

**Model Procedures
for the Education of
Children with Disabilities:
Forms
2003-2004**

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Office for Exceptional Children
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Prior Written Notice to Parents (Form PR-01)

School districts must provide parents with notification each time the district proposes or refuses to initiate or change the identification, evaluation, educational placement, or the provision of FAPE to a child.

Reference: Rule 3301-51-05(C) *Operating Standards for Ohio's Schools Serving Children with Disabilities.*

PRIOR WRITTEN NOTICE TO PARENTS

Date _____

Student's Full Name _____ Date of Birth _____

This is to notify you of the district's action regarding _____'s educational program.

1. Description of the action:

- ___ Refusal to initiate an evaluation
- ___ Initial evaluation
- ___ Reevaluation
- ___ Expedited evaluation
- ___ Change of placement
- ___ Graduation from high school
- ___ IEP issues/meetings where the parent(s) disagree with the district
- ___ Due process hearing, or an expedited due process hearing, initiated by the district
- ___ Other (Describe action taken) _____

2. An explanation of why the school district is taking the action: _____

3. A description of any other options the school district considered and the reasons why those options were rejected: _____

4. A description of each evaluation procedure, test, record or report the school district uses as a basis for the proposed or refused action: _____

5. Other factors that are relevant: _____

6. Provision of procedural safeguards:

As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Act (IDEA) Amendments of 1997. Enclosed is a copy of your procedural safeguards. Please contact me if you have any questions about the action(s) described above, your rights, as described in the Procedural Safeguards Notice, or other related concerns.

Name

Title

Address

Telephone

City, State, and Zip

E-mail

School District

Enclosure: Procedural Safeguards Notice

Parent Invitation (Form PR-02)

Each school district is required to provide the parents of children with disabilities the opportunity to participate in meetings regarding the identification, evaluation, educational placement, and the provision of FAPE to the child. The district should document all parent invitations. The Parent Invitation (Form PR-02) is a multipurpose form designed to address invitations to various types of meetings.

Reference: Rule 3301-51-05(B)(3) and (J), Rule 3301-51-07(F), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

PARENT INVITATION

Date: _____

Written Notice Number: _____

To:

From:

I am inviting you to attend a meeting to discuss the educational needs of:

Student's Full Name

Date of Birth

PURPOSE FOR MEETING (Check all which apply):

<input type="checkbox"/> To determine if a child has a suspected disability <input type="checkbox"/> To develop an evaluation plan <input type="checkbox"/> To determine eligibility for services as a child with a disability <input type="checkbox"/> To develop, review, and/or revise the student's IEP <input type="checkbox"/> To determine reevaluation needs	<input type="checkbox"/> To discuss transition from early childhood to school-age programs <input type="checkbox"/> To discuss transition from school-age to post-secondary programs/activities <input type="checkbox"/> To discuss disciplinary matters <input type="checkbox"/> At your request to discuss: _____ <input type="checkbox"/> Other: _____
--	---

This conference has been scheduled for:

Date: _____

Time: _____

Location: _____

Other persons who have been invited to attend this meeting include:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Student | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> School Psychologist | _____ |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> District Representative | _____ |

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 if you require an interpreter, please contact: _____ at _____.



Call or complete and return to the student's school.

Name of Student _____ Birth Date _____

- I will attend
 Another/Others will accompany me (optional)
 I will not attend

I would like this meeting rescheduled for the following suggested date and time: _____

A bilingual or sign language interpreter is requested.

Yes No If Yes, specify language/mode of communication _____

Parent Signature: _____ Date: _____

Manifestation Determination Review (Form PR-03)

A manifestation determination review is required to determine the relationship between a child's disability and the behavior subject to disciplinary action. The reviews must be conducted by the IEP team and other qualified personnel. The team must consider, in terms of the behavior subject to disciplinary action, all relevant information, including

- Evaluations
- Information provided by the parent
- Student's IEP
- Student's placement
- Observation of the student

Reference: Rule 3301-51-05(K)(7), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

Referral for Evaluation (Form PR-04)

This form is used to document a referral for an evaluation to the school district to determine if a child has a disability and is eligible for special education and related services.

Reference: Rule 3301-51-06(A)(1), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

REFERRAL FOR EVALUATION

Identifying Data

Student's Name: _____ Father: _____
Date of Birth: _____ Address (if different than student): _____
Address: _____
_____ Home Phone (if different than student): _____

Phone: _____ Work Phone: _____
Mother: _____ Legal Guardian (if different than parent): _____
Address (if different than student): _____ Address (if different than student): _____

Phone (if different than student): _____ Home Phone (if different than student): _____
Work Phone: _____ Work Phone: _____

Parents' Native Language (if not English): _____

Student's Native Language (if not English): _____

Student ID Number (as appropriate): _____

Building of Current Attendance: _____

Grade: _____ Present Teacher(s): _____

Reason for Referral: _____

Educational History

Indicate any current or past supplemental programs/services or interventions (e.g., Title 1, early intervention services, preschool, Reading Recovery, individualized interventions).

Number of school districts attended: _____ Years at present school building: _____

List schools/early childhood programs and dates: _____

Attendance: Regular Irregular (explain)

Is this student age-appropriate for grade level? Yes No

If **No**, check all that apply Retained (specify grade) _____
 Enrolled late in school
 Held out of school by parent
 Unknown

Background Information

A. Health Data

Do you suspect problems with Vision Hearing
Does the student Wear Glasses Use hearing aid(s)
Does the student take medication Yes No

If Yes, specify type and purpose: _____

Does the student have any health/developmental/physical problems of which you are aware? Yes No

If yes, please explain: _____

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school: _____

For Preschool Children Only (please check the area(s) of concern):

Eating Dressing Toileting Attention
 Receptive Communication Expressive Communication Hearing
 Cognitive Fine Motor Play Gross Motor
 Vision Social/Emotional Behavior

Other

Is there any other pertinent information not previously described?

_____ Signature of Person Initiating the Referral	_____ Signature of Person Receiving the Referral
_____ Position or Relationship to Student	_____ Title
_____ Date	_____ Date Received
	_____ Date District Suspects a Disability

--	--

Parent Consent for Evaluation (Form PR-05)

Districts are required to obtain consent from the parent, legal guardian, or custodian prior to conducting an initial evaluation or re-evaluation, which may require additional assessment of a child. Districts should instruct the parent or other responsible party to either complete Part I, which grants the consent, or Part II, which refuses consent, and return the form to the district.

Should the parent or other responsible party either provide or deny consent, the district needs to provide a copy of the Procedural Safeguards Notice and ensure that the recipient understands the information.

In Part III, the district needs to document that it provided information about the evaluation and the Procedural Safeguards Notice.

Reference: Rule 3301-51-05(E), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

- Initial Evaluation
- Reevaluation (if additional assessment is to be conducted)

PARENT CONSENT FOR EVALUATION

Part I: To Grant Consent

I have received a copy of my procedural safeguards and I understand the information provided.

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.

Signature of parent/legal guardian/custodian, or student (if age 18 or older) Relationship to Child Date

Part II: To Refuse Consent

(Do Not complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for a multifactored 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 a multifactored evaluation.)

Signature of parent, legal guardian, custodian, or student (if 18 or older) Relationship to Child Date

Part III: (To be completed by school)

Information about the multifactored evaluation and a copy of the procedural safeguards notice were presented/sent by:

Signature of school district representative Date(s)

The parents' native language is _____. If not English, was the information provided in the native language or other mode of communication? Yes No

If no, explain: _____

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.

Evaluation Team Report (Form PR-06)

Upon completion of the administration of assessments and other evaluative activities the district must complete the Evaluation Team Report.

In completing Part B, the evaluation team should compile all of the evaluation data including each individual evaluator summary. In completing the Disability Condition(s) for Which the Child is Eligible and the Basis for Eligibility Determination, the team should include the following:

- A statement that the child has been determined to have a disability, and if so, which disability. For preschool evaluations, the evaluation should record areas of documented deficits;
- The basis used by the team in making the determination, including a description of how the child met or failed to meet the definition of the disability condition for which the evaluation was conducted;
- A statement that the disability condition presents an adverse affect on the child's educational performance.

Should a team member disagree with the determination, he/she must attach a written statement, which specifies the reason(s) for the disagreement.

Reference: Rule 3301-51-06(D)(1) and (4), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

Initial

Reevaluation

EVALUATION TEAM REPORT (Part B)

Disability Determination: _____

Basis for Eligibility Determination:

_____ Name	_____ Title	_____ Signature	_____ Date
_____ Name	_____ Title	_____ Signature	_____ Date
_____ Name	_____ Title	_____ Signature	_____ Date
_____ Name	_____ Title	_____ Signature	_____ Date
_____ Name	_____ Title	_____ Signature	_____ Date
_____ Name	_____ Title	_____ Signature	_____ Date

Statement of Disagreement Any team member who disagrees with the eligibility determination should attach to this report a written statement explaining his/her reason for disagreeing with the team's determination.

EVALUATION TEAM REPORT (Part C)

Criteria for Determining the Existence of a Specific Learning Disability

Student's Name: _____ Date of Birth: _____ Age: _____

- A. When provided with learning experiences appropriate for his/her age and ability level, the student is not achieving commensurate with his/her age and ability levels in one or more of the following areas:**

Oral Expression	<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	Mathematics Calculation	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	Mathematics Reasoning	<input type="checkbox"/>
Basic Reading Skill	<input type="checkbox"/>		

Summarize assessment results and other data used by the team to support this determination:

- B. The student has a severe discrepancy between achievement and ability that is not correctable without special education and related services in one or more of the following areas:**

Oral Expression	<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	Mathematics Calculation	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	Mathematics Reasoning	<input type="checkbox"/>
Basic Reading Skill	<input type="checkbox"/>		

Summarize assessment results and other data used by the team to support this determination:

- C. The severe discrepancy between ability and achievement is not primarily the result of**
- | | |
|---|--------------------------|
| visual, hearing, or motor impairment | <input type="checkbox"/> |
| mental retardation | <input type="checkbox"/> |
| emotional disturbance | <input type="checkbox"/> |
| environmental, cultural, or economic disadvantage | <input type="checkbox"/> |

Summarize assessment results and other data used by the team to support this determination:

- D. Describe the relationship of the relevant behavior noted during observation(s) to the student's academic functioning.**

Summarize assessment results and other data used by the team to support this determination:

- E. Describe educationally relevant medical findings, if any.**

Summarize assessment results and other data used by the team to support this determination:

(Additional information can be attached or written on back)

Individualized Education Program (IEP) (Form PR-07)

Each school district shall have an IEP in effect for each child with a disability within its jurisdiction who is receiving special education and related services by the child's third birthday and at the beginning of each subsequent school year.

In completing the future planning section, the IEP team should discuss and develop a plan to assist in addressing the child's future. Family and student preferences and interests are an essential part of future planning.

The IEP team should review relevant data including the Evaluation Team Report, in determining the child's present level of performance. In reviewing such data, the team should consider:

- How the child's disability affects the child's involvement and progress in the general curriculum, or for preschool children, how the disability affects the child's participation in age-appropriate activities;
- How the strengths and interests of the child and the input of the parents will enhance the education of the child;
- If it is an annual review, the degree to which the current annual goals and short-term instructional objectives are being achieved by the child.

Based upon the review, the IEP team should identify and document the child's present levels of performance, which should accurately describe the effects of the child's disabilities on the child's involvement and progress in the general curriculum.

The IEP team shall document measurable annual goals and their related content areas, benchmarks/short-term objectives, and student progress. The IEP team shall also describe how the parents, legal guardians, or custodians will be informed of progress at least as often as parents of a nondisabled child. The IEP team must determine how the child's progress towards annual goals will be measured.

Based upon the information that the district has gained as part of developing the present levels of performance, the IEP team must determine if issues related to any of the following special factors need to be considered in the development of the student's IEP:

- Behavior, if student behavior impedes the student's learning or the learning of others
- Limited English proficiency
- Visual impairments
- Communication
- Deafness/hearing impairments
- Assistive technology services and devices

Individualized Education Program (IEP) (Form PR-07) Con't

In addition to the special factors listed above, other considerations to be made by the IEP team include issues involved in

- Physical education
- Extended school year
- Transition service requirements at age 14
- Testing and assessment
- Transfer of rights

For visual impairments, transition services, and testing and assessment, complete the applicable section of the IEP Form, as appropriate.

To complete the portion of the IEP that identifies the services to be provided, the IEP team will need to determine and document the special education and related services and supplementary aids and services to be provided to the child, and a statement of program accommodations or modifications that will be provided to the child. The IEP team must identify and document the initiation date of the services, the expected duration of the services, and the frequency of the services across all goals to be provided.

The IEP team must determine and document the least restrictive environment (LRE) in which the identified services will be delivered so that each goal may be achieved. The IEP team shall explain why the child will not participate with nondisabled children in the regular classroom if the child's LRE is someplace other than the regular classroom.

Reference: Rule 3301-51-07(A), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

Services Plan

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ Date of Birth _____ Grade Level _____ Male Female
Student Identification Number _____
Child/Student Address _____ Parent/Guardian _____
Parent Address _____ Home Phone _____ Work Phone _____
Effective IEP Dates from _____ to _____ Meeting Date _____ Initial IEP Periodic Review
District of Residence _____ District of Service _____

Step 1 **Discuss future planning.**
(Family and student preferences and interests)

Step 2 **Discuss present levels of performance.**
(What do we know about this child, and how does that relate in the context of content standards, or for preschool children, in the context of appropriate activities and how the disability affects the student's involvement in the general curriculum.)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Annual Goals and Short-Term Objectives

Step 3: Identify needs that require specially designed instruction

--

Step 4: Identify measurable annual goals

Goal # _____ Content area addressed: _____

Benchmarks or short-term objectives

--

Statement of Student Progress

(Include how the child's progress towards annual goals will be measured and how the parents will be informed of the extent to which the child's progress is sufficient to enable him/her to achieve the goals by the end of the year)

Step 5: Identify services

Service: _____ Initiation date: _____ Expected duration: _____ Frequency: (how often) _____

(Identify all services needed for the child to attain the annual goal and progress in the general curriculum. Services may include specially designed instruction, related services, supplementary aids, or, on behalf of the child, a statement of program modifications, testing accommodations, or supports for school personnel)

Step 6: Determine least restrictive environment

Determine where services will be provided

(Include an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular classroom)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Special Factors

Based on discussions of the information provided regarding relevant special factors and other considerations as noted below, the following is applicable and incorporated into the IEP.

	Incorporated into IEP (Check box)
Behavior: In the case of a student whose behavior impedes his or her learning or that of others.	<input type="checkbox"/>
Limited English proficiency (LEP)	<input type="checkbox"/>
Children/students with visual impairments (See IEP page ____)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Deaf or hard of hearing	<input type="checkbox"/>
Assistive technology services and devices	<input type="checkbox"/>

Other Considerations

Physical education	<input type="checkbox"/>
Extended school year services	<input type="checkbox"/>
Beginning at age 14...transition service needs which focus on the student's courses of study [See IEP page ____]	<input type="checkbox"/>
Transition services statement, no later than age 16 [See IEP page ____]	<input type="checkbox"/>
Testing and assessment programs, including proficiency tests [See IEP page ____]	<input type="checkbox"/>
Transfer of rights beginning at least one year before the student reaches the age of majority under state law (Ohio law is age 18)	<input type="checkbox"/>

Relevant Information/Suggestions (e.g., medical information, other information):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Children/Students with Visual Impairments

CHILD/STUDENT _____ GRADE LEVEL _____ SERVICE _____

INSTRUCTIONS: This form shall be completed during the IEP meeting for each child/student 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/student's educational needs. **A copy of this completed form is part of, and must be attached to, the child's/student's IEP form.**

	Yes	No
1. Annual assessment of reading and writing skills was conducted with each child/student 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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
3. Instruction in Braille reading and writing was carefully considered for this child/student and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's/student's IEP.	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	<input type="checkbox"/>	<input type="checkbox"/>
Condition is temporary and expected to improve.	<input type="checkbox"/>	<input type="checkbox"/>
Condition is stable and will be monitored.	<input type="checkbox"/>	<input type="checkbox"/>
5. Indicate the appropriate instructional media		
Standard English Braille	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>
Regular Print	<input type="checkbox"/>	<input type="checkbox"/>
Tape/auditory	<input type="checkbox"/>	<input type="checkbox"/>
Pre-reader	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete if Braille reading and writing ARE appropriate at this time		
Annual goals provided	<input type="checkbox"/>	<input type="checkbox"/>
Short-term objectives provided	<input type="checkbox"/>	<input type="checkbox"/>
Date of initiation indicated	<input type="checkbox"/>	<input type="checkbox"/>
Frequency and duration of instructional sessions indicated	<input type="checkbox"/>	<input type="checkbox"/>
Level of competency to be achieved annually indicated	<input type="checkbox"/>	<input type="checkbox"/>
Objective determinants used to measure achievement provided	<input type="checkbox"/>	<input type="checkbox"/>
7. Reasons Braille reading and writing ARE NOT appropriate this time		
Documented visual acuity allowing the choice of larger type/regular type	<input type="checkbox"/>	<input type="checkbox"/>
Child/student is considered a pre-reader	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Discuss and Document a Statement of Needed Transition Services

Name of Student _____ Date _____ Person(s) Responsible for Coordinating Transition Services _____
Write a statement of transition service needs that focus on the student's courses of study during his/her secondary school experiences (beginning at age 14 or younger, if appropriate).

FOR 16 YEARS AND OLDER	COMPLETED AFTER IEP DEVELOPMENT			
EMPLOYMENT AND POSTSECONDARY LONG-TERM OUTCOME: _____				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">Current Year Activities and Services</td> <td style="width: 33%; text-align: center; padding: 5px;">Responsible Person/Provider</td> <td style="width: 33%; text-align: center; padding: 5px;">Initiation/Duration (Specify Date)</td> </tr> </table>	Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)		
POSTSCHOOL/ADULT LIVING LONG-TERM OUTCOME: _____				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">Current Year Activities and Services</td> <td style="width: 33%; text-align: center; padding: 5px;">Responsible Person/Provider</td> <td style="width: 33%; text-align: center; padding: 5px;">Initiation/Duration (Specify Date)</td> </tr> </table>	Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)		
COMMUNITY PARTICIPATION LONG-TERM OUTCOME: _____				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">Current Year Activities and Services</td> <td style="width: 33%; text-align: center; padding: 5px;">Responsible Person/Provider</td> <td style="width: 33%; text-align: center; padding: 5px;">Initiation/Duration (Specify Date)</td> </tr> </table>	Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)		

Functional Vocational Evaluation Needed Not Needed Date Completed _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Statewide and Districtwide Testing

Student Name: _____ **Student Grade** (when scheduled to take this test): _____ **Student ID:** _____

School Year: _____ **IEP Meeting Date:** _____

Areas of Assessment	Grade Level of Test to be Administered	STATEWIDE TESTING			DISTRICTWIDE TESTING			
		Will Take Test without IEP Accommodations	Will Take Test with IEP Accommodations	Will Participate in Alternate Assessment	Grade Level of Test to be Administered	Will Take Test without Accommodations	Will Take Test with Accommodations	Will Participate in Alternate Assessment
Reading								
Writing								
Math								
Science								
Citizenship								
Technology								
ITAC								

Excused from the consequences associated with not passing the test (Graduation Test) in the following area(s) of assessment:

Met participation requirements Yes No Date _____
(Graduation Tests)

Area of Assessment	List Accommodations to Assessment	Area of Assessment	List Accommodations
Reading		Other (Specify)	
Writing		Other (Specify)	
Math		Other (Specify)	
Science		Other (Specify)	
Citizenship		Other (Specify)	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ IEP summary for effective dates _____ Date of next IEP review _____

IEP Meeting Participants' Signatures		
_____ Parent	_____ Parent	_____ Child/Student's Special Education Teacher/Provider
_____ Child/Student's Regular Education Teacher	_____ District Representative	_____ Child/Student
_____ Other Titles	_____ Other Titles	_____ Other Titles
_____ Other Titles	_____ Other Titles	_____ Other Titles

Summary of special education services: _____

<p>Consent</p> <p><input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP.*</p> <p><input type="checkbox"/> I give consent to initiate special education and related services specified in this IEP except for _____**</p> <p><input type="checkbox"/> I do not give consent for special education services at this time.**</p> <p><input type="checkbox"/> I give consent for a change of placement.</p> <p>Parent Signature _____ Date: _____</p> <p><small>* This IEP serves as prior written notice if there is agreement. **If there is not agreement, the district must provide prior written notice to the parents.</small></p>	<p>Parent Notice of Procedural Safeguards</p> <p><input type="checkbox"/> I have received a copy of the parent notice of procedural safeguards; or</p> <p><input type="checkbox"/> I have a current copy of the parent notice of procedural safeguards.</p> <p><input type="checkbox"/> I waive my right to notification of special education and related services by certified mail.</p> <p>Parent Signature _____ Date: _____</p> <p>Note: <i>The student receives notice of procedural safeguards at least one year prior to his/her 18th birthday.</i></p> <p>Student Signature _____ Date: _____</p>
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<p>Reevaluation (State and federal rules and regulations mandate that every child/student with a disability be reevaluated at least every three years.)</p> <p>Your child's last MFE was _____</p> <p>The next MFE shall occur by _____</p> <p>You will be invited to participate in this meeting as part of the team. Parent permission is required for reevaluation if additional assessment is to be conducted.</p>	<p>Reason for Placement in Separate Facility (If applicable)</p> <p>Having considered the continuum of services and the needs of the student, this IEP team has decided that placement in a separate facility is appropriate because:</p>
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Request for an Impartial Due Process Hearing (Form PR-08)

An impartial due process hearing may be initiated by the district of residence of the child, the parent, the school district, a county board of MR/DD, or any other educational agency providing the special education and related services by completing the form.

Reference: Rule 3301-51-08(C), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

Request for an Impartial Due Process Hearing

NAME OF STUDENT ON WHOSE BEHALF THE HEARING IS REQUESTED	STUDENT'S BIRTHDATE <i>(Month/Day/Year)</i>	GRADE
ADDRESS OF THE RESIDENCE OF THE CHILD		
NAME AND ADDRESS OF THE SCHOOL THE STUDENT ATTENDS		
NAME AND ADDRESS OF PARENT IF DIFFERENT FROM CHILD	PHONE NUMBER ()	
	DAYTIME PHONE ()	
A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, specify language/mode of communication _____		
NAME OF SUPERINTENDENT AND SCHOOL DISTRICT OF RESIDENCE		
DISABILITY CATEGORY		
A DESCRIPTION OF THE DISPUTE <i>(Attach additional pages if necessary)</i>		
A DESCRIPTION OF THE RESOLUTION OR ACTION YOU ARE SEEKING <i>(Attach additional pages if necessary)</i>		
<input type="checkbox"/> An expedited hearing is being requested to challenge the student's current placement under the disciplinary section of the law and/or to challenge the manifestation determination. <input type="checkbox"/> If interested in mediation services, check here.		
NAME AND ADDRESS OF THE ATTORNEY OR REPRESENTATIVE FOR THE PARENT/GUARDIAN OR DISTRICT. <i>If this section is completed, all information and correspondence regarding the due process will be forwarded directly to the attorney or representative.</i>	PHONE NUMBER ()	
	FAX ()	
Signature of Person Requesting Hearing:		
_____ Parent/Guardian	_____ Date	
_____ Superintendent	_____ Date	
_____ Other Educational Agency	_____ Date	

Submit completed form to the Ohio Department of Education, Office for Exceptional Children, 25 South Front Street, 2nd Floor, Columbus, Ohio 43215-4183