

Special Education Events

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

EVENT INFORMATION

Record **ONLY** the events that occur within the current year (**June 1 - May 31**) along with corresponding information for the event.

1. PSTC – Preschool Transition Conference Date

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: _____
OUTCOME ID: _____

2. RFRL – Referral for Evaluation Date

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: _____

3. CNST – Parent/Guardian Consent for Evaluation Date

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: _____
OUTCOME ID: _____

4. IETR – Evaluation Team Report Completion Date-Initial

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____

5. IIEP – Individualized Education Program (IEP) Completion Date-Initial

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____
SECONDARY PLANNING: _____
IEP TEST TYPE: _____

6. AIIEP – Individualized Education Program (IEP) Completion Date-Amended

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____
SECONDARY PLANNING: _____
IEP TEST TYPE: _____

7. IISP - Individualized Service Plan Completion Date-Initial

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____

8. RISP - Individualized Service Plan Completion Date-Review

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____

9. RETR - Evaluation Team Report Completion Date-Reevaluation

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____

10. RIEP – Individualized Education Program (IEP) Completion Date-Periodic Review

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: _____
OUTCOME ID: _____
NON-COMPLIANCE ID: _____
SECONDARY PLANNING: _____
IEP TEST TYPE: _____

11. TETR – Transfer Student ETR Adoption Date

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: _____
OUTCOME ID: _____
ETR START DATE: _____
ETR END DATE: _____

12. TIIEP – Transfer Student IEP Adoption Date

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: _____
OUTCOME ID: _____
IEP START DATE: _____
IEP END DATE: _____
SECONDARY PLANNING: _____
IEP TEST TYPE: _____

13. CIIEP – IEP Consent Withdrawn by Parent

The date the parent/guardian withdraws consent for a previously written IEP that is still in effect.

DATE: _____
NON-COMPLIANCE ID: _____

14. SEMD - Manifestation Determination

The date the manifestation determination was completed for the related incident of misconduct.

DATE: _____

DOCUMENTATION OF ATTEMPTS TO OBTAIN PARENT PARTICIPATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____
SCHOOL BUILDING: _____ GRADE: _____

PROPOSED MEETING

PURPOSE OF MEETING: _____

PROPOSED DATE: _____ PROPOSED TIME: _____

PROPOSED LOCATION: _____

DOCUMENTATION OF ATTEMPTS TO CONTACT PARENTS

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)

PR-01 Prior Written Notice to Parents

CHILD'S INFORMATION

NAME: _____ DATE OF BIRTH: _____ DATE OF NOTICE: _____

This is to notify you of the district's action:

TYPE OF ACTION TAKEN

- Proposes to initiate an initial evaluation
- Refusal to initiate an evaluation
- Expedited evaluation
- Change of placement
- Change of placement for disciplinary reasons
- Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE
- Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE
- Reevaluation
- IEP issues/meetings where parent(s) disagree with the district
- Revocation of Consent
- Due process hearing, or an expedited due process hearing, initiated by the district
- Graduation from high school
- Exiting high school due to exceeding the age eligibility for FAPE
- Other

2. A description of the action proposed or refused by the school district:

3. An explanation of why the school district proposes or refuses to take the action:

4. A description of other options that the IEP team considered and the reasons why those options were rejected:

5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

6. A description of other factors that are relevant to the school district's proposal or refusal:

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. **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: _____

PR-02 PARENT INVITATION

TO: _____

DATE: _____
WRITTEN NOTICE NUMBER: _____

FROM: _____

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

CHILD'S NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (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 _____ | |

THIS CONFERENCE WILL BE SCHEDULED AS A: (Check all that apply)

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

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

- | | | |
|--|--|--|
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Intervention Specialist | <input type="checkbox"/> Student | <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: _____

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RESPONSE TO PARENT INVITATION

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____

DATE OF BIRTH: _____

I **will** attend/participate I **will not** attend/participate

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: _____

A bilingual or sign language interpreter is requested

Desired language/mode of communication _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PR-02 GENERAL INVITATION

TO: _____

DATE: _____
WRITTEN NOTICE NUMBER: _____

FROM: _____

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

CHILD'S NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (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 _____ | |

THIS CONFERENCE WILL BE SCHEDULED AS A: (Check all that apply)

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

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

- | | | |
|--|--|--|
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Intervention Specialist | <input type="checkbox"/> Student | <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.....cut

RESPONSE TO GENERAL INVITATION

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____

DATE OF BIRTH: _____

- I **will** attend/participate I **will not** attend/participate

- 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: _____

- A bilingual or sign language interpreter is requested

Desired language/mode of communication _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PR-03 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.

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: _____
SIGNATURE: _____	TITLE: _____	DATE: _____

Manifestation Determination Worksheet

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.

CHILD'S INFORMATION

NAME: _____

ID NUMBER: _____

Grade: _____

MEETING DATE _____

I. NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION

Describe the student's behavior that violated a rule or code of conduct (in observable, measurable terms).

II. NATURE OF DISABILITY

Describe the nature and severity of the student's disability (in observable, measurable terms).

III. RELEVANT INFORMATION

a. Evaluation/Diagnostic Results:

Date of last evaluation report: _____ Evaluation current (less than 3 years): YES NO

Do existing evaluation/diagnostic results address current areas of concern? YES NO

IV. DESCRIBE HOW THE DISABILITY AFFECTS THE STUDENT'S:

a. Academic Progress

b. Social Skills Development

c. Self-care, Domestic, and/or Community Skills

d. Receptive and Expressive Language

V. RELEVANT INFORMATION

b. Relevant Parent Information:

Sources of Information:

c. Observations of the Child:

Sources of Information:

d. IEP:

Date of last IEP: _____ Is IEP current? YES NO N/A

e. Placement (Describe current placement appropriate to meet student's needs):

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.

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.

DUE PROCESS COMPLAINT AND REQUEST
FOR A DUE PROCESS HEARING

Instructions

Please provide information requested in all of the fields.

1. *Name, birthdate and grade* of the child.
2. *Disability category*: 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. *Address* of the residence of the child; or in the case of a homeless child or youth, available contact information.
4. *Name and address* of the school the child is attending.
5. *Name of parent and address* if address is different from child's; or in the case of a homeless child or youth, *available contact information* 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. *Mediation*: 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. *Description of the Problem and Facts Relating to the Problem*: 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. **Example of Problem**: The problem is the school district's failure to implement my child's IEP. **Example of Facts Relating to the Problem**: My child has not received the speech and language services specified in her IEP.
8. *Description of the Proposed Resolution*: State the resolution you are proposing to the extent known and available to you at the time. **Example of Proposed Resolution**: I am proposing that my child receive the speech and language services specified in her IEP.
9. *Attorney or Representative*: 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. *Signature*: Party requesting the hearing is required to print, sign and date the complaint notice/due process hearing request.
11. *Expedited Hearing, if Applicable*: A parent may request an expedited hearing **only** 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 **only** 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 *expedited hearing may not be requested for any other reason*.
12. *Submission of Request*: 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.

Note: 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

CHILD'S INFORMATION

NAME: _____ STREET: _____
DATE OF BIRTH: _____ GRADE: _____ CITY: _____ STATE: _____ ZIP: _____
DISABILITY CATEGORY: _____

CHILD'S SCHOOL OF ATTENDANCE

NAME: _____ STREET: _____
SCHOOL'S PHONE: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN'S INFORMATION

In the case of a homeless child or youth, available contact information for the child

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

INTERPRETER REQUESTED

YES **IF YES**, specify language/mode of communication: _____
 NO

DISTRICT INFORMATION

SUPERINTENDENT: _____ DISTRICT OF SERVICE: _____

MEDIATION

YES I am interested in mediation.
 NO I am NOT interested in mediation.

DESCRIPTION OF THE PROBLEM

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.

FACTS RELATING TO THE PROBLEM

Provide facts relating to the problem described above.

DESCRIPTION OF THE PROPOSED RESOLUTION YOU ARE SEEKING

Provide the proposed resolution of the problem to the extent known and available to the party at the time.

ATTORNEY OR REPRESENTATIVE INFORMATION

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.

NAME: _____ STREET: _____
OFFICE PHONE: _____ CITY: _____ STATE: _____ ZIP: _____
FAX NUMBER: _____

HEARING REQUEST

The party requesting the hearing is:

- Parent/Guardian of the child on whose behalf the hearing is being brought
- School District of Residence (Superintendent)
- Other Educational Agency (Name): _____
- Student with a Disability Who Is At Least 18 years Of Age But Not More Than 21 Years of Age

DUE PROCESS COMPLAINT AND REQUEST
FOR A DUE PROCESS HEARING

NAME OF PARTY REQUESTING HEARING: _____

SIGNATURE: _____ DATE: _____

REQUEST FOR EXPEDITED HEARING
(Complete this section ONLY if you are requesting an expedited hearing)

AN EXPEDITED HEARING MAY BE REQUESTED **ONLY** IF ONE OF THE FOLLOWING REASONS APPLIES.

Parent: As the parent/guardian or student, I am requesting an expedited hearing because:

- I disagree with a decision regarding placement for disciplinary removals; or
- I disagree with the manifestation determination.

School District: As the school district, I am requesting an expedited hearing because:

- I believe that maintaining the current placement of the child is substantially likely to result in injury to the child or to others.

Submission of Request: 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.

Note: 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.

See page one for instructions.

OP-7 Assignment of a Surrogate Parent

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: _____