



Department of
Children & Youth
Preschool Special Education

Preschool to Kindergarten IEP

Make the transition from preschool to elementary
school a positive experience.



October 2025

Introduction

The Department of Children and Youth provide technical assistance and resources for our partners working with families, preschool staff and communities to meet the individual needs of preschool children with disabilities. The goal of this manual is to offer information to preschool programs and educational agencies that are responsible for planning, developing and implementing the individualized education program (IEP) of a child who is leaving preschool to enter kindergarten. This guidance will help the child's IEP team plan for his or her success, making the transition from preschool to elementary school a positive experience.

Please contact the Preschool Special Education team for further assistance at preschoolspecialeducation@childrenandyouth.ohio.gov or 844-234-KIDS (5437).

One Combined, Preschool and Kindergarten IEP or Two Subsequent IEPs: (Preschool then Kindergarten)?

First, the IEP team must decide whether it will develop and implement one IEP for the preschool special education student that will transition with the child to kindergarten or develop a preschool IEP and later assemble the school-age IEP team to develop a subsequent school-age IEP for the child's kindergarten year. The team should consider the advantages and disadvantages of both scenarios, and which set-up best meets the needs of the child. The team also must ensure the child's special education and related services are not interrupted in the preschool to kindergarten transition.

Option 1: Combined IEP

Developing and implementing a combined IEP may streamline the process for the child transitioning from preschool to kindergarten by reducing the paperwork required and minimizing scheduling difficulties for IEP team members. Choosing this option, the team would use the IEP form that contains both preschool and school-age sections and complete the preschool and kindergarten IEP at the same time. Ideally, representatives from preschool and school-age services collaborate to develop the combined IEP.

Option 2: Subsequent IEPs

The IEP team would hold one IEP team meeting for the preschool IEP and a subsequent IEP meeting when it is time to prepare the child to transition to school-age special education services. The IEP team can complete the school-age IEP after the end of preschool or at the very beginning of kindergarten, whichever works best for the IEP team, including the parent. Again, the team must ensure services are not interrupted in the transition. Only one combined IEP or subsequent IEP (preschool or kindergarten) can be active at a given time and reported in the Education Management Information System (EMIS). The Department of Children and Youth recommends that a subsequent school-age IEP be written as close as possible to when the child will begin receiving school-age services. This gives the IEP team an opportunity to review the child's preschool progress and known needs for kindergarten.

IEP Guidance for Preschool to Kindergarten Transition

Educational agencies can use their discretion in choosing option 1 or option 2 when planning for a child's transition from preschool to school-age special education and related services. An educational agency should base its choice on the child's individual needs. The chosen option should ensure services are not interrupted and the transition is a positive experience for the child.

Option 1 Requirements: Combined IEP

- The IEP team must use the Ohio Department of Education and Workforce version of the IEP form that includes both preschool and school-age sections.
- Both preschool and school-age special education services will be covered during the IEP effective dates listed on the combined IEP form.
- The preschool staff must complete the Child Outcomes Summary process within 30 calendar days of the child's exit from preschool special education.
- Here are additional requirements for sections of the IEP form relating to transition:
 - Page1 – Other Information: Include these statements:

- **(Student's Name)** will transition from preschool special education services to kindergarten special education services on **(date) xx/xx/xxxx**. There **(will be/will not be)** a change in placement at the time the student transitions from preschool to kindergarten.
 - **NOTE:** This information is necessary because Section 15 will address any change of placement for preschool (from the previous IEP to the new IEP). If a change of placement occurs in the transition to kindergarten, the team must document it.
 - If there is a change in placement between preschool and kindergarten, the Department of Children and Youth recommend the district provide prior written notice (PR-01) to the parents to indicate the placement change.
- Section 4 – Extended School-Year Services: If the IEP team determines extended school- year services are necessary, the district must determine how the services will be delivered.
- Section 5 – Postsecondary Transition: Section 5 currently is not applicable to the student, whether in preschool or kindergarten.
- Section 7 – Description of Specially Designed Services: The descriptions of Specially Designed Services must be defined separately for preschool special education services and kindergarten special education services. This must be clear for all areas: Type of Service, Goal Addressed, Provider Title, Location of Service, Begin, End, Amount of Time, and Frequency. See the example on the IEP form in Attachment A.
- Section 8 – Transportation: The team must complete this section to reflect the student's preschool transportation needs. If the team needs to make changes in this section for the child's kindergarten year, it must complete an amendment.
- Section 11 – Least Restrictive Environment: In this section, the team must complete both the For School-Age and the For Preschool areas of the form.
- Section 12 – Statewide and Districtwide Testing: The team must complete this section in accordance to kindergarten applicability.
- Section 13 – Exemptions: The team must complete this section in accordance to kindergarten applicability.
 - Third Grade Reading Guarantee: Not applicable (NA).
 - Graduation Tests: Indicate NA for a student transitioning from preschool to kindergarten.
 - Other Assessments: Indicate NA for a student transitioning from preschool to kindergarten if Other Assessment Exemptions do not apply to kindergarten.
- Section 14 – Meeting Participants:
 - The required members include a parent, general education teacher, special education teacher/provider and a district representative.
- Section 15 – Signatures: Based on the following scenarios, complete the appropriate areas of Section 15:
 - If there are no changes in placement both in preschool and kindergarten:
 - ❖ Complete the Not a Change in Placement area of the IEP Annual Review.
 - If there is a change of placement in either preschool or kindergarten:
 - ❖ Complete Not a Change in Placement area of the IEP Annual Review for the setting in which there is no change in placement and note the transition on the form. For example, if there is no change in placement from the previous

preschool IEP to the new preschool IEP, note "For preschool-to-preschool transition."

- ❖ Complete the Change of Placement area of the IEP Review for the setting in which there will be a change of placement and note the transition on the form. For example, if there is a change in placement from preschool to the kindergarten, note "For preschool to kindergarten transition."
- If there are changes in placement in both preschool and kindergarten:
 - ❖ For the preschool to preschool change in placement, complete the Change of Placement area of the IEP Review for preschool and note the transition on the form by stating "For preschool to preschool transition."
 - ❖ For the preschool to kindergarten change in placement, ensure the change in placement has been documented in the Other Information section (page 1 of IEP form). The Department of Children and Youth recommends the district provide prior written notice (PR-01) to the child's parents to confirm the kindergarten change in placement. Indicate whether the parent agrees with the change in placement and obtain the parent signature.

Other Considerations:

Any changes in the goals or other sections of the IEP that may occur once the child transitions to kindergarten should be addressed with an amendment.

Option 2 Requirements: Subsequent IEPs

- First, the preschool IEP team will develop a preschool IEP.
- The preschool IEP must be written for a year (364 days), even if there are only a few weeks or months remaining in preschool.
- Only one IEP can be active at a time.
- After the end of preschool or at the very beginning of kindergarten, the school-age IEP team will meet to complete the subsequent, school-age IEP.
- The district must determine when the child's preschool services will end and when school-age services will begin. There should be no interruption in services during the preschool to school-age (kindergarten) transition.

Other Considerations:

- Any changes in the goals or other sections of the IEP that may occur once the child transitions to kindergarten should be addressed with an amendment.

EMIS Considerations

This applies to FY 2021 and forward

- Least Restrictive Environment (LRE) codes need to be reported accurately in order to ensure children are appropriately included in the Federal Child Count (October 31) and so districts receive the correct amount of funding.
- The LRE code is reported to EMIS on the Special Education (GE) record in the Outcome ID Element (GE120). An LRE code may also need to be reported to EMIS on the FN270 data element, depending on the age and grade level of the student and what was last reported to EMIS. The FN270 data element is reported on the Student Attributes- No Date Record (FN). The element is titled 'Updated October 31 IEP Outcome.'
- **For students who are age 5 as of October 31:**
 - Students who are **age 5 and in Kindergarten** grade or higher are considered a 'School Age' student for purposes of the Federal Child Count. Therefore, a School Age LRE code is needed. If the last reported LRE Code reported on the GE record was a Preschool LRE code, then the District should report a School Age LRE code on the FN270 element.
 - Students who are **age 5 and in Preschool** grade are considered an Early Childhood' student for purposes of the Federal Child Count. Therefore, a Preschool Age LRE code is needed. If the last reported LRE code reported on the GE record was a School Age LRE code, then the District needs to report a Preschool LRE code on the FN270 element.
- **For students who are age 6 as of October 31:**
 - Students who are **age 6 and in Preschool grade** are considered a 'School Age student' for purposes of the Federal Child Count. Therefore, a School Age LRE code is needed. If the last reported LRE code reported on the GE Record was a Preschool LRE code, then the District needs to report a School Age LRE code on the FN270 element.
 - Students who are **age 6 and in Kindergarten** grade are considered a 'School Age student'. Therefore, a School Age LRE code is needed. If the last reported LRE code reported on the GE record was a Preschool LRE code, then the District needs to report a School Age LRE code on the FN 270 element.

Keep in mind that EMIS reporting instructions may be updated to reflect potential changes in Ohio law, federal law, Ohio Administrative Code, Ohio Department of Education policies, EMIS and Ohio Department of Education systems design or responses to errors found in the manual. Please refer to the [EMIS Manual](#) on the Ohio Department of Education & Workforce website for any potential updates.

Attachment A: One Combined IEP (Preschool with Kindergarten IEP)

Attachment A: One Combined IEP (Preschool with Kindergarten IEP)

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

This One Combined IEP (Preschool with Kindergarten IEP) can be used for a student that will be transitioning from Preschool Special Education Services to School Age Special Education Services during the IEP Effective Dates.

NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: _____

GRADE: _____

CITY: _____ STATE: OH
ZIP: _____

DATE OF BIRTH: _____

DISTRICT OF RESIDENCE: _____ COUNTY OF
RESIDENCE: _____ DISTRICT OF SERVICE: _____

Is the child in preschool?

Will the child be 14 years old by

Indicate 'yes' if the child is currently in Preschool and will be transitioning to Kindergarten during this IEP.

Is the child younger than 14 years of age but has transition and postsecondary goal information? YES ☐ NO ☐

Is the child a ward of the state? YES ☐ NO ☐

If yes, provide the name of the surrogate parent: _____

IEP by third birthday? (If transitioning from Part C services) YES ☐ NO ☐

PARENT/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: _____

OTHER INFORMATION

Please insert the statements below and any additional information

(Student's Name) will transition from Preschool Special Education Services to Kindergarten Special Education Services on (date) xx/xx/xxxx. There (will be/will not be) a change in placement at the time the student transitions from Preschool to Kindergarten.

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

☐ INITIAL IEP

☐ ANNUAL REVIEW

☐ REVIEW OTHER THAN ANNUAL REVIEW

☐ AMENDMENT

☐ OTHER: _____

IEP TIMELINES

ETR COMPLETION DATE: _____

NEXT ETR DUE DATE: _____

IEP EFFECTIVE DATES:

START: _____

END: _____

NEXT IEP REVIEW: _____

IEP FORM STATUS

(Check when complete)

☐ 1. FUTURE PLANNING

☐ 2. SPECIAL INSTRUCTIONAL FACTORS

☐ 3. PROFILE

☐ 4. EXTENDED SCHOOL YEAR SERVICES

☐ 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. EXEMPTIONS

☐ 14. MEETING PARTICIPANTS

☐ 15. SIGNATURES

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	INITIALS

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 <input type="checkbox"/>	NO <input type="checkbox"/>
Does the child have limited English proficiency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the child blind or visually impaired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the child have communication needs (required for deaf or hearing impaired)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the child need assistive technology devices and/or services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the child require specially designed physical education?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3 PROFILE

Child's profile to include Reading Improvement and Monitoring Plan (if applicable):

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?

If yes, what goals determined the need?

If the IEP team determines that extended school-year services are necessary, the district must determine how the services will be delivered.

Will the team need to collect further data and reconvene to make a determination? YES ☐ NO ☐Date to Reconvene: **5 POSTSECONDARY TRANSITION****POSTSECONDARY TRAINING AND EDUCATION**

Section 5 of the IEP is not applicable to the student at this time.

MEASURABLE POSTSECONDARY GOAL:

AGE-APPROPRIATE TRANSITION ASSESSMENT REGARDING POST SECONDARY TRAINING AND EDUCATION
(indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:

NUMBERS OF THE ANNUAL GOAL(S)
Related to Transition Needs

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE


TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

☐ A. Anecdotal Record ☐ D. Rubric

- ☐ B. Checklist ☐ E. Other (list) _____
- ☐ C. Work Sample

COMPETITIVE INTEGRATED EMPLOYMENT

MEASURABLE POSTSECONDARY GOAL:				
AGE-APPROPRIATE TRANSITION ASSESSMENT REGARDING COMPETITIVE INTEGRATED EMPLOYMENT (indicating student's needs, strengths, preferences and interests)				
COURSES OF STUDY:			NUMBERS OF THE ANNUAL GOAL(S) Related to Transition Needs	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE


Click  to add another activity

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record ☐ D. Rubric
- ☐ B. Checklist ☐ E. Other (list) _____
- ☐ C. Work Sample

INDEPENDENT LIVING (as appropriate)

MEASURABLE POSTSECONDARY GOAL:				
AGE-APPROPRIATE TRANSITION ASSESSMENT REGARDING INDEPENDENT LIVING (indicating student's needs, strengths, preferences and interests)				
COURSES OF STUDY:			NUMBERS OF THE ANNUAL GOAL(S) Related to Transition Needs	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE

Click  to add another activity

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record ☐ D. Rubric
- ☐ B. Checklist ☐ E. Other (list) _____
- ☐ C. Work Sample

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD COMPLETION OF TRANSITION SERVICES/ACTIVITIES TO THE CHILD'S PARENTS

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. See OP-6B Transition Progress Report form.

TARGET DATE FOR CHILD TO GRADUATE: _____



MEASURABLE ANNUAL GOALS

NUMBER: _____

AREA: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOALS

METHOD(S) FOR MEASURING THE CHILD’S PROGRESS TOWARDS ANNUAL GOAL

- ☐ A. Curriculum-Based Assessment
- ☐ B. Portfolios
- ☐ C. Observation
- ☐ D. Anecdotal Records
- ☐ E. Short-Cycle Assessments
- ☐ F. Performance Assessments
- ☐ G. Checklists
- ☐ H. Running Records
- ☐ I. Work Samples
- ☐ J. Inventories
- ☐ K. Rubrics

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD’S PARENTS

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. See OP-6A Progress Report form.

Reported every _____ weeks



MEASURABLE ANNUAL GOALS

NUMBER: _____

AREA: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOALS

METHOD(S) FOR MEASURING THE CHILD’S PROGRESS TOWARDS ANNUAL GOAL

- ☐ A. Curriculum-Based Assessment
- ☐ B. Portfolios
- ☐ C. Observation
- ☐ D. Anecdotal Records
- ☐ E. Short-Cycle Assessments
- ☐ F. Performance Assessments
- ☐ G. Checklists
- ☐ H. Running Records
- ☐ I. Work Samples
- ☐ J. Inventories
- ☐ K. Rubrics

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD’S PARENTS

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. See OP-6A Progress Report form.

Reported every _____ weeks

Click + to add new goal

7

DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION			
(SDI appropriate for a language goal)	1	Preschool Intervention Specialist	Preschool Classroom
BEGIN: February 21, 2019	END: May 30, 2019	AMOUNT OF TIME: 60 minutes	FREQUENCY: Weekly
(SDI appropriate for a language goal)	1	Intervention Specialist	Kindergarten Classroom
BEGIN: August 15, 2019	END: February 20, 2020	AMOUNT OF TIME: 60 minutes	FREQUENCY: Weekly

RELATED SERVICES

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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ASSISTIVE TECHNOLOGY

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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ACCOMMODATIONS

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
--------	------	-----------------	------------

MODIFICATIONS

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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SUPPORT FOR SCHOOL PERSONNEL

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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SERVICE(S) TO SUPPORT MEDICAL NEEDS

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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The Description(s) of Specially Designed Services must be defined separately for preschool special education services and kindergarten special education services. This must be clear for all areas: Type of Service, Goal Addressed, Provider Title, Location of Service, Begin, End, Amount of Time, and Frequency.

This section must be completed to reflect the preschool transportation needs of the student. If changes in this section are necessary for kindergarten, then an amendment must be completed.

8

TRANSPORTATION AS A RELATED SERVICE

Does the child require special transportation?

Does the child need transportation to and from services?

Does the child need accommodations or modifications for transportation

YES ☐ NO ☐

If yes, check any transportation accommodations/modifications below that the child needs:

- ☐ The bus driver will be notified of the child's behavioral and/or medical concerns ☐ Aide (for transportation only)
☐ Specially Adapted Vehicle ☐ Wheelchair lift ☐ Safety Vest ☐ Car Seat ☐ Securement Systems
☐ Other – Specify: _____

9

NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their 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 ☐

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

YES ☐ NO ☐

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

YES ☐ NO ☐

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

YES ☐ NO ☐

The academic, developmental and functional needs of the child?

YES ☐ NO ☐

Regarding the Third Grade Reading Guarantee, is the child on-track for reading?

YES ☐ NO ☐ NA ☐

11 LEAST RESTRICTIVE ENVIRONMENT

For School Age:

In this section, both For School Age and For Preschool areas must be completed.

Does the child attend the school they would attend if not disabled?

YES ☐ NO ☐

If no, justify:

Does the 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 education curriculum):

For Preschool:

Does the child attend a general education setting?

YES ☐ NO ☐

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities?

YES ☐ NO ☐

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)? YES ☐ NO ☐

Click below for guidance in considering AASCD:

[Ohio's Alternate Assessment Participation Decision-Making Tool](#)

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

Accessibility on district and statewide tests

Will the child participate in district wide and statewide assessments with accommodations? YES ☐ NO ☐

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.

1. DISTRICT TESTING (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

2. STATEWIDE TESTING (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Othe		

Complete in accordance to kindergarten applicability.

Third Grade Reading Guarantee (See [The Ohio Third Grade Reading Guarantee Guidance Manual](#) for details)

Applicable ☐ NA ☐

Does the child have a significant cognitive disability?

YES ☐ NO ☐

If yes, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

If no, the team considered all data and made the following decision (check one):

Not to exempt the child from the retention provision of the Third Grade Reading Guarantee ☐

To exempt the child from the retention provision of the Third Grade Reading Guarantee ☐

Graduation Tests

Indicate NA for a student transitioning from preschool to kindergarten.

Applicable ☐ NA ☐

Is the child excused from the consequences of not passing required graduation tests?

YES ☐ NO ☐

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification

Other Assessments

Indicate NA for a student transitioning from preschool to kindergarten if other assessment exemptions do not apply for kindergarten.

Applicable ☐ NA ☐

Assessment	Justification

MEETING PARTICIPANTS

The **required members** include:
Parent, General Education Teacher, Special Education
Teacher/Provider and a District Representative.

THIS IEP MEETING WAS:

- ☐ Face-to-Face Meeting
☐ Video Conference
☐ Telephone Conference/Conference Call
☐ Other

IEP EFFECTIVE DATES:

START:

END:

DATE OF NEXT

IEP REVIEW:

IEP MEETING PARTICIPANTS

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:

NAME (Print)	POSITION	SIGNATURE	DATE

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS:

NAME (Print)	POSITION	SIGNATURE	DATE

*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE.

**THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS THERE IS NO TRANSFER OF GUARDIANSHIP.

If there is a **change in placement** between preschool and kindergarten, it is recommended that the district provide prior written notice (PR-01) to the parents to indicate the change of placement.

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. **

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IEP 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 parent's signature to implement the IEP.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IEP 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. **

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

_____ YES ☐ NO ☐ IF NO, DATE SENT TO PARENTS: _____

Transfer of Rights at Age of 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 informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES ☐ NO ☐

CHILD'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting. YES ☐ NO ☐ IF NO, DATE SENT TO PARENTS: _____

* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.

** If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

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 Academic Achievement and Functional 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 "Unified English Braille" as a special service in Section 7. ☐ 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.
 - Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.
 - Condition is temporary and expected to improve.
 - Condition is stable and will be monitored.
5. Indicate the appropriate instructional media
 - ☐ Unified English Braille
 - ☐ Large Print
 - ☐ Regular Print
 - ☐ Tape/auditory
 - ☐ Pre-reader
6. Complete if Braille reading and writing ARE appropriate at this time
 - ☐ Annual goals provided
 - ☐ Short-term objectives provided
 - ☐ Date of initiation indicated
 - ☐ Frequency and duration of instructional sessions indicated
 - ☐ Level of competency to be achieved annually indicated
 - ☐ Objective determinants used to measure achievement provided
7. Reasons Braille reading and writing ARE NOT appropriate this time
 - ☐ Documented visual acuity allowing the choice of larger type/regular type
 - ☐ Child is considered a pre-reader
 - ☐ Other: