injury (TBI)</li> <li>• 14 Other Health Impaired (Major)</li> <li>• 15 Other Health Impaired (Minor)</li> <li>• 16 Development Delay</li> </ul>
Secondary Planning	N/A	<ul style="list-style-type: none"> <li>• **** Not Applicable</li> <li>• TPNP Transition Plan Not in Place</li> <li>• TFYG FYG Transition Plan in Place</li> <li>• TMYG MYG Transition Plan in Place</li> <li>• TPCE PCE Transition Plan in Place</li> </ul>

### Special Education Events Forms Valid Values for Lists by Event

List	Event	Valid Values
IEP Test Type	N/A	<ul style="list-style-type: none"> <li>• *** Not Applicable</li> <li>• STA Standard with accommodations</li> <li>• ALT Alternate Assessment</li> <li>• STR Standard (regular)</li> </ul>
Non-compliance ID	N/A	<ul style="list-style-type: none"> <li>• ** Not Applicable</li> <li>• 01 No Identified Reason</li> <li>• 02 Staff Not Available - Summer Months</li> <li>• 03 Staff Not Available - School Year</li> <li>• 04 Scheduling Conflicts with Family</li> <li>• 05 Parental Choice</li> <li>• 06 Parent/Guardian Refused Consent</li> <li>• 07 Child's Health</li> <li>• 08 Student Incarceration</li> <li>• 09 District in compliance with due process timelines, but incorrect/missing data reported in EMIS in a prior reporting period</li> </ul>
Outcome ID	CNST	<ul style="list-style-type: none"> <li>• CNGT Consent Granted</li> <li>• CNRF Consent Refused</li> <li>• CNNR Consent Not Returned</li> <li>• CNDP Consent Moved to Due Process</li> </ul>
	IETR	<ul style="list-style-type: none"> <li>• ET01 Multiple Disabilities (other than Deaf-Blind)</li> <li>• ET02 Deaf-Blindness</li> <li>• ET03 Deafness (Hearing Impairment)</li> <li>• ET04 Visual Impairments</li> <li>• ET05 Speech and Language Impairments</li> <li>• ET06 Orthopedic Impairments</li> <li>• ET08 Emotional Disturbance (SBH)</li> <li>• ET09 Cognitive Disabilities</li> <li>• ET10 Specific Learning Disabilities</li> <li>• ET12 Autism</li> <li>• ET13 Traumatic Brain Injury (TBI)</li> <li>• ET14 Other Health Impaired (Major)</li> <li>• ET15 Other Health Impaired (Minor)</li> <li>• ET16 Developmental Delay</li> <li>• ETNE Not Eligible for Services</li> <li>• ETDP ETR Resulted in Due Process</li> </ul>

### Special Education Events Forms Valid Values for Lists by Event

List	Event	Valid Values
Outcome ID (continued)	IIEP	<ul style="list-style-type: none"> <li>• IE13 Special ed outside regular class less than 21%</li> <li>• IE14 Special ed outside regular class 21-60%</li> <li>• IE15 Special ed outside regular class at least 60%</li> <li>• IE16 Public Separate School</li> <li>• IE17 Private Separate School</li> <li>• IE18 Public Residential Facility</li> <li>• IE19 Private Residential Facility</li> <li>• IE20 Homebound/Hospital</li> <li>• IE38 Placed nonpub by pub SD, receives IEP Sps</li> <li>• IE39 Placed nonpub by parent, receives IEP Sps</li> <li>• IE51 Reg EC prog 10+ hrs/wk, most svcs in EC</li> <li>• IE53 Reg EC prog &lt;10 hrs/wk, most svcs in EC</li> <li>• IE55 Reg EC prog 10+ hrs/wk, most svcs not in EC</li> <li>• IE56 Reg EC prog &lt;10 hrs/wk, most svcs not in EC</li> <li>• IE60 Special Education Program - Separate Class</li> <li>• IE62 Special Education Program - Separate School</li> <li>• IE64 Special Education Program - Residential Facility</li> <li>• IE70 Home</li> <li>• IE72 Service Provider Location</li> <li>• IENS IEP Complete - Not Served</li> <li>• IEPR IEP Complete - Parental Refusal</li> <li>• IEDP IEP Resulted in Due Process</li> </ul>
	RETR	<ul style="list-style-type: none"> <li>• ET01 Multiple Disabilities (other than Deaf-Blind)</li> <li>• ET02 Deaf-Blindness</li> <li>• ET03 Deafness (Hearing Impairment)</li> <li>• ET04 Visual Impairments</li> <li>• ET05 Speech and Language Impairments</li> <li>• ET06 Orthopedic Impairments</li> <li>• ET08 Emotional Disturbance (SBH)</li> <li>• ET09 Cognitive Disabilities</li> <li>• ET10 Specific Learning Disabilities</li> <li>• ET12 Autism</li> <li>• ET13 Traumatic Brain Injury (TBI)</li> <li>• ET14 Other Health Impaired (Major)</li> <li>• ET15 Other Health Impaired (Minor)</li> <li>• ET16 Developmental Delay</li> <li>• ETDP ETR Resulted in Due Process</li> <li>• ETEX Exiting Special Education</li> </ul>

### Special Education Events Forms Valid Values for Lists by Event

List	Event	Valid Values
Outcome ID (continued)	RIEP	<ul style="list-style-type: none"> <li>• IE13 Special ed outside regular class less than 21%</li> <li>• IE14 Special ed outside regular class 21-60%</li> <li>• IE15 Special ed outside regular class at least 60%</li> <li>• IE16 Public Separate School</li> <li>• IE17 Private Separate School</li> <li>• IE18 Public Residential Facility</li> <li>• IE19 Private Residential Facility</li> <li>• IE20 Homebound/Hospital</li> <li>• IE38 Placed nonpub by pub SD, receives IEP Sps</li> <li>• IE39 Placed nonpub by parent, receives IEP Sps</li> <li>• IE51 Reg EC prog 10+ hrs/wk, most svcs in EC</li> <li>• IE53 Reg EC prog &lt;10 hrs/wk, most svcs in EC</li> <li>• IE55 Reg EC prog 10+ hrs/wk, most svcs not in EC</li> <li>• IE56 Reg EC prog &lt;10 hrs/wk, most svcs not in EC</li> <li>• IE60 Special Education Program - Separate Class</li> <li>• IE62 Special Education Program - Separate School</li> <li>• IE64 Special Education Program - Residential Facility</li> <li>• IE70 Home</li> <li>• IE72 Service Provider Location</li> <li>• IENS IEP Complete - Not Served</li> <li>• IEPR IEP Complete - Parental Refusal</li> <li>• IEDP IEP Resulted in Due Process</li> </ul>
	TETR	<ul style="list-style-type: none"> <li>• ET01 Multiple Disabilities (Other than Deaf-Blind)</li> <li>• ET02 Deaf-Blindness</li> <li>• ET03 Deafness (Hearing Impairment</li> <li>• ET04 Visual Impairments</li> <li>• ET05 Speech and Language Impairments</li> <li>• ET06 Orthopedic Impairments</li> <li>• ET08 Emotional Disturbance (SBH)</li> <li>• ET09 Cognitive Disabilities</li> <li>• ET10 Specific Learning Disabilities</li> <li>• ET12 Autism</li> <li>• ET13 Traumatic Brain Injury (TBI)</li> <li>• ET14 Other Health Impaired (Major)</li> <li>• ET15 Other Health Impaired (Minor)</li> <li>• ET16 Developmental Delay</li> </ul>

### Special Education Events Forms Valid Values for Lists by Event

List	Event	Valid Values
Outcome ID (continued)	TIEP	<ul style="list-style-type: none"> <li>• IE13 Special ed outside regular class less than 21%</li> <li>• IE14 Special ed outside regular class 21-60%</li> <li>• IE15 Special ed outside regular class at least 60%</li> <li>• IE16 Public Separate School</li> <li>• IE17 Private Separate School</li> <li>• IE18 Public Residential Facility</li> <li>• IE19 Private Residential Facility</li> <li>• IE20 Homebound/Hospital</li> <li>• IE38 Placed nonpub by pub SD, receives IEP Sps</li> <li>• IE39 Placed nonpub by parent, receives IEP Sps</li> <li>• IE51 Reg EC prog 10+ hrs/wk, most svcs in EC</li> <li>• IE53 Reg EC prog &lt;10 hrs/wk, most svcs in EC</li> <li>• IE55 Reg EC prog 10+ hrs/wk, most svcs not in EC</li> <li>• IE56 Reg EC prog &lt;10 hrs/wk, most svcs not in EC</li> <li>• IE60 Special Education Program - Separate Class</li> <li>• IE62 Special Education Program - Separate School</li> <li>• IE64 Special Education Program - Residential Facility</li> <li>• IE70 Home</li> <li>• IE72 Service Provider Location</li> </ul>

# Special Education Events Form

Special Education Events		User's District * Student Name *
<b>CHILD'S INFORMATION</b>		
NAME: *	ID NUMBER: *	DATE OF BIRTH: *
<b>EVENT INFORMATION</b>		
Record <u>ONLY</u> the events that occur within the current year (June 1 - May 31) along with corresponding information for the event.		
<b>1. PSTC - Preschool Transition Conference Date</b>		
The actual date of the Part C to Part B services transition conference. This element is required only for transitioning preschool students, NOT to be used for reporting the completion of transition services for school-age children.		
DATE:	11	
<b>2. RFRL - Referral for Evaluation Date</b>		
The date the PR04-Referral for Evaluation form is received by the district. This date should be reported for all students referred for evaluation since the last reporting cycle.		
DATE:	12	
<b>3. CNST - Parent/Guardian Consent for Evaluation Date</b>		
The date the parent/guardian grants/refuses consent for evaluation, from PR05-Parent Consent for Evaluation Part 1 (Grant Consent) or Part 2 (Refuse Consent). This should be reported with an Outcome ID to indicate status.		
DATE:	13	
OUTCOME ID:	14	
<b>4. IETR - Evaluation Team Report Completion Date-Initial</b>		
The date the PR06-Evaluation Team Report is completed, reported with an Outcome ID to indicate status. If the Evaluation Team Report completion date does not meet compliance standards (60 days since the consent date), then a Non-compliance ID is required.		
DATE:	15	
OUTCOME ID:	16	
NON-COMPLIANCE ID:	17	
<b>5. IIEP - Individualized Education Program (IEP) Completion Date-Initial</b>		
The meeting date when the Individualized Education Program was completed, reported with an Outcome ID. If the Individualized Education Program completion date does not meet compliance standards, then a Non-compliance ID is required.		
DATE:	18	
OUTCOME ID:	19	
NON-COMPLIANCE ID:	22	
SECONDARY PLANNING:	43	
IEP TEST TYPE:	116	
<b>6. RETR - Evaluation Team Report Completion Date-Reevaluation</b>		
The date the PR06-Evaluation Team Report is completed, reported with an Outcome ID to indicate status. If the Evaluation Team Report completion date does not meet compliance standards, then a Non-compliance ID is required.		
DATE:	23	
OUTCOME ID:	24	
NON-COMPLIANCE ID:	25	
<b>7. RIEP - Individualized Education Program (IEP) Completion Date-Periodic Review</b>		
The meeting date when the Individualized Education Program was completed, reported with an Outcome ID. If the Individualized Education Program completion date does not meet compliance standards, then a Non-compliance ID is required.		
DATE:	26	
OUTCOME ID:	27	
NON-COMPLIANCE ID:	30	
SECONDARY PLANNING:	43	
IEP TEST TYPE:	116	
<b>8. TIETR - Transfer Student ETR Adoption Date</b>		
The date the district adopted an ETR developed by another Ohio public educational entity WITHOUT modification. Must also record the ETR End Date, the date the original ETR (identified by the other educational entity) will expire (three years minus one day after the ETR was originally completed).		
DATE:	31	
OUTCOME ID:	32	
ETR START DATE:	33	
ETR END DATE:	34	
<b>9. TIEP - Transfer Student IEP Adoption Date</b>		
The date the district adopted an IEP developed by another Ohio public educational entity WITHOUT modification. Must also record the IEP End Date, the date the original IEP (identified by the other educational entity) will expire (one year minus one day after the IEP was original completed). If the district chooses to modify the IEP for a transfer student, that IEP should be reported as an RIEP event.		
DATE:	35	
OUTCOME ID:	36	
IEP START DATE:	37	
IEP END DATE:	38	
SECONDARY PLANNING:	43	
IEP TEST TYPE:	116	
<b>10. FIEP - Final Individualized Education Program (IEP) Team Meeting Prior to Graduation</b>		
The meeting date when the Individualized Education Team agreed a new IEP would not be completed since the student has met graduation requirements, will graduate, and the content in the existing IEP is appropriate for the days remaining until graduation.		
DATE:	39	
NON-COMPLIANCE ID:	40	
<b>11. CIEP - IEP Consent Withdrawn by Parent</b>		
The date the parent/guardian withdraws consent for a previously written IEP that is still in effect.		
DATE:	41	
NON-COMPLIANCE ID:	42	
EVENT FORM REVISED BY SpS: JULY 20, 2011		

## Special Education Events Form - ETR

The following table identifies the lists on each Special Education form from which users cannot select values for specific events based on the task. As shown on the Special Education Events Form - ETR in "Special Education Events Form - ETR", values are not available in the Secondary Planning and IIEP Test Type lists for IIEP, RIEP and TIEP events.

### Lists with Unavailable Values by Special Education Event

Special Education Events Form	Event	Lists with Unavailable Values
ETR	IIEP TIEP RIEP	<ul style="list-style-type: none"> <li>• Secondary Planning (43)</li> <li>• IIEP Test Type (116)</li> </ul>
IIEP	RIEP TIEP	<ul style="list-style-type: none"> <li>• Secondary Planning (43)</li> <li>• IIEP Test Type (116)</li> </ul>
RIEP	IIEP TIEP	<ul style="list-style-type: none"> <li>• Secondary Planning (43)</li> <li>• IIEP Test Type (116)</li> </ul>
TIEP	IIEP RIEP	<ul style="list-style-type: none"> <li>• Secondary Planning (43)</li> <li>• IIEP Test Type (116)</li> </ul>

## EMIS Data Collection Form

The EMIS Data Collection Form contains in a presentational format the information reported to EMIS for a student. In SpecialServices, you can view the EMIS Data Collection Form for a student in one of the following ways depending on the state of the task:

- To view for an open task, click the Verify EMIS button on the Open Tasks screen. See "Verify EMIS" in the SpecialServices User Guide.
- To view for a completed task, run the EMIS Review Report for student. See "View the EMIS Data Collection Form for Completed Tasks" in the SpecialServices User Guide.

In "EMIS Data Collection Form", the fields highlighted in yellow contain values included in the EMIS Extract. For each numbered field, refer to the appropriate IEP, ETR, SP or Special Education Events forms, listed in "Values that Display on the EMIS DCF and Original Form", to locate the corresponding field that populates on the EMIS Data Collection Form. For example, the value in the field numbered 11 on the EMIS Data Collection Form is populated from the value entered in the Event Date field for the PSTC - Preschool Transition Conference on the Special Education Events Form.

EMIS Data Collection Form for Students with Disabilities		User's District *				
		Student Name *				
<b>CHILD'S INFORMATION</b>						
NAME: 1*	DISTRICT OF RESIDENCE: 7					
ID NUMBER: 2*	GRADE: 3*/ /	DISTRICT OF SERVICE: 8				
DATE OF BIRTH: 4*	GENDER: 5*	DISABILITY CATEGORY: 9				
BUILDING OF ATTENDANCE: 6*	DISABILITY START DATE (if changed): 10					
<b>SPECIAL EDUCATION EVENTS</b>						
CODE	EVENT DATE	OUTCOME ID	START DATE	END DATE	NON-COMPLIANCE ID	
PSTC	11	---	---	---	---	
RFRL	12	---	---	---	---	
CNST	13	14	---	---	---	
IETR	15	16	---	---	17	
IIEP	18	19	20	21	22	
RETR	23	24	---	---	25	
RIEP	26	27	28	29	30	
TETR	31	32	33	34	---	
TIEP	35	36	37	38	---	
FIEP	39	---	---	---	40	
CIEP	41	---	---	---	42	
<b>SECONDARY PLANNING ELEMENT</b> (Result of transition planning on the IEP for students age 14 and above): 43						
<b>RELATED SERVICES</b> (including Preschool Itinerary Services, if applicable)						
SERVICE	START DATE	END DATE	SERVICE	START DATE	END DATE	
44-67	68-91	92-115	44-67	68-91	92-115	
<b>IEP REQUIRED TEST TYPE</b> (Method student will take tests in general, not limited to state testing): 116						
<b>TESTING: ACHIEVEMENT, OHIO GRADUATION</b>						
SUBJECT AREA	TEST LEVEL TO BE ADMINISTERED	DATE OF TEST (MONTH/YEAR)	GRADE LEVEL WHEN TESTED	TYPE OF ASSESSMENT (STR/ALT)	TESTING ACCOMM. (Y2/NO/**)	REQ FOR GRAD? (Y/N)
READING	117	118	119	120	121	122
	117B	118B	119B	120B	121B	122B
WRITING	123	124	125	126	127	128
	123B	124B	125B	126B	127B	128B
MATH	129	130	131	132	133	134
	129B	130B	131B	132B	133B	134B
SCIENCE	135	136	137	138	139	140
	135B	136B	137B	138B	139B	140B
SOCIAL STUDIES	141	142	143	144	145	146
	141B	142B	143B	144B	145B	146B
DISTRICT REPRESENTATIVE SIGNATURE: _____				DATE: _____		
EMIS DATA COLLECTION FORM REVISED: JULY 20, 2011						

To delete the values in these fields, make the necessary changes in the IEP Effective Dates fields on the IEP Cover Page.

## EMIS Data Collection Form

## EMIS Data Collection Form Values and Forms of Origination

**Note:** The letter B next to a field number denotes a second testing page, if one exists, for the student.

### Values that Display on the EMIS DCF and Original Form

EMIS DCF Numbered Field	EMIS DCF Field Description	Original Field/Form	Page
1	Name	Student Properties	n/a
		SIS	n/a
2	ID Number	Student Properties	n/a
		SIS	n/a
3	Grade	Student Properties	n/a
		SIS	n/a
4	Date of Birth	Student Properties	n/a
		SIS	n/a
5	Gender	Student Properties	n/a
		SIS	n/a
6	Building of Attendance	SIS	n/a
7	District of Residence	Student Properties	
		IEP Cover Page	27
		SP Cover Page	48
8	District of Service	Student Properties	
		IEP Cover Page	27
		SP Cover Page	48
9	Disability Category	Student Properties	
		ETR 4 Eligibility	15
10	Disability Start Date	ETR Completion Date/IEP Cover Page	27
		Meeting Date on ETR Cover Page	11
11	Special Education Events/PSTC Event Date	Special Education Events Form	78
12	Special Education Events/RFRL Event Date	Special Education Events Form	78
13	Special Education Events/CNST Event Date	Special Education Events Form	78
14	Special Education Events/CNST Outcome ID	Special Education Events Form	78
15	Special Education Events/IEPR Event Date	Special Education Events Form	78
16	Special Education Events/IEPR Outcome ID	Special Education Events Form	78
17	Special Education Events/IEPR Non-Compliance ID	Special Education Events Form	78
18	Special Education Events/IIEP Event Date	Special Education Events Form	78
19	Special Education Events/IIEP Outcome ID	Special Education Events Form	78
20	Special Education Events/IIEP Start Date	IEP Cover Page	27



### Values that Display on the EMIS DCF and Original Form

EMIS DCF Numbered Field	EMIS DCF Field Description	Original Field/Form	Page
21	Special Education Events/IIEP End Date	IEP Cover Page	27
22	Special Education Events/IIEP Non-Compliance ID	Special Education Events Form	78
23	Special Education Events/RETR Event Date	Special Education Events Form	78
24	Special Education Events/RETR Outcome ID	Special Education Events Form	78
25	Special Education Events/RETR Non-Compliance ID	Special Education Events Form	78
26	Special Education Events/RIEP Event Date	Special Education Events Form	78
27	Special Education Events/RIEP Outcome ID	Special Education Events Form	78
28	Special Education Events/RIEP Start Date	IEP Cover Page	27
29	Special Education Events/RIEP End Date	IEP Cover Page	27
30	Special Education Events/RIEP Non-Compliance ID	Special Education Events Form	78
31	Special Education Events/TETR Event Date	Special Education Events Form	78
32	Special Education Events/TETR Outcome ID	Special Education Events Form	78
33	Special Education Events/TETR Start Date	Special Education Events Form	78
34	Special Education Events/TETR End Date	Special Education Events Form	78
35	Special Education Events/TIEP Event Date	Special Education Events Form	78
36	Special Education Events/TIEP Outcome ID	Special Education Events Form	78
37	Special Education Events/TIEP Start Date	Special Education Events Form	78
38	Special Education Events/TIEP End Date	Special Education Events Form	78
39	Special Education Events/FIEP Event Date	Special Education Events Form	78
40	Special Education Events/FIEP Non-Compliance ID	Special Education Events Form	78
41	Special Education Events/CIEP Event Date	Special Education Events Form	78
42	Special Education Events/CIEP Non-Compliance ID	Special Education Events Form	78
43	Secondary Planning Element	IIEP, RIEP or TIEP Secondary Planning event on Special Education Events Form	78
44-67	Related Services: Service	IEP 7 Specially Designed Services	31
		Service Plan 2 Specially Designed Services	50
68-91	Related Services: Start Date	IEP 7 Specially Designed Services	31
		Service Plan 2 Specially Designed Services	50
92-115	Related Services: End Date	IEP 7 Specially Designed Services	31
		Service Plan 2 Specially Designed Services	50

### Values that Display on the EMIS DCF and Original Form

EMIS DCF Numbered Field	EMIS DCF Field Description	Original Field/Form	Page
116	IEP Required Test Type	IIEP, RIEP or TIEP IEP Test Type event on Special Education Events Form	78
117/117B	Testing: Achievement, Ohio Graduation/Reading: Test Level to be Administered	Reading/IEP 12 Statewide and District Wide Testing Page	33
		Reading/Service Plan 3 Statewide and District Wide Testing Page	52
118/118B	Testing: Achievement, Ohio Graduation/Reading: Date of Test	Populated on the EMIS DCF based on the current time of year the form is filled out and the next time the test is offered.	79
119/119B	Testing: Achievement, Ohio Graduation/Reading: Grade Level When Tested	Grade/IEP 12 Statewide and District Wide Testing Page	33
		Grade/Service Plan 3 Statewide and District Wide Testing Page	52
120/120B	Testing: Achievement, Ohio Graduation/Reading: Type of Assessment	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
121/121B	Testing: Achievement, Ohio Graduation/Reading: Testing Accomm.	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
122/122B	Testing: Achievement, Ohio Graduation/Reading: Req for Grad?	The child is excused from the consequence of not passing the OGT for Reading/IEP 12 Statewide and District Wide Testing Page	33
		The child is excused from the consequence of not passing the OGT for Reading/Service Plan 3 Statewide and District Wide Testing Page	52
123/123B	Testing: Achievement, Ohio Graduation/Writing: Test Level to be Administered	Writing/IEP 12 Statewide and District Wide Testing Page	33
		Writing/Service Plan 3 Statewide and District Wide Testing Page	52
124/124B	Testing: Achievement, Ohio Graduation/Writing: Date of Test	Populated on the EMIS DCF based on the current time of year the form is filled out and the next time the test is offered.	79

### Values that Display on the EMIS DCF and Original Form

EMIS DCF Numbered Field	EMIS DCF Field Description	Original Field/Form	Page
125/125B	Testing: Achievement, Ohio Graduation/Writing Grade Level When Tested	Grade/IEP 12 Statewide and District Wide Testing Page	33
		Grade/Service Plan 3 Statewide and District Wide Testing Page	52
126/126B	Testing: Achievement, Ohio Graduation/Writing: Type of Assessment	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
127/127B	Testing: Achievement, Ohio Graduation/Writing: Testing Accomm.	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
128/128B	Testing Achievement, Ohio Graduation/Writing Req for Grad?	The child is excused from the consequence of not passing the OGT for Writing/IEP 12 Statewide and District Wide Testing Page	33
		The child is excused from the consequence of not passing the OGT for Writing/Service Plan 3 Statewide and District Wide Testing Page	52
129/129B	Testing: Achievement, Ohio Graduation/Math: Test Level to be Administered	Math/IEP 12 Statewide and District Wide Testing Page	33
		Math/Service Plan 3 Statewide and District Wide Testing Page	52
130/130B	Testing: Achievement, Ohio Graduation/Math: Date of Test	Populated on the EMIS DCF based on the current time of year the form is filled out and the next time the test is offered.	79
131/131B	Testing: Achievement, Ohio Graduation/Math: Grade Level When Tested	Grade/IEP 12 Statewide and District Wide Testing Page	33
		Grade/Service Plan 3 Statewide and District Wide Testing Page	52
132/132B	Testing: Achievement, Ohio Graduation/Math: Type of Assessment	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52

### Values that Display on the EMIS DCF and Original Form

EMIS DCF Numbered Field	EMIS DCF Field Description	Original Field/Form	Page
133/133B	Testing: Achievement, Ohio Graduation/Math: Testing Accomm.	Populated on EMIS DCF base on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected on Child Will be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
134/134B	Testing: Achievement, Ohio Graduation/Math: Req for Grad?	The child is excused from the consequence of not passing the OGT for Mathematics/IEP 12 Statewide and District Wide Testing Page	33
		The child is excused from the consequence of not passing the OGT for Mathematics/Service Plan 3 Statewide and District Wide Testing Page	52
135/135B	Testing: Achievement, Ohio Graduation/Science: Test Level to be Administered	Science/IEP 12 Statewide and District Wide Testing Page	33
		Science/Service Plan 3 Statewide and District Wide Testing Page	52
136/136B	Testing: Achievement, Ohio Graduation/Science: Date of Test	Populated on the EMIS DCF based on the current time of year the form is filled out and the next time the test is offered.	79
137/137B	Testing: Achievement, Ohio Graduation/Science: Grade Level When Tested	Grade/IEP 12 Statewide and District Wide Testing Page	33
		Grade/Service Plan 3 Statewide and District Wide Testing Page	52
138/138B	Testing: Achievement, Ohio Graduation/Science: Type of Assessment	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
139/139B	Testing: Achievement, Ohio Graduation/Science: Testing Accomm.	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will be Tested/Service Plan 3 Statewide and District Wide Testing Page	52

### Values that Display on the EMIS DCF and Original Form

EMIS DCF Numbered Field	EMIS DCF Field Description	Original Field/Form	Page
140/140B	Testing: Achievement, Ohio Graduation/Science: Req for Grad?	The child is excused from the consequence of not passing the OGT for Science/IEP 12 Statewide and District Wide Testing Page	33
		The child is excused from the consequence of not passing the OGT for Science/Service Plan 3 Statewide and District Wide Testing Page	52
141/141B	Testing: Achievement, Ohio Graduation/Social Studies: Test Level to be Administered	Social Studies/IEP 12 Statewide and District Wide Testing Page	33
		Social Studies /Service Plan 3 Statewide and District Wide Testing Page	52
142/142B	Testing: Achievement, Ohio Graduation/Social Studies: Date of Test	Populated on the EMIS DCF based on the current time of year the form is filled out and the next time the test is offered.	79
143/143B	Testing: Achievement, Ohio Graduation/Social Studies: Grade Level When Tested	Grade/IEP 12 Statewide and District Wide Testing Page	33
		Grade/Service Plan 3 Statewide and District Wide Testing Page	52
144/144B	Testing: Achievement, Ohio Graduation/Social Studies: Type of Assessment	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
145/145B	Testing: Achievement, Ohio Graduation/Social Studies: Testing Accomm.	Populated on EMIS DCF based on option selected in Child Will Be Tested/IEP 12 Statewide and District Wide Testing Page	33
		Populated on EMIS DCF based on option selected in Child Will Be Tested/Service Plan 3 Statewide and District Wide Testing Page	52
146/146B	Testing: Achievement, Ohio Graduation/Social Studies: Req for Grad?	The child is excused from the consequence of not passing the OGT for Social Studies/IEP 12 Statewide and District Wide Testing Page	33
		The child is excused from the consequence of not passing the OGT for Social Studies/Service Plan 3 Statewide and District Wide Testing Page	52

## Forms by Task

The following tables list all of the forms—required, optional and those you can select as an attachment page—in each task.

### RIEP - Periodic Review IEP

RIEP - Periodic Review IEP Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
IEP Cover Page	<b>R</b>	N
IEP 1 Future Planning, 2 Special Factors, 3 Profile	<b>R</b>	N
IEP 4 PostSecondary Transition	O	N
IEP 5 PostSecondary Transition Services	O	N
IEP 6 Measurable Annual Goals	<b>R</b>	Y
IEP 7 Specially Designed Services, 8 Transportation as Service	<b>R</b>	Y
IEP 9 NonAcademic, 10 General Factors, 11 LRE	<b>R</b>	N
IEP 12 Statewide and District Testing	<b>R</b>	Y
IEP 13 Meeting Participants	<b>R</b>	N
IEP 14 Signatures	<b>R</b>	N
IEP 15 Visual Impairments	O	N
IEP Attachment Page	A	Y
Parent/Guardian Excusal of an IEP Team Member	O	Y
Due Process	O	Y
Summary of Performance	O	Y
Request for Assignment of Surrogate Parent	O	Y

## RIEP - Periodic Review IEP (14+)

### RIEP Periodic Review IEP (14+) Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	R	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
IEP Cover Page	R	N
IEP 1 Future Planning, 2 Special Factors, 3 Profile	R	N
IEP 4 PostSecondary Transition	R	N
IEP 5 PostSecondary Transition Services	R	N
IEP 6 Measurable Annual Goals	R	Y
IEP 7 Specially Designed Services, 8 Transportation as Service	R	Y
IEP 9 NonAcademic, 10 General Factors, 11 LRE	R	N
IEP 12 Statewide and District Testing	R	Y
IEP 13 Meeting Participants	R	N
IEP 14 Signatures	R	N
IEP 15 Visual Impairments	O	N
IEP Attachment Page	A	Y
Parent/Guardian Excusal of an IEP Team Member	O	Y
Due Process	O	Y
Summary of Performance	O	Y
Request for Assignment of Surrogate Parent	O	Y

## IIEP - Initial IEP

### IIEP - Initial IEP Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	R	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	O	Y

**IIEP - Initial IEP Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
IEP Cover Page	R	N
IEP 1 Future Planning, 2 Special Factors, 3 Profile	R	N
IEP 4 PostSecondary Transition	O	N
IEP 5 PostSecondary Transition Services	O	N
IEP 6 Measurable Annual Goals	R	Y
IEP 7 Specially Designed Services, 8 Transportation as Service	R	Y
IEP 9 NonAcademic, 10 General Factors, 11 LRE	R	N
IEP 12 Statewide and District Testing	R	Y
IEP 13 Meeting Participants	R	N
IEP 14 Signatures	R	N
IEP 15 Visual Impairments	O	N
IEP Attachment Page	A	Y
Parent/Guardian Excusal of an IEP Team Member	O	Y
Due Process	O	Y
Summary of Performance	O	Y
Request for Assignment of Surrogate Parent	O	Y

**FIEP - Final IEP for Graduation****FIEP - Final IEP for Graduation Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	R	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	O	Y
Parent Invitation (PR-02)	R	Y
General Invitation (PR-02)	O	Y
IEP Cover Page	R	N
IEP 1 Future Planning, 2 Special Factors, 3 Profile	R	N
IEP 4 PostSecondary Transition	R	N
IEP 5 PostSecondary Transition Services	R	N



**FIEP - Final IEP for Graduation Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
IEP 6 Measurable Annual Goals	R	Y
IEP 7 Specially Designed Services, 8 Transportation as Service	R	Y
IEP 9 NonAcademic, 10 General Factors, 11 LRE	R	N
IEP 12 Statewide and District Testing	R	Y
IEP 13 Meeting Participants	R	N
IEP 14 Signatures	R	N
IEP 15 Visual Impairments	O	N
IEP Attachment Page	A	Y
Parent/Guardian Excusal of an IEP Team Member	O	Y
Due Process	O	Y
Summary of Performance	O	Y
Request for Assignment of Surrogate Parent	O	Y

**Progress Report (IEP)****Progress Report (IEP) Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP)	R	Y

**Progress Report (IEP) - 4 - Goals & Objectives****Progress Report (IEP) - 4 - Goals & Objectives Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 4 Columns, Goals & Objectives, Single Comment	R	Y

## Progress Report (IEP) - 4 - Goals Only - 1 Comment

### Progress Report (IEP) - 4 - Goals Only - 1 Comment Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 4 Columns, Goals Only, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 4 - Goals Only - 4 Comments

### Progress Report (IEP) - 4 - Goals Only - 4 Comments Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 4 Columns, Goals Only, Four Comments	<b>R</b>	Y

## PR (IEP) - 4 - Progress Goals & Obj

### PR (IEP) - 4 - Progress Goals & Obj Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 4 Columns, Progress Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 6 - Goals & Objectives

### Progress Report (IEP) - 6 - Goals & Objectives Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 6 Columns, Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 6 - Goals Only - 1 Comment

### Progress Report (IEP) - 6 - Goals Only - 1 Comment Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 6 Columns, Goals Only, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 6 - Goals Only - 6 Comments

### Progress Report (IEP) - 6 - Goals Only - 6 Comments Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 6 Columns, Goals Only, 6 Comments	<b>R</b>	Y

## PR (IEP) - 6 - Progress Goals & Obj

### PR (IEP) - 6 - Progress Goals & Obj Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 6 Columns, Progress Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 8 - Goals & Objectives

### Progress Report (IEP) - 8 - Goals & Objectives Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 8 Columns, Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 8 - Goals Only - 1 Comment

### Progress Report (IEP) - 8 - Goals Only - 1 Comment Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 8 Columns, Goals Only, Single Comment	<b>R</b>	Y

## Progress Report (IEP) - 8 - Goals Only - 8 Comments

### Progress Report (IEP) - 8 - Goals Only - 8 Comments Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 8 Columns, Goals Only, 8 Comments	<b>R</b>	Y

## PR (IEP) - 8 - Progress Goals & Obj

### PR (IEP) - 8 - Progress Goals & Obj Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (IEP) - 8 Columns, Progress Goals & Objectives, Single Comment	<b>R</b>	Y

## RFRL - Referral for Evaluation

### Referral for Evaluation Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Prior Written Notice (PR-01)	<b>O</b>	N
Referral for Evaluation (PR-04)	<b>R</b>	N

## CNST - Parental Consent

### Parental Consent Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	R	Y
Parent Consent for Evaluation (PR-05)	R	Y

## RETR - Reevaluation (School-Age)

### Reevaluation (School-Age) Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	<b>O</b>	Y
Prior Written Notice (PR-01)	<b>O</b>	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Parent Consent for Evaluation (PR-05)	O	Y
ETR Cover Page	<b>R</b>	N
ETR 1 Individual Assessment	<b>R</b>	Y
ETR 1 Individual Assessment (2 pages)	O	N
ETR 2 Team Summary	<b>R</b>	N
ETR 3 Specific Learning Disability	O	N
ETR 4 Eligibility	<b>R</b>	N
ETR 5 Signatures	<b>R</b>	N
ETR Evaluation Plan School-Age	<b>R</b>	Y
Agreement to Waive Reevaluation	O	N
ETR Attachment Page	A	Y
ETR Background Information	O	Y
ETR Communication Skills	O	Y
ETR Fine Motor Skills	O	Y
ETR Gross Motor Skills	O	Y
ETR Hearing	O	Y

### Reevaluation (School-Age) Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
ETR Observation	O	Y
ETR Social Emotional Status	O	Y
ETR Vision	O	Y
Request for Assignment of Surrogate Parent	O	Y

### RETR - Reevaluation (Preschool)

#### Reevaluation (Preschool) Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	<b>O</b>	Y
Prior Written Notice (PR-01)	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Parent Consent for Evaluation (PR-05)	O	Y
ETR Cover Page	<b>R</b>	N
ETR 1 Individual Assessment	<b>R</b>	Y
ETR 1 Individual Assessment (2 pages)	O	Y
ETR 2 Team Summary	<b>R</b>	N
ETR 3 Specific Learning Disability	O	N
ETR 4 Eligibility	<b>R</b>	N
ETR 5 Signatures	<b>R</b>	N
ETR Evaluation Plan Preschool	<b>R</b>	Y
Agreement to Waive Reevaluation	O	N
ETR Attachment Page	A	Y
ETR Background Information	O	Y
ETR Communication Skills	O	Y
ETR Fine Motor Skills	O	Y
ETR Gross Motor Skills	O	Y
ETR Hearing	O	Y
ETR Observation	O	Y
ETR Social Emotional Status	O	Y

### Reevaluation (Preschool) Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
ETR Vision	O	Y
Request for Assignment of Surrogate Parent	O	Y

### IETR - Initial Evaluation (School-Age)

#### Initial Evaluation (School-Age) Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	R	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	R	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Referral for Evaluation (PR-04)	O	N
Parent Consent for Evaluation (PR-05)	O	Y
ETR Cover Page	R	N
ETR 1 Individual Assessment	R	Y
ETR 1 Individual Assessment (2 pages)	O	Y
ETR 2 Team Summary	R	N
ETR 3 Specific Learning Disability	O	N
ETR 4 Eligibility	R	N
ETR 5 Signatures	R	N
ETR Evaluation Plan School-Age	R	Y
ETR Attachment Page	A	Y
ETR Background Information	O	Y
ETR Communication Skills	O	Y
ETR Fine Motor Skills	O	Y
ETR Gross Motor Skills	O	Y
ETR Hearing	O	Y
ETR Observation	O	Y
ETR Social Emotional Status	O	Y
ETR Vision	O	Y
Request for Assignment of Surrogate Parent	O	Y

**IETR - Initial Evaluation (Preschool)****Initial Evaluation (Preschool) Forms**

<b>Form</b>	<b>Required (R), Optional (O) or Attachment (A)</b>	<b>Allow Multiple Pages? (Y/N)</b>
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	<b>O</b>	Y
Prior Written Notice (PR-01)	<b>R</b>	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Referral for Evaluation (PR-04)	O	N
Parent Consent for Evaluation (PR-05)	O	Y
ETR Cover Page	<b>R</b>	N
ETR 1 Individual Assessment	<b>R</b>	Y
ETR 1 Individual Assessment (2 pages)	O	Y
ETR 2 Team Summary	<b>R</b>	N
ETR 3 Specific Learning Disability	O	N
ETR 4 Eligibility	<b>R</b>	N
ETR 5 Signatures	<b>R</b>	N
ETR Evaluation Plan Preschool	<b>R</b>	Y
ETR Attachment Page	A	Y
ETR Background Information	O	Y
ETR Communication Skills	O	Y
ETR Fine Motor Skills	O	Y
ETR Gross Motor Skills	O	Y
ETR Hearing	O	Y
ETR Observation	O	Y
ETR Social Emotional Status	O	Y
ETR Vision	O	Y
Request for Assignment of Surrogate Parent	O	Y



## TETR - Transfer ETR

### Transfer ETR Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	<b>O</b>	Y
Prior Written Notice (PR-01)	<b>O</b>	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
ETR Cover Page	<b>R</b>	N
ETR 1 Individual Assessment	<b>O</b>	Y
ETR 1 Individual Assessment (2 pages)	O	Y
ETR 2 Team Summary	<b>O</b>	N
ETR 3 Specific Learning Disability	O	N
ETR 4 Eligibility	<b>O</b>	N
ETR 5 Signatures	<b>O</b>	N
ETR Evaluation Plan Preschool	O	Y
ETR Evaluation Plan School-Age	<b>O</b>	Y
ETR Attachment Page	A	Y
ETR Background Information	O	Y
ETR Communication Skills	O	Y
ETR Fine Motor Skills	O	Y
ETR Gross Motor Skills	O	Y
ETR Hearing	O	Y
ETR Observation	O	Y
ETR Social Emotional Status	O	Y
ETR Vision	O	Y
Request for Assignment of Surrogate Parent	O	Y

**TIEP - Transfer IEP****Transfer IEP Forms**

<b>Form</b>	<b>Required (R), Optional (O) or Attachment (A)</b>	<b>Allow Multiple Pages? (Y/N)</b>
General Attachment Page	A	Y
Special Education Events	<b>R</b>	N
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
IEP Cover Page	<b>R</b>	N
IEP 1 Future Planning, 2 Special Factors, 3 Profile	<b>O</b>	N
IEP 4 PostSecondary Transition	O	N
IEP 5 PostSecondary Transition Services	O	N
IEP 6 Measurable Annual Goals	<b>O</b>	Y
IEP 7 Specially Designed Services, 8 Transportation as Service	<b>O</b>	Y
IEP 9 NonAcademic, 10 General Factors, 11 LRE	<b>O</b>	N
IEP 12 Statewide and District Testing	<b>O</b>	Y
IEP 13 Meeting Participants	<b>O</b>	N
IEP 14 Signatures	<b>O</b>	N
IEP 15 Visual Impairments	O	N
IEP Attachment Page	A	Y
Parent/Guardian Excusal of an IEP Team Member	O	Y
Due Process	O	Y
Summary of Performance	O	Y
Request for Assignment of Surrogate Parent	O	Y

## SP - Service Plan

### Service Plan Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Documentation of Attempts	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Prior Written Notice (PR-01)	O	Y
Due Process (PR-08)	O	Y
SP Cover Page	<b>R</b>	N
SP 1 Measurable Annual Goals	<b>R</b>	Y
SP 2 Specially Designed Services	R	Y
SP 3 Statewide and District Testing	R	Y
SP 4 Meeting Participants	R	N
SP 5 Signatures	<b>R</b>	N

## Progress Report (SP) - 4 - Goals & Objectives

### Progress Report (SP) - 4 - Goals & Objectives Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 4 Columns, Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 4 - Goals Only - 1 Comment

### Progress Report (SP) - 4 - Goals Only - 1 Comment Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 4 Columns, Goals Only, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 4 - Goals Only - 4 Comments

### Progress Report (SP) - 4 - Goals Only - 4 Comments Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 4 Columns, Goals Only, 4 Comments	<b>R</b>	Y

## PR (SP) - 4 - Progress Goals & Obj

### PR (SP) - 4 - Progress Goals & Obj Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 4 Columns, Progress Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 6 - Goals & Objectives

### Progress Report (SP) - 6 - Goals & Objectives Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 6 Columns, Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 6 - Goals Only - 1 Comment

### Progress Report (SP) - 6 - Goals Only - 1 Comment Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 6 Columns, Goals Only, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 6 - Goals Only - 6 Comments

### Progress Report (SP) - 6 - Goals Only - 6 Comments Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 6 Columns, Goals Only, 6 Comments	<b>R</b>	Y

## PR (SP) - 6 - Progress Goals & Obj

### PR (SP) - 6 - Progress Goals & Obj Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 6 Columns, Progress Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 8 - Goals & Objectives

### Progress Report (SP) - 8 - Goals & Objectives Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 8 Columns, Goals & Objectives, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 8 - Goals Only - 1 Comment

### Progress Report (SP) - 8 - Goals Only - 1 Comment Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 8 Columns, Goals Only, Single Comment	<b>R</b>	Y

## Progress Report (SP) - 8 - Goals Only - 8 Comments

### Progress Report (SP) - 8 - Goals Only - 8 Comments Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 8 Columns, Goals Only, 8 Comments	<b>R</b>	Y

## PR (SP) - 8 - Progress Goals & Obj

### PR (SP) - 8 - Progress Goals & Obj Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (SP) - 8 Columns, Progress Goals & Objectives, Single Comment	<b>R</b>	Y

## Prior Written Notice

### Prior Written Notice Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Prior Written Notice (PR-01)	R	Y

## Parent Invitation

### Parent Invitation Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
Parent Invitation (PR-02)	R	Y
General Invitation (PR-02)	O	Y

## Manifestation Determination

### Manifestation Determination Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Prior Written Notice (PR-01)	O	Y
Manifestation Determination Review (PR-03)	R	Y
Manifestation Determination Worksheet	O	Y
Due Process (PR-08)	O	Y

## Other Meeting

### Other Meeting Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Documentation of Attempts	O	Y
Prior Written Notice (PR-01)	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Agreement to Waive Reevaluation	O	N
Request for Assignment of a Surrogate Parent	O	Y

## DP - Due Process

### Due Process Forms

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Documentation of Attempts	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
Due Process (PR-08)	R	Y

**WEP - Gifted WEP****Gifted WEP Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Documentation of Attempts	O	Y
Parent Invitation (PR-02)	O	Y
General Invitation (PR-02)	O	Y
WEP Cover Page	<b>R</b>	N
WEP Measurable Annual Goals	<b>R</b>	Y
WEP Signatures	<b>R</b>	N

**Progress Report (WEP)****Progress Report (WEP) Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
Progress Report (WEP)	<b>R</b>	Y

**BIP - Behavior Intervention Plan****Behavior Intervention Plan Forms**

Form	Required (R), Optional (O) or Attachment (A)	Allow Multiple Pages? (Y/N)
General Attachment Page	A	Y
SP Cover Page	<b>R</b>	N
Functional Behavior Assessment	<b>R</b>	Y
Documentation of Interventions	R	Y
BIP Outcomes Worksheet	R	Y
BIP Goal Page	<b>R</b>	Y
BIP Signature Page	R	N
BIP Crisis Intervention Plan	R	Y



## Forms with Expanding Fields

The following table lists all of the forms that contain fields that expand or increase in size to accommodate the amount of text entered. Seventy-eight forms include expanding fields.

**Forms with Expanding Fields**

<b>Form Name</b>	<b>Expanding Fields</b>
General Attachment Page	Yes
Special Ed Events	No
Special Ed Events	No
Special Ed Events	No
Special Ed Events	No
Documentation of Attempts	Yes
EMIS Data Collection Form	No
Prior Written Notice	Yes
Parent Invitation	No
General Invitation	No
Manifestation Determination Review	Yes
Manifestation Determination Worksheet	Yes
Referral for Evaluation	Yes
Parent Consent for Evaluation	No
ETR Cover Page	No
ETR 1 Individual Assessment	Yes
ETR 1 Individual Assessment (2 page)	Yes
ETR 2 Team Summary	Yes
ETR 3 Specific Learning Disability	Yes
ETR 4 Eligibility	Yes
ETR 5 Signatures	No
ETR Evaluation Plan Preschool	Yes
ETR Evaluation Plan School-Age	Yes
Agreement to Waive Reevaluation	Yes
ETR Attachment Page	Yes
ETR Background Information	Yes
ETR Communication Skills	Yes
ETR Fine Motor Skills	Yes
ETR Gross Motor Skills	Yes
ETR Hearing	Yes
ETR Observation	Yes
ETR Social Emotional Status	Yes

### Forms with Expanding Fields

Form Name	Expanding Fields
ETR Vision	Yes
IEP Cover Page	Yes
IEP 1 Future Planning, 2 Special Factors, 3 Profile	Yes
IEP 4 PostSecondary Transition	Yes
IEP 5 PostSecondary Transition Services	Yes
IEP 6 Measurable Annual Goals	Yes
IEP 7 Specially Designed Services, 8 Transportation as Service	Yes
IEP 9 NonAcademic, 10 General Factors, 11 LRE	Yes
IEP 12 Statewide and District Testing	Yes
IEP 13 Meeting Participants	No
IEP 14 Signatures	No
IEP 15 Visual Impairments	Yes
IEP Attachment Page	Yes
Parent/Guardian Excusal of an IEP Team Member	No
Progress Report (IEP)	Yes
Progress Report (IEP) - 4 - goals & objectives	Yes
Progress Report (IEP) - 4 - goals only, 1 comment	Yes
Progress Report (IEP) - 4 - goals only, 4 comment	Yes
Progress Report (IEP) - 4 - goals & objectives progress	Yes
Progress Report (IEP) - 6 - goals & objectives	Yes
Progress Report (IEP) - 6 - goals only, 1 comment	Yes
Progress Report (IEP) - 6 - goals only, 6 comment	Yes
Progress Report (IEP) - 6 - goals & objectives progress	Yes
Progress Report (IEP) - 8 - goals & objectives	Yes
Progress Report (IEP) - 8 - goals only, 1 comment	Yes
Progress Report (IEP) - 8 - goals only, 8 comment	Yes
Progress Report (IEP) - 8 - goals & objectives progress	Yes
Due Process	Yes
SP Cover Page	Yes
SP 1 Measurable Annual Goals	Yes
SP 2 Specially Designed Services	Yes
SP 3 Statewide and District Testing	Yes
SP 4 Meeting Participants	No
SP 5 Signatures	No
Progress Report (SP) - 4 - goals & objectives	Yes
Progress Report (SP) - 4 - goals only, 1 comment	Yes
Progress Report (SP) - 4 - goals only, 4 comment	Yes
Progress Report (SP) - 4 - goals & objectives progress	Yes

### Forms with Expanding Fields

Form Name	Expanding Fields
Progress Report (SP) - 6 - goals & objectives	Yes
Progress Report (SP) - 6 - goals only, 1 comment	Yes
Progress Report (SP) - 6 - goals only, 6 comment	Yes
Progress Report (SP) - 6 - goals & objectives progress	Yes
Progress Report (SP) - 8 - goals & objectives	Yes
Progress Report (SP) - 8 - goals only, 1 comment	Yes
Progress Report (SP) - 8 - goals only, 8 comment	Yes
Progress Report (SP) - 8 - goals & objectives progress	Yes
WEP Cover Page	Yes
WEP Measurable Annual Goals	Yes
WEP Signatures	No
Progress Report (WEP)	Yes
Request for Assignment of a Surrogate Parent	Yes
Summary of Performance	Yes
BIP Cover Page	Yes
Functional Behavior Assessment	Yes
Documentation of Interventions	Yes
BIP Outcomes Worksheet	Yes
BIP Goal Page	Yes
BIP Signature Page	Yes
BIP Crisis Intervention Plan	Yes
BIP Attachment Page	Yes

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