


Understanding Special Education and Individualized Education Programs (IEPs)
Ohio CASA Conference
September 2013



State Support Team 

 educational service center of Central Ohio

Objectives


- Understanding Special Education laws
- What is a Disability?
- What to do if you suspect a student has a disability?
- The Evaluation process
- The IEP process





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➤ Special Education Laws

- Americans with Disabilities Act
- Rehabilitation Act of 1973
- No Child Left Behind (NCLB)
- Individuals with Disabilities Education Improvement Act (IDEA 2004)



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3

No Child Left Behind

Purpose:
*... to ensure that **all** children have a fair, equal and significant opportunity to obtain a high quality education...*

Several key components as a result:

1. Highly Qualified teachers
2. Eligibility not a result of lack of appropriate instruction in reading and/or math, or limited English proficiency
3. Scientifically Based Research

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Individuals with Disabilities Education Improvement Act

- Referred to as IDEIA and IDEA 2004 interchangeably.
- **Aligns** NCLB and IDEA 2004.
- There is a **new focus** on ensuring that students with disabilities meet high standards.

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Six principles of IDEA 2004

- Zero reject of children with disabilities
- Nondiscriminatory identification and evaluation-Evaluation Team Report (ETR)
- Individualized education programs (IEPs)
- Least restrictive environment (LRE)
- Free and Appropriate Public Education (FAPE)
- Due process

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Ohio's Operating Standards

Two sets of Operating Standards for Ohio's Schools:

1. Elementary and Secondary
www.education.ohio.gov
1. Serving Children with Disabilities
Currently being revised for implementation July 1, 2014.



7



➤ What is a Disability

- Definition of Disability
- Disability categories

<http://www.difabilities.net/>

<http://nichcy.org/disability/specific>



Disability Defined

dis·a·bil·i·ty (noun)

1. restricted capability to perform particular activities
2. medical condition restricting activities





Disability Defined

IDEA Definition

“**Child with a disability**” means a child evaluated in accordance with rule 3301- 51-06 of the Administrative Code as having a cognitive disability, a hearing impairment, a speech or language impairment, a visual impairment, a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.



Child must be between the ages of 3-21.



Disability Categories

“**Autism**” means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance.



Other characteristics often associated with “autism” are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.



Disability Categories

“**Cognitive disability**” (mental retardation) means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior.

- “Significantly subaverage general intellectual functioning” refers to an intelligence quotient of **seventy or below** as determined through a measure of cognitive functioning administered by a school psychologist or a qualified psychologist using a test designed for individual administration.
- “Deficits in adaptive behavior” means deficits in two or more applicable skill areas occurring within the context of the child’s environments and typical of the child’s chronological age peers.



Disability Categories

“**Deaf-blindness**” means concomitant (simultaneous) hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

“**Deafness**” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.



Disability Categories

“**Emotional disturbance**” means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (c) Inappropriate types of behavior or feelings under normal circumstances.
- (d) A general pervasive mood of unhappiness or depression.
- (e) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (f) Emotional disturbance includes schizophrenia.



Disability Categories

“**Hearing impairment**” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this rule.



“**Multiple disabilities**” means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.



Disability Categories

“Orthopedic impairment” means a severe orthopedic impairment that adversely affects a child’s educational performance.

The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).



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Disability Categories

“Other health impairment” means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

(a) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and tourette syndrome; and



(b) Adversely affects a child’s educational performance.

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Disability Categories



“Specific learning disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

“Speech or language impairment” means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

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Disability Categories

“**Traumatic brain injury**” means an acquired injury to the brain caused by an external physical force or by other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments. The injury results in total or partial functional disability or psychosocial impairment or both, that adversely affects a child’s educational performance.



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Disability Categories

“**Visual impairment**” including blindness means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness. Visual impairment for any child means:

(a) A visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction; or



(b) A physical eye condition that affects visual functioning to the extent that special education placement, materials and/or services are required in an educational setting.

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Preschool Disabilities



Children can be eligible based upon one of 13 school-age disability categories or **developmental delay**.

Developmental Delay means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development. Children between the ages of 3-5.


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Resources



1. <http://nichcy.org/disability/specific> Fact sheets on specific disabilities
1. <http://odmrdd.state.oh.us/> - State Board of DD
1. <http://www.sst11.org/> or <http://www.escofcentralohio.org> - State Support Team, Region 11 has special education resources, family, and professional development

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Child Find





- Identify and serve all children with disabilities
- Maintain and examine child data

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➤ *If you suspect a disability...*



Role of the Court Appointed Special Advocate

- Talk with the child's parent/foster parent.
- Contact the child's caseworker/Children's Services.
- List concerns in report to the court.
- Describe concerns in detail. Often the court order contains information helpful to the schools.

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➤ Evaluation Process



- A **team decision**, not an individual decision, whether to evaluate, based upon the information provided by team members.
- The **parent** is part of the evaluation process including the planning.

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Parent Defined

Parent for purposes of special education means:



- Adoptive
- Natural
- Guardian (**not** the state if child is a ward of the state, ex. Children's Services, Job and Family Services, CASA/GAL)
- Person acting as parent (grandparent, stepparent, or other relative, but not foster parents per Ohio law)
- Surrogate Parent

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What is Special Education?



Special education is instruction that is specially designed to meet the unique needs of a child with a disability.

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➤ Individualized Education Program (IEP)

A written statement that is developed, reviewed and revised in a meeting of an IEP team to best identify the specially designed instruction, related services, accommodations, modifications and supports that a school will provide for a child identified with a disability.



28



The IEP

Must be developed by the team within thirty calendar days of the determination that the child needs special education and related services, resulting from the Evaluation Team Report (ETR).

Must be reviewed and updated annually.



29



Required IEP Team Members



- A district representative,
- The parent(s),
- Regular education teacher,
- Special education teacher of the child, and
- An individual who can interpret the instructional implications of evaluation results (who could be a member of the IEP team such as the district rep or teacher).



30





IEP

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What's included in an IEP?

- Section 1: Future Planning
- Section 2: Special Instructional Factors
- Section 3: Profile
- Section 4: Postsecondary Transition
- Section 5: Postsecondary Transition Services
- Section 6: Measurable Annual Goals, including Present Levels of Student Performance
- Section 7: Description of Specially Designed Services

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What's included in an IEP?

- Section 8: Transportation as a Related Service
- Section 9: Nonacademic and Extracurricular Activities
- Section 10: General Factors
- Section 11: Least Restrictive Environment
- Section 12: State and District Wide Testing
- Section 13: Meeting Participants
- Section 14: Signatures



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IEP

How would you as a Court Appointed Special Advocate (CASA), use an IEP?

Background information?
Education information?
Understanding of the student ?


In order to obtain a copy of the child's IEP, written consent must be obtained from parent/surrogate parent.


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Least Restrictive Environment

To the maximum extent appropriate, children with disabilities are **educated with their non-disabled peers**...with the use of supplemental aids and services...


Nonacademic settings have been changed to clarify **supports for inclusion in extracurricular services and activities** to the maximum extent appropriate.





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Confidentiality


- Addresses personally identifiable information.
- Requires parent consent for release of information.
- Describes requests for records hearings.
- Covers information disclosed to appropriate agencies when abuse and/or neglect are suspected.





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Procedural Safeguards


- Parent participation in meetings
- Prior written notice
- Procedural safeguard notice: *Whose IDEA Is This?*
- Independent Educational Evaluation (IEE)
- Transfer of rights





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FAPE



- **Free** – at no cost to the parents
- **Appropriate** – suited to the unique needs of the student
- **Public** – provided by the public school district
- **Education** – schooling age 3-21



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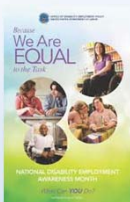
Common Acronyms

ADA IEP IDEA 504 ADHD
ED TBI ETR
LRE
CD SL SWD OH SSI
DLEA
Any others?



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October is Disability Awareness Month

"Because We Are EQUAL to the Task"



<http://www.dol.gov/odep>

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Resources



The Ohio Department of Education (ODE)
www.education.ohio.gov 877.644.6338

ODE Office for Exceptional Children (ages 5-22)
www.education.ohio.gov 614.466.2650

ODE Office of Early Learning & School Readiness (ages 3-5)
www.education.ohio.gov 614.466.0224

The Ohio Coalition for the Education of Children with Disabilities
www.ocecd.org 800.374.2806

State Support Team Region 11
www.sst11.org 614.753.4690

State Support Team  41 

Questions





State Support Team  42 

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IEP Individualized Education Program

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN GENERAL FACTORS

CHILD'S INFORMATION

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

DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____

DISTRICT OF SERVICE: _____

Will the child be 14 years old before the end of this IEP? YES NO
(Changes content of Sections 4 and 5)

Is the child a ward of the state? YES NO

If yes, provide the name of the surrogate parent:

PARENTS' / GUARDIAN

INFORMATION NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

- INITIAL IEP
 ANNUAL
 REVIEW
 REVIEW OTHER THAN ANNUAL REVIEW

- AMENDMEN
 T OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____

NEXT ETR DUE DATE: _____

IEP EFFECTIVE DATES

START _____
:

END _____
: YES NO

- NEXT IEP
 REVIEW:

IEP BY 3rd BIRTHDAY ?
(If transitioning from EI services)

IEP FORM STATUS

(Check 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 A RELATED SERVICE
 9. NONACADEMIC AND EXTRA CURRICULAR
 10. GENERAL FACTORS
 11. LEAST RESTRICTIVE ENVIRONMENT
 12. STATEWIDE AND DISTRICT TESTING
 13. MEETING PARTICIPANTS
 14. SIGNATURES

OTHER INFORMATION:

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED	DATE OF	PARTICIPANT & ROLE

1 FUTURE PLANNING

2 SPECIAL INSTRUCTIONAL FACTORS

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

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

3 PROFILE

CHILD'S PROFILE:

4 POSTSECONDARY TRANSITION

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

5 POSTSECONDARY TRANSITION SERVICES

POSTSECONDARY EDUCATION AND TRAINING (optional for 15 and younger)

MEASURABLE POSTSECONDARY GOAL:			
COURSES OF STUDY:		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING	ANTICIPATED	PERSON/AGENCY RESPONSIBLE

EMPLOYMENT (optional for 15 and younger)

MEASURABLE POSTSECONDARY GOAL:			
COURSES OF STUDY:		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING	ANTICIPATED	PERSON/AGENCY RESPONSIBLE

INDEPENDENT LIVING (As appropriate)

MEASURABLE POSTSECONDARY GOAL:

COURSES OF STUDY:

NUMBERS OF ANNUAL GOAL(S)

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING	ANTICIPATED	PERSON/AGENCY RESPONSIBLE

Target date for child to Graduate:



MEASURABLE ANNUAL

NUMBE AREA _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL

MEASURABLE ANNUAL GOAL

METHOD(S)

METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- | | | |
|--------------------------------|----------------------------|-----------------|
| a. Curriculum Based Assessment | e. Short-Cycle Assessments | i. Work Samples |
| b. Portfolios | f. Performance Assessments | j. Inventories |
| c. Observation | g. Checklists | k. Rubrics |
| d. Anecdotal Records | h. Running Records | |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE
.1	
.2	
.3	
.4	
.5	
.6	

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

- Written report
 Email Phone Reported every weeks
 call Journal
 entry
 The child's progress will be reported to the child's parents each time report cards are issued
 Other _____

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



MEASURABLE ANNUAL

NUMBE AREA _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL

MEASURABLE ANNUAL GOAL

METHOD(S)

METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- | | | |
|--------------------------------|----------------------------|-----------------|
| a. Curriculum Based Assessment | e. Short-Cycle Assessments | i. Work Samples |
| b. Portfolios | f. Performance Assessments | j. Inventories |
| c. Observation | g. Checklists | k. Rubrics |
| d. Anecdotal Records | h. Running Records | |

MEASURABLE BENCHMARKS

NUM	BENCHMARK	DATE OF
.1		
.2		
.3		
.4		
.5		

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

- Written report
- Email Phone Reported every weeks
- call Journal
- entry
- The child's progress will be reported to the child's parents each time report cards are issued
- Other _____

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.

7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL(S) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
SPECIALLY DESIGNED INSTRUCTION:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
RELATED SERVICES:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
ASSISTIVE TECHNOLOGY:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
ACCOMMODATIONS:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:

IEP Individualized Education Program

CHILD'S

BEGIN:		END:	AMOUNT OF TIME:	FREQUENCY:
MODIFICATIONS:				
BEGIN:		END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:		END:	AMOUNT OF TIME:	FREQUENCY:
SUPPORT FOR SCHOOL PERSONNEL:				
BEGIN:		END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:		END:	AMOUNT OF TIME:	FREQUENCY:
SERVICE(S) TO SUPPORT MEDICAL NEEDS:				
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

9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

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 non-academic/extracurricular activities, explain.

10 GENERAL FACTORS

HAS THE IEP TEAM

CONSIDERED: The strengths of the child?

YES

NO YES

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

NO YES

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

NO YES

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

NO YES

The academic, developmental, and functional needs of the child?

NO

The need for extended school year (ESY) services

The team has determined that ESY services are not necessary.

The team has determined that ESY services are necessary for the following Goals and Objectives or Benchmarks: _____

The team needs to collect further data before making a determination and will meet again by: _____

11 LEAST RESTRICTIVE ENVIRONMENT

Does this child attend the school (or for a preschool-age child, participate in the environment) he/she would attend if not disabled? If

YES NO

no, justify:

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

YES NO

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

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

ARE A	GRADE	CHILDREN WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
WRITING		<input type="checkbox"/> WITH ACCOMMODATIONS	
MATH		<input type="checkbox"/> WITH ACCOMMODATIONS	
SCIENCE		<input type="checkbox"/> WITH ACCOMMODATIONS	
SOCIAL STUDIES		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
OTHER		<input type="checkbox"/> WITH ACCOMMODATIONS	

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
- Mathematics
- Writing
- Social Studies
- Science

Met Testing Participation Requirement?

Date complete:

YES NO

Is the child participating in alternate assessment?

YES NO

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

14 SIGNATURES

INITIAL IEP

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

AREA: _____

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

PARENTS' SIGNATURE: _____ DATE: _____

ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW (Not a Change of Placement)

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

AREA: _____

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

PARENTS' SIGNATURE: _____ DATE: _____

ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW (Change of Placement)

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

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 the parents.

TRANSFER OF RIGHTS AT MAJORITY

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

YES [] NO []

CHILD'S SIGNATURE: _____ DATE: _____

PARENTS' SIGNATURE: _____ DATE: _____

PROCEDURAL SAFEGUARDS NOTICE

A copy of the Procedural Safeguards Notice was given to the parents at the IEP Meeting.

YES [] NO []

IF NO, DATE SENT TO PARENTS: _____

COPY OF THE IEP

A copy of the IEP was given to the parents at the IEP meeting.

YES [] NO []

IF NO, DATE SENT TO PARENTS: _____

15 CHILDREN WITH VISUAL IMPAIRMENTS

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. **A copy of this completed form is part of, and must be attached to, the child's IEP form.**

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. YES 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. YES 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. YES NO
4. The following visual condition(s) was taken into account and discussed in making the above decision: YES NO
- Condition is degenerative and progressive loss is expected. YE NO
 - Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted. S NO
 - Condition is temporary and expected to improve. YE NO
 - Condition is stable and will be monitored. S NO
5. Indicate the appropriate instructional media
- Standard English Braille YES NO
 - Large Print YE NO
 - Regular Print S NO
 - Tape/auditory YE NO
 - Pre-reader S NO
6. Complete if Braille reading and writing **ARE** appropriate at this time
- Annual goals provided YES NO
 - Short-term objectives provided YES NO
 - Date of initiation indicated YES NO
 - Frequency and duration of instructional sessions indicated YES NO
 - Level of competency to be achieved annually indicated YE NO
 - Objective determinants used to measure achievement provided S NO
7. Reasons Braille reading and writing **ARE NOT** appropriate this time
- Documented visual acuity allowing the choice of larger type/regular type YES NO
 - Child is considered a pre-reader YES NO
 - Other YES NO