

**Model Procedures
for the Education of
Children with Disabilities:

Forms
2005-2006**

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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.

Districts are required to complete this form in accordance with Rule 3301-51-05 (C) of the *Operating Standards for Ohio's Serving Children with Disabilities*.

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 **Improvement Act (IDEIA) of 2004**. 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. **When conducting IEP team meetings and evaluation team meetings, and other meetings as specified above, the parents of a child with a disability and the district may agree to use alternative means of meeting participation, such as video conferences and Telephone Conference/ Conference Call.**

. 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 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 post-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: _____

This conference will be scheduled as a (check one):

- Face to face meeting
- Video conference
- Telephone Conference/ Conference Call

Date: _____

Time: _____

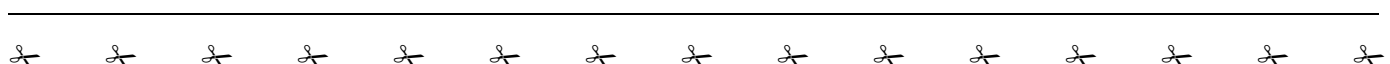
Location: _____

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

- Regular Education Teacher
- Student
- Other _____
- Speech and Language Pathologist
- School Psychologist
- Special Education Teacher
- 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/participate
- Another/Others will accompany me (optional)
- I will not attend/participate

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, but not limited to, the child's IEP, any teacher observations, and any relevant information provided by the parents of the child. Summary of data that may be reviewed:

- 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*

MANIFESTATION DETERMINATION REVIEW

In carrying out a manifestation determination review, the local educational agency, the parent, and 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.

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

Nature of the student'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 the student's progress on the 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 if 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

2. The behavior is a manifestation of the student's disability, if the IEP team indicated

- a. "Yes" on item c or d of 1. above.

Conclusion:

Based upon the information considered, the IEP team determined that the behavior

was was not a manifestation of the student's disability

Date of Manifestation Determination Review: _____

Signature: _____

Title: _____

Signature: _____

Title: _____

Signature: _____

Title: _____

Signature: _____

Title: _____

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 _____ Position or Relationship to Student _____ Date _____	Signature of Person Receiving the Referral _____ Title _____ 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 multifaceted 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 multifaceted 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 multifaceted 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*