

**Mohawk Local Schools**

**Special Education**

**Policies, Practices, and Procedures**

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**A Guide to Special Education Services**



For Questions or Additional Information, please contact:

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## **Section 1: Evaluation Roadmap**

Ohio Department of Education and Workforce

# Evaluation Roadmap

FOR FAMILIES WITH CHILDREN AGES 3 - 21

 **i** - Click on these icons throughout for additional information.



## Interventions vs. Evaluation Request **i**

School districts are required to adjust instruction to help all struggling students. Evaluation requests are NOT the same as interventions.

1

## You have concerns about your child's learning **i**

Speak to your child's teacher or the special education director for the district.



2

## Request for Evaluation **i**

## Request for Evaluation **i**

You can request a special education evaluation at any time.



3

District does not suspect a disability

Continue with general education ...

OR pursue a dispute resolution option through the Ohio Department of Education" with [this link](#).



4

## Disability is suspected Consent for Evaluation **i**



5

## Evaluation Procedure **i**

A team of qualified individuals, including parents, will gather to plan for an evaluation in all areas of concern.



6

## Initial Evaluation Team Report completed **i**

The team, including parents, meet to review the results.



7

## Eligibility Determination **i**



Eligibility team determines child not eligible

Continue with general education



## Initial IEP developed **i**

If the team, including parents, determines that the child is eligible, an IEP will be developed



9

## Initial IEP implemented **i**

The district is required to provide the services included in the student's IEP.



# Evaluation Roadmap

FOR FAMILIES WITH CHILDREN AGES 3 - 21



## 1. You have concerns about your child's learning

- If you have concerns about your child's learning, development or functioning, you can reach out to your child's teacher. You can also speak to the special education director for the district. If you are unsure who this person is, you can contact the board office ask for a name and contact information. You can also reach out to your child's principal.
- For preschool (ages 3-5), the first step to see if your child has any delays in functional, developmental, and/or academic readiness areas is also to contact the school district where you, the parent, reside. Most school district contact information can be found on the district's website.



## 2. Interventions vs. Evaluation Request

- **Intervention:** School districts are required to provide instruction in a manner to help all students learn. Strategies to adjust instruction to help struggling students are called interventions and are for all students (not just special education).
- **Evaluation Request:** Requesting an evaluation for special education is not the same as interventions. Interventions must be conducted before or during the evaluation. A school district may not use interventions to delay an evaluation. If interventions have not been conducted, they must happen at the same time as the evaluation.

[RETURN TO ROADMAP](#)

# Evaluation Roadmap

FOR FAMILIES WITH CHILDREN AGES 3 - 21



## 3. Request for Evaluation

- If you suspect your child has a disability, you can request a special education evaluation. This does not need to be in writing; however, it is good to document the date of request for your own records.
- For preschool, when you as the parent contact the special education staff in your school district, you can initiate the request for an evaluation to determine if your child is eligible to receive preschool special education services and what programs can best fit his or her individual needs.
- The district has 30 calendar days from the date of the receipt of the request to respond to your request. The district must either send you a prior written notice (called a PR-01) that the district does not suspect a disability ([link to PR-01 form](#)) or obtain your consent to conduct an evaluation. The district will provide you a copy of the Special Education Procedural Safeguards Notice titled "[A Guide to Parent Rights in Special Education.](#)"
- A district is not allowed to delay an evaluation in order to provide interventions. If the district has not yet provided interventions before the evaluation, the district must do the interventions at the same time as the evaluation.
- If the district does not suspect a disability, your child will continue with general education. If you disagree with the district's decision, you may pursue a dispute resolution option through the Ohio Department of Education" with [this link](#).



## 4. Consent for Evaluation

- If the district suspects a disability, it will obtain your written consent (consent form is called a PR-05: Parent Consent for Evaluation) ([link to consent form](#)). From the date of your consent, the district will have 60 calendar days to complete the evaluation.
- For preschool, it is important to note that if your young child ages 3-5 has never attended a preschool program, or the child did not transition from IDEA Part C (Early Intervention) to Part B (Special Education), it is quite possible that there has been no opportunity for the school district to provide interventions. Interventions are only required for preschool children if the child previously received services under Part C and/or Part B of IDEA or is being evaluated under the suspected disability category of specific learning disability. If interventions have not been provided prior to referral, the school district may implement appropriate interventions during the same sixty-day time frame during which the school district conducts a full and individual evaluation to resolve concerns for any preschool child who is experiencing significant delays in one or more of the following developmental areas, and for that reason need special education and related services: adaptive behavior, cognition, communication, hearing, vision, sensory/motor functioning, social/emotional functioning and/or behavioral functioning. The school district may not use these interventions to delay unnecessarily the child's being evaluated to determine eligibility for special education services.

RETURN TO ROADMAP

# Evaluation Roadmap

FOR FAMILIES WITH CHILDREN AGES 3-21



## 5. Evaluation Procedure

- If the district determines that the child will be evaluated, a team of qualified individuals, including you as the parent, will discuss the suspected disability categories and the areas that need to be evaluated. This all must be documented on the Evaluation Team Report (ETR) Planning form, which has different versions for Preschool and School Age. ([link to Preschool](#)) ([link to School Age](#))
- All areas of need should be evaluated to help determine what supports would most help your child.
- The district does not have to name the specific evaluations it is going to use, just the area it plans to evaluate. For preschool, each developmental area must be assessed.
- This planning meeting must take place before any assessments can be carried out. You as the parent are to be an active member in this team to help decide the assessments to be administered.
- For preschool, each developmental area must be assessed using at least one of the 5 assessment methods/data sources. AND each assessment method/data source must be used at least once. Remember that the evaluation must be sufficiently comprehensive to identify all of the child's special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified.



## 6. Initial Evaluation Team Report completed

- As the parent, you will receive a Parent Invitation ([called a PR-02](#)) to review evaluation data and summaries of each evaluation that occurred. The PR-02 must state who the district will bring to the meeting. As the parent, you can also bring anyone with you to the meeting.
- Together the team of professionals and the parent will review the evaluation results and determine whether the child is a child with a disability. ([link to ETR form](#))

[RETURN TO ROADMAP](#)

# Evaluation Roadmap

FOR FAMILIES WITH CHILDREN (AGES 3-21)



## 7. Eligibility Determination

- If the team including you as the parent finds your child to be eligible for special education services, it will determine the eligibility category. If the team does not find your child to be eligible, your child will continue with only the general education curriculum. Any team member, including the parent, may submit a statement of disagreement with the team's determination. If your child is found not eligible, you may request an Independent Educational Evaluation. An IEE is an opportunity for a parent to have an outside professional, not employed by the district, conduct a private educational evaluation.
- For preschool, if your child is not found eligible and is not currently enrolled in a preschool program, the district may provide a list of optional local and/or school district operated preschool programs that may be available.



## 8. Initial IEP developed

- If the team including you as the parent determines that your child is eligible for special education, the district has 30 days to develop an Individualized Education Program (IEP). ([link to IEP form](#))
- The IEP must contain specially designed instruction to meet the individualized needs identified in your child's Evaluation Team Report (ETR) with measurable goals and objectives along with how progress will be measured.
- The IEP team consists of you as the parent, a regular education teacher of the child (if the child has one), at least one special education teacher, a district representative, someone who can interpret evaluation results and anyone you or the district believes has knowledge of or interest in the child.
- For preschool, the required IEP team members include: Parent, General Education Teacher, Special Education Teacher/Provider and a District Representative.
- For the initial IEP, you as the parent must consent to services. If you do not consent, your child will not receive IEP services.
- Although your consent is required just for the initial IEP (or any change in educational placement), school districts are required to invite you to attend and participate in all IEP meetings. You have the right to revoke consent for your child's IEP at any time.

RETURN TO ROADMAP

# Evaluation Roadmap

FOR FAMILIES WITH CHILDREN AGES 3-21



## 9. Initial IEP implemented

- The district is required to provide the services included in your child's IEP.
- Each school district must ensure that a free appropriate public education (FAPE) is provided in the least restrictive environment (LRE) to every child with a disability. For preschool, this is regardless of whether the district operates their own public general early childhood programs or contracts with other educational agencies.

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## **Section 2: Mohawk Board Policy**

Special Education



Book	Policy Manual
Section	2000 Program
Title	SPECIAL EDUCATION
Code	po2460
Status	Active
Adopted	February 23, 1988
Last Revised	April 14, 2025

#### 2460 - **SPECIAL EDUCATION**

The Board of Education is committed to providing a free, appropriate public education ("FAPE") to children with disabilities between the ages of three (3) and twenty-one (21), inclusive, who have been identified in accordance with applicable State and Federal laws, rules, and regulations. This includes children with disabilities who have been suspended or expelled from school, failed or been retained in a course or grade, and are advancing from grade to grade. It further includes students with disabilities who are confined to community corrections facilities or juvenile detention centers. The District shall provide students with disabilities the services to which they are entitled pursuant to their individualized education programs ("IEPs") and in accordance with the Operating Standards for Ohio Educational Agencies Serving Children with Disabilities, including Child Find and Evaluation requirements. Students with disabilities who are in adult county jails shall continue to receive FAPE during incarceration, subject to their continued eligibility for services and subject to exceptions related to security and safety.

In order to satisfy the requirements of the Operating Standards for Ohio Educational Agencies Serving Children with Disabilities ("Ohio Operating Standards"), the Board of Education adopts the model policies and procedures promulgated by the Ohio Department of Education and Workforce ("DEW"), which is incorporated by reference into this policy. While the Special Education Model Policies and Procedures ("Model Policies") issued by the DEW are comprehensive, the document does not include every requirement set forth in the Individuals with Disabilities Education Improvement Act of 2004 ("IDEA"), the regulations implementing the IDEA, the Ohio Operating Standards, the Ohio Revised Code, and/or the Ohio Administrative Code. As such, the Board affirms its obligation to follow these laws and regulations, regardless of whether their provisions are restated in the Model Policies.

Copies of the Model Policies relevant policies and procedures are available at the office of the Board of Education.

Revised 2/96  
 Revised 11/03  
 Revised 1/9/17  
 Revised 5/22/24

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Legal

R.C. 3314.19, 3323.02, 3323.05, 3323.07, 3323.051, 3323.08

A.C. 3301-51-01 et seq., 3301-51-02(F)

A.C. Chapter 3301-51-02(AF), 3301-51-06

IDEA, 20 U.S.C. 1400 et seq.

34 C.F.R. 300.201

## **Section 3: Child Find Notice**

III.

## **Child Find Notice**

In accordance with Rule 3301-51-03 of the Ohio Administrative Code, Mohawk Local Schools is committed to ensuring that all children with disabilities residing in the district, including children who are homeless, wards of the state, or attending private schools, and who are in need of special education and related services, are identified, located, and evaluated.

If you are aware of a child who may have a disability and is not currently receiving services, please contact Hannah Herring, Director of Student Services at 419-927-2595 or [hannah.herring@mohawklocal.org](mailto:hannah.herring@mohawklocal.org). Referrals for evaluation can be made by parents, guardians, or other individuals familiar with the child.

Mohawk Local Schools is dedicated to providing a free and appropriate public education (FAPE) to all eligible children with disabilities and ensuring they receive the support needed to succeed academically and socially.

## **Section 4: MTSS Guide**

# **Mohawk Local Schools**

## **MTSS Guide**



**Multi-Tiered Model of Instruction and Intervention**

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### **APPENDIX OF FORMS**

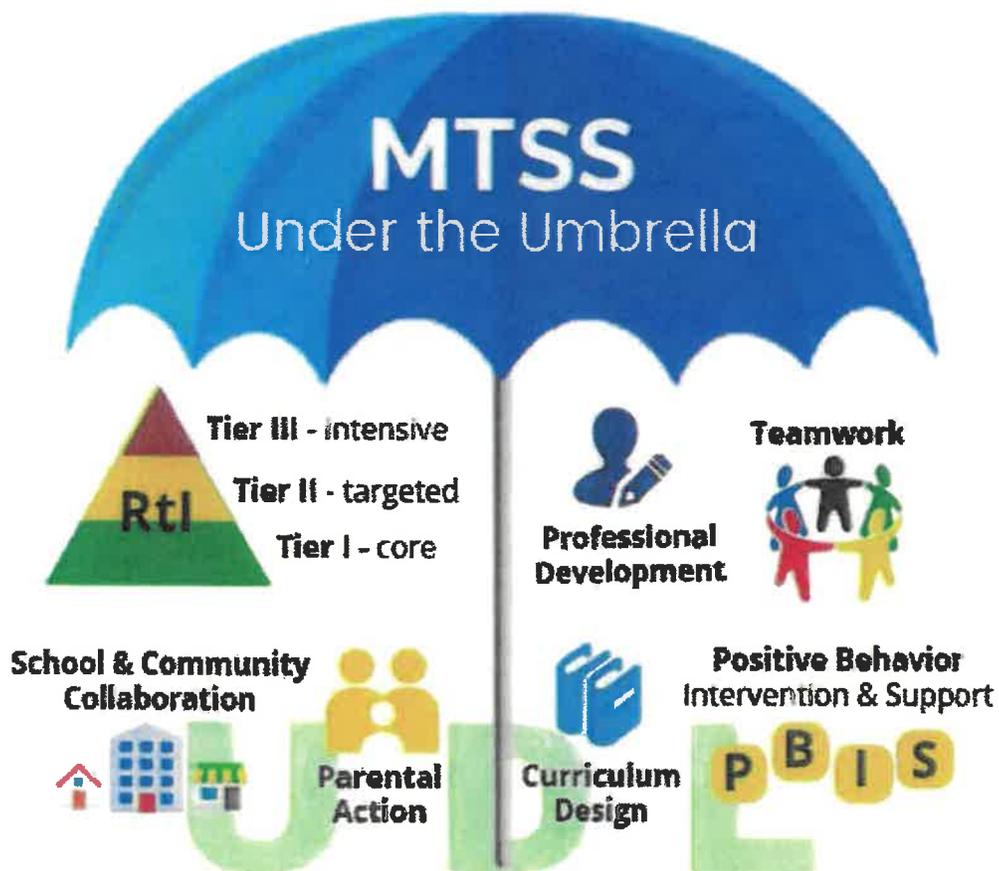
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## Multi-Tiered Systems of Support (MTSS) Mission Statement:

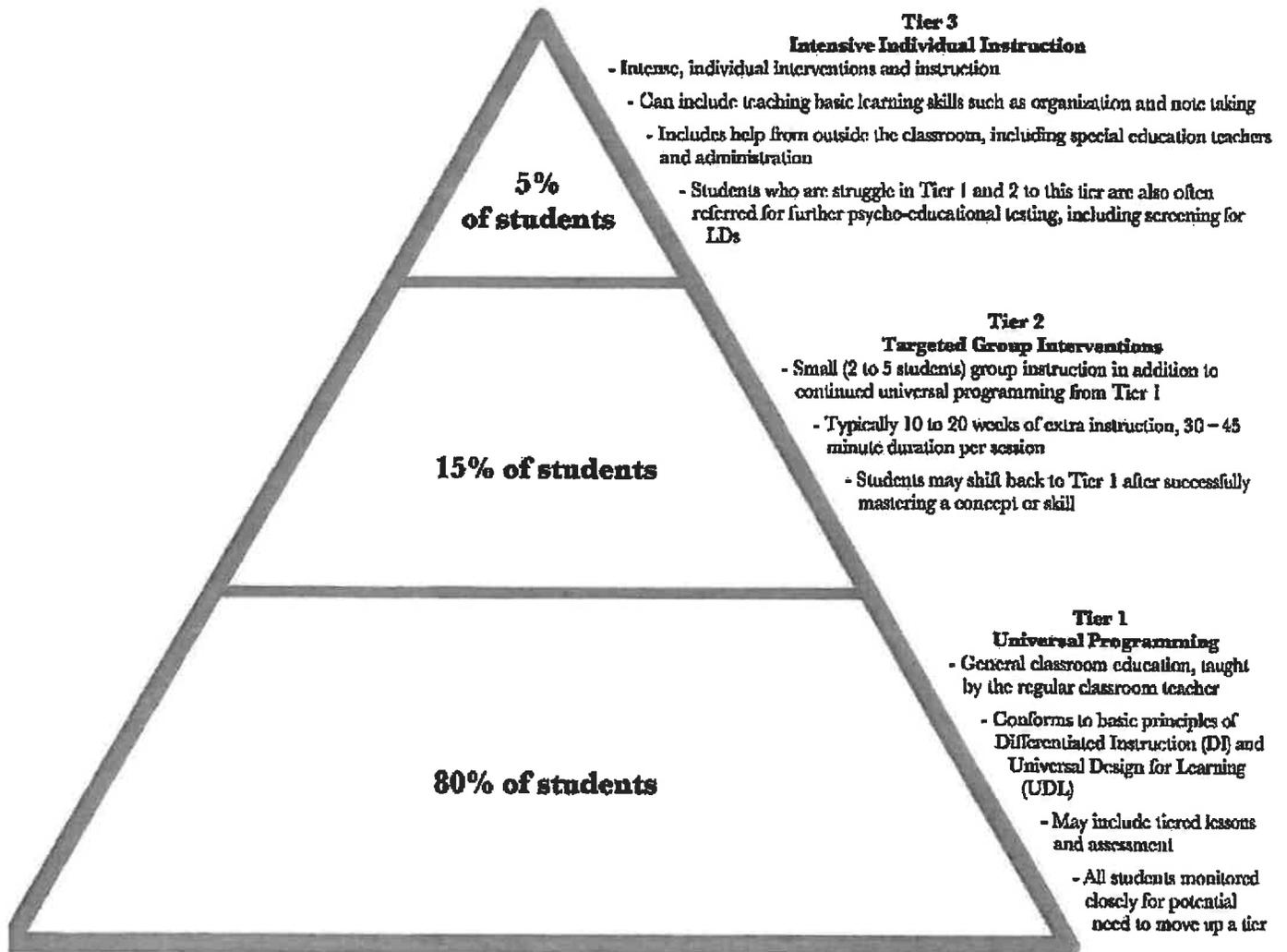
**Mohawk Local Schools creates a positive environment where staff, students, families, and the community work together to develop lifelong learning.**

**Focus:** This model supports evidence-based intervention ideas to promote student success within the general education context. Classroom teachers, Principals, and School Support staff are central and highly valued members of this team

**When to Access:** When a student is not meeting developmental, academic, behavioral, and/or social expectations; when teacher has exhausted strategies and student is still not progressing.



# Tiers of Intervention



## **SUMMARY OF THREE-TIER MODEL**

### **Tier 1**

- Most important Level
- Includes All Students
- Evidenced-Based Curriculum with High Quality Instruction (e.g., Orton-Gillingham)
- Differentiated Instruction
- Universal Behavior Management System (e.g., PBIS, LiveSchool)
- Universal Screenings/Benchmarks in Fall, Winter, and Spring
- i-Ready (K-8), classroom fluency/fact tests

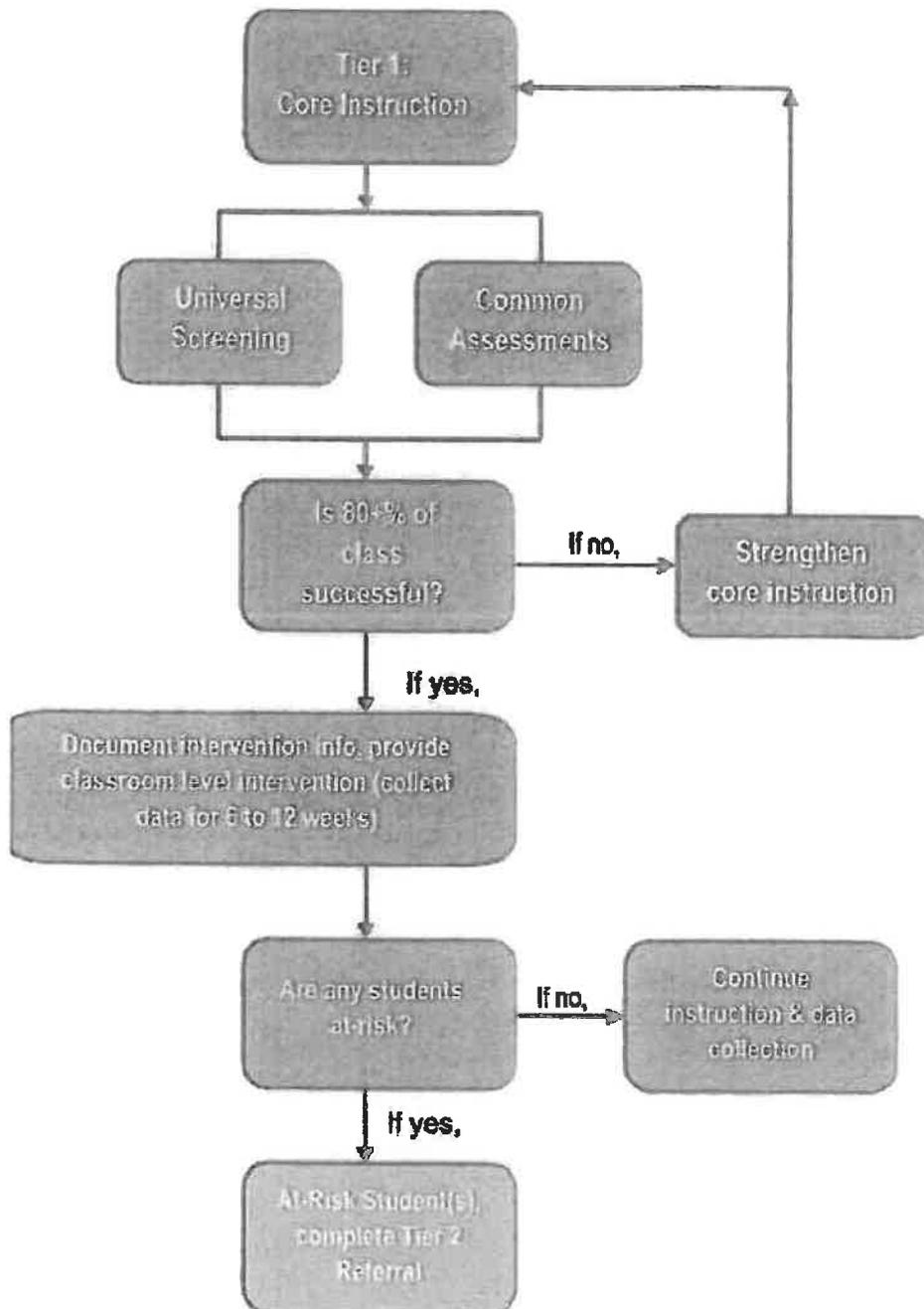
### **Tier 2**

- Small group instruction
- Differentiated and/or leveled grouped instruction inside or outside of the classroom
- Target a specific skill or group of skills to improve
- Group size: ~3-8 (around 15% of class)
- Frequency: 3-5 times per week
- Duration: At least 6+ weeks
- Monitor progress every other week
- Parents will be notified of step in process
- Developed programs can be used
- Title 1 Reading, Small Group Reading/Math, Skills-Based Lessons with Aide

### **Tier 3**

- Intensive, smaller group instruction and/or one-on-one instruction
- Differentiated and/or leveled grouped instruction inside or outside of the classroom
- Target a specific skill to improve
- Group size: one-on-one up to no more than 3
- Frequency: Daily
- Duration: At least 6+ weeks
- Monitor progress at least once per week
- Parents will be invited and should be involved (invitations sent)
- Small group programs can be utilized

## Tier 1: Core Instruction Flow Chart



## Tier 2 Referral Form | Tier 1 Documentation

[Referral Form Google Doc](#)

**STEP 1: Student Information**

Student Name: \_\_\_\_\_  
 Grade Level: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**STEP 2: Strengths/Interests of Student (describe what the student can do and what the student enjoys):**

**STEP 3: Attendance/Access to Curriculum (3 most current years only):**

Grade	Absences	Tardies	Grade	Absences	Tardies
K			7		
1			8		
2			9		
3			10		
4			11		
5			12		
6			<b>TOTAL =</b>		

*Note.* Chronic absenteeism is defined as missing 10 percent or more of the school year for any reason.  
 Reason for chronic absences: \_\_\_\_\_

**Has the student attended multiple schools? (highlight/circle) Yes or No If so, list: \_\_\_\_\_**

**Has the student been retained? (highlight/circle) Yes or No If so, when? \_\_\_\_\_**

**Has the student previously been evaluated for special education services other than speech? (highlight/circle)  
 Yes or No If so, when? \_\_\_\_\_**

**Has the student previously been evaluated by an outside agency or received private support? (highlight/circle)  
 Yes or No If so, describe: \_\_\_\_\_**

**STEP 4: Reason for Referral**

Person Making the Referral: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Reason for Referral (Please check/highlight all that apply):

Academics  Behavior  Communication (complete Speech Referral Form instead of Step 8)  Motor  
 Other: \_\_\_\_\_

**STEP 5: Present level of concern/performance**

*(Skills/behaviors that can be observed and counted and are linked to content standards. If behavioral, how often does the problem occur, how intense is it, and for how long does the particular problem last? If the problem is primarily academic, what specific deficits does the student have in particular academic skills or competencies? Add additional pages if you need more room.):*

**STEP 6: Core Instructional Strategies Utilized**

**Accommodations that you (the general education teacher) have used in the general education classroom (changes to environment so student is able to access curriculum):**

<input type="checkbox"/> Extended Time	<input type="checkbox"/> Calculator Use	<input type="checkbox"/> Study Guides
<input type="checkbox"/> Preferential Seating	<input type="checkbox"/> Repeat Directions	<input type="checkbox"/> Oral Instructions
<input type="checkbox"/> Dictated Answers	<input type="checkbox"/> Peer Tutoring	<input type="checkbox"/> Breaks
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**Modifications that you (the general education teacher) have used in the general education classroom (changing instruction and/or assessment which alters learning/assessment expectations; please note that modifications should only be made for students with *significant* disabilities):**

<input type="checkbox"/> Modified Standards	<input type="checkbox"/> Different Benchmarks	<input type="checkbox"/> Reducing Amount of Work
<input type="checkbox"/> Rephrase Work	<input type="checkbox"/> Shortened Spelling List	<input type="checkbox"/> Alternate Grading Scale
<input type="checkbox"/> Pass/No Pass Option	<input type="checkbox"/> Modified Workload	<input type="checkbox"/> Word/Choice Banks
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**STEP 7: Summary of Performance**

Summary of Ohio's State Tests results (scores and performance standards), if applicable:

Summary of Lexia/i-Ready data (historical results, diagnostic growth and results reported as percentiles, etc.):

Provide the percentage(s) of students in the same grade meeting the proficiency benchmark in the two most recent Universal Screening Assessments (e.g., Lexia, i-Ready).

<b>Grade</b>	<b>Measure</b>	<b>% of Grade Proficient</b>	<b>Date Given</b>
1 <sup>st</sup>	STAR Early Literacy	80%	Fall Benchmark 9/03/19

Summary of current report card (classwork/homework grades versus assessment/test grades):

Please provide any other information that you feel is important for the school's intervention team to know about:

**STEP 8: Tier 1 Data. \*attach graphs and charts\***

Area	Skill	How	Frequency	Who
<b>Reading</b>	<input type="checkbox"/> Decoding <input type="checkbox"/> Word families <input type="checkbox"/> Comprehension <input type="checkbox"/> Strategy use <input type="checkbox"/> Letter identification <input type="checkbox"/> Phoneme segmentation <input type="checkbox"/> Vocabulary <input type="checkbox"/> Other: _____	<input type="checkbox"/> Formative Assessment (informing in- process teaching/learning modifications) <input type="checkbox"/> Summative Assessments (e.g. end of unit exam) <input type="checkbox"/> Fluency measures <input type="checkbox"/> Retell measures <input type="checkbox"/> Individual screening <input type="checkbox"/> Other: _____	<input type="checkbox"/> Daily <input type="checkbox"/> 3x per week <input type="checkbox"/> _ periods per day <input type="checkbox"/> Other:	
<b>Math</b>	<input type="checkbox"/> Computation <input type="checkbox"/> Word/Story problems <input type="checkbox"/> Number identification <input type="checkbox"/> Addition <input type="checkbox"/> Subtraction <input type="checkbox"/> Multiplication <input type="checkbox"/> Division <input type="checkbox"/> Other: _____	<input type="checkbox"/> Formative Assessment (informing in- process teaching/learning modifications) <input type="checkbox"/> Summative Assessments (e.g. end of unit exam) <input type="checkbox"/> Fluency measures <input type="checkbox"/> Individual screening <input type="checkbox"/> Other: _____	<input type="checkbox"/> Daily <input type="checkbox"/> 3x per week <input type="checkbox"/> _ periods per day <input type="checkbox"/> Other:	
<b>Writing</b>	<input type="checkbox"/> Story formation <input type="checkbox"/> Sentence <input type="checkbox"/> Structure <input type="checkbox"/> Capitalization <input type="checkbox"/> Punctuation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Formative Assessment (informing in- process teaching/learning modifications) <input type="checkbox"/> Summative Assessments (e.g. end of unit exam) <input type="checkbox"/> Fluency measures <input type="checkbox"/> Individual screening <input type="checkbox"/> Other: _____	<input type="checkbox"/> Daily <input type="checkbox"/> 3x per week <input type="checkbox"/> _ periods per day <input type="checkbox"/> Other:	
<b>Behavior</b>	<input type="checkbox"/> Hyperactivity <input type="checkbox"/> Inattention <input type="checkbox"/> Impulsivity <input type="checkbox"/> Defiance/Refusal <input type="checkbox"/> Aggression <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Other: _____	<input type="checkbox"/> Random time sampling <input type="checkbox"/> Time Interval recording <input type="checkbox"/> Frequency counts <input type="checkbox"/> PBIS Data (e.g. LiveSchool) <input type="checkbox"/> Discipline reports <input type="checkbox"/> Other: _____	<input type="checkbox"/> Daily <input type="checkbox"/> 3x per week <input type="checkbox"/> _ periods per day <input type="checkbox"/> Other:	

# Speech Referral Form

Speech Referral Google Doc

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student's Primary Language: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
 Concerns expressed by: \_\_\_\_\_

Does the student have any health/developmental/physical problems of which you are aware? If so, please list: \_\_\_\_\_  
 What are the areas of concern (choose all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Articulation<br><input type="checkbox"/> Pragmatic Language (Social Language)<br><input type="checkbox"/> Speech Fluency (Stuttering)<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Receptive Language<br><input type="checkbox"/> Oral Expression<br><input type="checkbox"/> Voice/Vocal Quality |
|---|---|

In general, how well do you understand the student when speaking? (Mark one)  
 I understand the student 75% - 100% of the time  
 I understand the student 50% - 75% of the time  
 I understand the student less than 50% of the time

Please list speech sounds in error: \_\_\_\_\_  
 Is the student able to self-correct his/her speech sound errors (circle):    yes                    no  
 Is the student able to produce the error sounds correctly after a model (circle):    yes                    no  
 In what ways do the child's communication skills impact his/her performance within the school environment: \_\_\_\_\_

Are interventions for speech and language being provided to the student (circle):    yes                    no  
 If 'yes,' please list the provided interventions: \_\_\_\_\_

Student's attendance (circle):    good attendance    frequently absent    other \_\_\_\_\_  
 Student's current grades: \_\_\_\_\_  
 Student's Classroom Based Information (Assessments, Observations): \_\_\_\_\_

Please list any additional supports that the student is receiving (i.e., RIMP, Title I, etc.): \_\_\_\_\_

What other information would you like to share about the student's communication skills? \_\_\_\_\_

**PERMISSION FOR SLP  
OBSERVATION AND SCREENING**

I, \_\_\_\_\_ hereby give my permission for the  
Parent/Legal Guardian/Surrogate  
\_\_\_\_\_ to respond to a request for assistance  
School District  
for \_\_\_\_\_  
Name of Child

In giving my permission, I understand that any or all of the following may occur:

- 1) Review of relevant records (releases of information will be included);
- 2) Interviews with caregiver or myself;
- 3) Observation(s) of my child;
- 4) Screening (e.g. curriculum-based screening, and other appropriate measures to determine interventions);
- 5) Develop an intervention plan as deemed appropriate and implement intervention plan with general education staff;
- 6) Other (please specify): \_\_\_\_\_

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions as deemed appropriate by the team.

\_\_\_\_\_  
Name of Parent/Legal Guardian/Surrogate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Parent Notification | Tier 1 Instruction moving to Tier 2 Instruction

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Dear Parent(s) or Guardian:

During our regular classroom practice and progress monitoring, your child's performance suggests additional assistance is needed in the following area(s): \_\_\_\_\_

The team will be meeting to discuss your child's progress and set learning goals and intervention(s). This form is notification of this change in instruction to help address your child's areas of difficulty. If you have any questions or concerns, please contact the building principal.

Other team members who have been invited to provide information or to attend this meeting include:

- |  |  |
|--|--|
| <input type="checkbox"/> Building Principal      | <input type="checkbox"/> Special Education Supervisor  |
| <input type="checkbox"/> School Social Worker    | <input type="checkbox"/> School Psychologist           |
| <input type="checkbox"/> Title I Teacher         | <input type="checkbox"/> Speech & Language Pathologist |
| <input type="checkbox"/> Reading/Math Specialist | <input type="checkbox"/> Occupational Therapist        |
| <input type="checkbox"/> Paraprofessional/Aide   | <input type="checkbox"/> Physical Therapist            |
| <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Other: _____                  |

Sincerely,

Classroom Teacher  
(419) 927-2595

**Tier 2 RTI Plan**

Mohawk Local Schools

CHILD'S NAME: Charlie Brown ID NUMBER: 456789 DATE OF BIRTH: \_\_\_\_\_

**CHILD INFORMATION**

Name: Charlie Brown Student ID: 456789 Grade: \_\_\_\_\_

**PLAN TIMELINES**

Meeting Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**OTHER INFORMATION**

\_\_\_\_\_

**AMENDMENTS (if applicable)**

Meeting	Amendment	Effective	Description of Changes (if applicable)	New End Date
---------	-----------	-----------	--	--------------

**1. BACKGROUND**

Student weaknesses/problem identification:

\_\_\_\_\_

Student strengths:

\_\_\_\_\_

Health or other variables suspected of affecting learning, if applicable:

\_\_\_\_\_

**2. INTERVENTIONS**

**INTERVENTION**

Number: \_\_\_\_\_

Target area of concern:

\_\_\_\_\_

Current performance level:

\_\_\_\_\_

Intervention goal statement	
Intervention	
Person responsible	
Location	
Frequency	# Mins Per Session: # Days/Week: # Weeks:
Duration	Begin: _____ End: _____
Method(s) for measuring progress	
Progress monitoring frequency	
Teaching strategies/comments (if applicable)	

**3. ADDITIONAL INFORMATION OR CONSIDERATIONS (if applicable)**

\_\_\_\_\_

**Tier 2 RTI Plan**

**Mohawk Local Schools**

CHILD'S NAME: Charlie Brown

ID NUMBER: 456789

DATE OF BIRTH: \_\_\_\_\_

**4. TIER 2 DISCUSSION SUMMARY**

\_\_\_\_\_

**Tier 2 RTI Plan**

**Mohawk Local Schools**

CHILD'S NAME: Charlie Brown ID NUMBER: 456789 DATE OF BIRTH: \_\_\_\_\_

**5. SIGNATURES**

Meeting Date: \_\_\_\_\_

POSITION	NAME	SIGNATURE	PARTICIPATION

**Tier 2 RTI Follow-Up**

**Mohawk Local Schools**

STUDENT: Charlie Brown ID NUMBER: 456789 DOB: \_\_\_\_\_

Follow-up review of child's progress data related to intervention goal(s) set forth in the child's Tier 2 RTI Plan.

Plan Start Date: \_\_\_\_\_ Plan End Date: \_\_\_\_\_ Follow-Up Date: \_\_\_\_\_

**1. PROGRESS**

Num	Intervention	Baseline Level of Performance	Intervention Goal
-----	--------------	-------------------------------	-------------------

**Decision-Making Based on Progress Data**

Compare the child's data trend line with the goal target progression line since the plan started or since date of last follow-up. Student progress is generally:

- Under target progression line (consider change)
- Mostly aligned with target progression line (stay the course)
- Above target progression line (consider past data to determine if child can be moved to a lower tier or goal can be raised)
- Other

Results/Recommendations:

\_\_\_\_\_

Next step:

Num	Intervention	Baseline Level of Performance	Intervention Goal
-----	--------------	-------------------------------	-------------------

**Decision-Making Based on Progress Data**

Compare the child's data trend line with the goal target progression line since the plan started or since date of last follow-up. Student progress is generally:

- Under target progression line (consider change)
- Mostly aligned with target progression line (stay the course)
- Above target progression line (consider past data to determine if child can be moved to a lower tier or goal can be raised)
- Other

Results/Recommendations:

\_\_\_\_\_

Next step:

**2. TIER 2 FOLLOW-UP DISCUSSION/DECISIONS**

\_\_\_\_\_

Child no longer requires any tier 2 or 3 interventions at this time (exit RTI 2/3 tracking).

**Tier 2 RTI Follow-Up**

**Mohawk Local Schools**

STUDENT: Charlie Brown

ID NUMBER: 456789

DOB: \_\_\_\_\_

**3. SIGNATURES**

POSITION	NAME	SIGNATURE	PARTICIPATION

## Parent Notification | Tier 2 Instruction Follow-up

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Dear Parent(s) or Guardian:

The MTSS/IAT Team has conducted \_\_\_\_ weeks of intervention with your child on the following goal(s):

As a result of the intervention provided:

- Your child has made progress with intervention(s) and will:
  - no longer need additional intervention services
  - continue with the intervention(s)
- Your child has not made progress with the intervention(s) conducted and the team would like to modify the current intervention plan

The team will continue to discuss your child's progress and/or determine future actions. If you have questions about this process, please contact the building principal.

Sincerely,

Classroom Teacher  
(419) 927-2595

**Tier 3 RTI Plan**

Mohawk Local Schools

CHILD'S NAME: Charlie Brown ID NUMBER: 456789 DATE OF BIRTH: \_\_\_\_\_**CHILD INFORMATION**Name: Charlie Brown Student ID: 456789 Grade: \_\_\_\_\_**PLAN TIMELINES**

Meeting Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**OTHER INFORMATION****AMENDMENTS (if applicable)**

Meeting	Amendment	Effective	Description of Changes (if applicable)	New End Date
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**1. BACKGROUND**

Student weaknesses/problem identification:

Student strengths:

Health or other variables suspected of affecting learning, if applicable:

**2. INTERVENTIONS****INTERVENTION**

Number:

Target area of concern:

Current performance level:

Intervention goal statement	
Intervention	
Person responsible	
Location	
Frequency	# Mins Per Session: # Days/Week: # Weeks:
Duration	Begin:                      End:
Method(s) for measuring progress	
Progress monitoring frequency	
Teaching strategies/comments (if applicable)	

**3. ADDITIONAL INFORMATION OR CONSIDERATIONS (if applicable)**

**Tier 3 RTI Plan**

**Mohawk Local Schools**

CHILD'S NAME: Charlie Brown ID NUMBER: 456789 DATE OF BIRTH: \_\_\_\_\_

**4. TIER 3 DISCUSSION SUMMARY**

\_\_\_\_\_

**Tier 3 RTI Plan**

Mohawk Local Schools

CHILD'S NAME: Charlie Brown ID NUMBER: 456789 DATE OF BIRTH: \_\_\_\_\_

**5. SIGNATURES**

Meeting Date: \_\_\_\_\_

POSITION	NAME	SIGNATURE	PARTICIPATION
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**Tier 3 RTI Follow-Up****Mohawk Local Schools**STUDENT: Charlie Brown ID NUMBER: 456789 DOB: \_\_\_\_\_

Follow-up review of child's progress data related to intervention goal(s) set forth in the child's Tier 3 RTI Plan.

Plan Start Date: \_\_\_\_\_ Plan End Date: \_\_\_\_\_ Follow-Up Date: \_\_\_\_\_

**1. PROGRESS****2. TIER 3 FOLLOW-UP DISCUSSION/DECISIONS** Child no longer requires any tier 2 or 3 interventions at this time (exit RTI 2/3 tracking).**3. SIGNATURES**

POSITION	NAME	SIGNATURE	PARTICIPATION

## INTERVENTION LOG

**Current Tier:**    Tier 2    Tier 3

*Note: Keep separate log for each tier student enters in order to document interventions provided at each tier*

Date of Implementation: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**Focused Learning or Behavior Goal:** \_\_\_\_\_

Intervention (Name, Skill(s) Addressed)	Implementer's Name & Setting (e.g., Small Group of 4, 1:1, etc.)	Intervention Frequency & Duration (e.g., 30 mins/day, 3x per week for 6 weeks)	How Skill is Measured (Tools used, such as reading fluency passages,, etc.)	Summary of Results Data after intervention compared to baseline, include data here or attach charts on separate page.

**Focused Learning or Behavior Goal:** \_\_\_\_\_

Intervention (Name, Skill(s) Addressed)	Implementer's Name & Setting (e.g., Small Group of 4, 1:1, etc.)	Intervention Frequency & Duration (e.g., 30 mins/day, 3x per week for 6 weeks)	How Skill is Measured (Tools used, such as reading fluency passages,, etc.)	Summary of Results Data after intervention compared to baseline, include data here or attach charts on separate page.

**Focused Learning or Behavior Goal:** \_\_\_\_\_

Intervention (Name, Skill(s) Addressed)	Implementer's Name & Setting (e.g., Small Group of 4, 1:1, etc.)	Intervention Frequency & Duration (e.g., 30 mins/day, 3x per week for 6 weeks)	How Skill is Measured (Tools used, such as reading fluency passages,, etc.)	Summary of Results Data after intervention compared to baseline, include data here or attach charts on separate page.

## Intervention Data Collection

Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____	Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____
Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____	Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____
Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____	Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____
Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____	Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____
Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____	Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____
Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____	Date: _____ Time Duration: _____ Activity: _____ Intervention # Targeted: _____



# Intervention Documentation Worksheet

Current Tier:  Tier 2  Tier 3

Intervention Goal: _____		Teacher: _____													
Student Name: _____		Monday		Tuesday		Wednesday		Thursday		Friday		Total # of Minutes			
		T	F	P	T	F	P	T	F	P	T	F	P		
Week 1															
Week 2															
Week 3															
Week 4															
Week 5															
Week 6															
Week 7															
Week 8															
Week 9															
Week 10															

<b>LEGEND</b>	<b>Focus</b>			<b>Program</b> (Create your own key. For example, W = Wilson Reading)
<b>T = Time (# of minutes)</b> <b>F = Focus</b> <b>P = Program/Strategy</b>	<b>Reading</b> L = Language PA = Phonemic Awareness P = Phonics RF = Fluency V = Vocabulary C = Comprehension OR = Other: _____	<b>Math</b> NI = Number Identification MC = Computation WP = Word Problems A = Addition S = Subtraction M = Multiplication D = Division OM = Other: _____	<b>Writing</b> SF = Story Formation SS = Sentence Structure CA = Capitalization PU = Punctuation OW = Other: _____	<b>Behavior</b> HY = Hyperactivity IN = Inattention IM = Impulsivity DF = Defiance/Refusal AG = Aggression DP = Depression AN = Anxiety OB = Other: _____

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Interventionist: \_\_\_\_\_  
 Intervention Name: \_\_\_\_\_ Intervention Focus: \_\_\_\_\_  
 Times per Week: \_\_\_\_\_ Minutes per Session: \_\_\_\_\_ Progress Monitoring Method: \_\_\_\_\_

Attendance Record						
Week of:	M	T	W	Th	F	PM Scores

Key: CA = Child Absent      TA = Teacher Absent      NS = No School      SS = Short Session/Time Not Met      Other ( ) =  
 CN = Child Not Available      TN = Teacher Not Available

## Articulation Intervention Strategies

- Model correct articulation and encourage the student to watch your mouth as you produce the target sound
- Model words containing the target sound with emphasis in songs, stories, and play
- Practice the sound in isolation while looking in the mirror
- Stand close to the student when they are speaking and use contextual cues to decode the student's message so the student is able to be understood and feel successful when verbally communicating
- If you do not understand the student's message, ask them to repeat the message, show what they means, or say it in a different way (rephrase)
- Do not ask the student to correct his/her speech in front of others
- Remind the student to slow his/her rate of speech (i.e., verbal reminder, visual reminder)
- Repeat mispronounced words correctly in your response to the student's response (recast) (i.e., Student: "Look at the tat." Adult: "I see the cat!")
- Provide preferential seating beside a peer with good speech production
- Provide visual and auditory supports (i.e., sound walls, articulation cards containing the position of the mouth for target sounds)
- Provide the student with a consistent visual cue or placement cue for the targeted sound
- Use phonological awareness activities (i.e., rhyming, segmenting, blending) to help the student to develop an awareness of phonemes, which supports articulation indirectly
- Encourage the student to repeat words containing targeted sounds, especially during group reading or vocabulary practice, as this can improve sound awareness and articulation
- Emphasize the target sound in sound-letter activities (i.e., while writing the letter, grouping pictures or words containing the target sound, repeating word lists that contain the target sound, contrasting rhyming words)
- Encourage the student to highlight or underline the targeted speech sound when give written information that they may need to read aloud
- Use contrasting word pairs to emphasize phonemic differences
- Encourage the student to identify and discriminate between sound productions during listening activities
- Provide targeted articulation practice with feedback
- Provide articulation drills to target individual sounds
- Use multisensory cuing (i.e., tactile, visual, kinesthetic) to guide correct sound production
- Provide articulation practice through technology to allow for individualized practice with immediate feedback
- Allow the student to listen to himself/herself while using a feedback device (i.e., u-shaped PVC pipe, voice recording)

## Receptive Language Intervention Strategies

- Use consistent routines supports by visual aids (i.e., picture schedules, visual timers, labeled stations)
- Teach active listening (i.e., eye contact, responding to cues, consistent phrase to gain attention) to support comprehension
- Provide preferential seating near the teacher and away from distractions
- Tache the child to repeat, visualize, and complete tasks
- Teach new vocabulary in context, using visuals, and reinforcing words in various settings to help student to understand and retain meaning
- Provide visual cues and demonstrations when teaching vocabulary
- Play Follow the Leader and Simon Says Games
- Target opposites in games and activities (i.e., stop-go, up-down, on-off)
- Ask open-ended and recall questions during read-alouds to target listening for meaning and details
- Break down multi-step tasks into simple directions
- Target listening and following directions with increasing complexity (i.e., start with single step directions, then move to two step directions, then add a concept)
- Use graphic organizers to help the student to understand the relationship between concepts and vocabulary
- Use barrier games to encourage the student fo follow spoken directions to match or recreate an arrangement or drawing
- Allow the student to give directions to a friend or group
- Teach the student to answer wh- questions after a story or during group activities - provide visual supports, if necessary
- Provide repeated exposure to key concepts with auditory bombardment
- Teach concepts by using categorizing, size/dimension, associations, similarities/differences
- Teach the student to ask for a repetition or clarification if they don't understand the directions
- Provide time to process the direction before repeating or providing assistance
- Provide frequent comprehension checks
- Slow your rate of speech when presenting new information or instructions
- Provide auditory training to target listening to instructions in noisy environments
- Use paraphrasing, summarizing, and predicting to help the student learn to process and retain spoken information
- Encourage the student to sequence pictures from a short story, then use these images to retell the story

## Expressive Language Intervention Strategies

- Provide examples when introducing new concepts or vocabulary (i.e., pictures, videos)
- Pre-teach vocabulary
- Pair vocabulary with visual supports
- Emphasize multi-sensory learning for vocabulary
- Describe everyday objects
- Talk about everything you are doing
- Use "self-talk" - talk aloud about what you are doing or thinking
- Use "parallel-talk" - talk aloud about what the student is doing
- Use a variety of action words and descriptive vocabulary
- Model a specific word if the child uses a vague word
- Teach the child to use context clues to determine the meaning of the message, when new vocabulary is used
- Expand on the student's productions
- Introduce new vocabulary by theme
- Encourage the student to name and classify pictures by category
- Provide opportunities for the child to make choices verbally
- Model correct grammar
- Talk about pictures in stories
- Encourage the students to take turns during conversation and group discussions
- Model grammatically correct sentences by recasting and expanding (i.e., Student: "Runned fast." Adult: "Yes, the boy ran fast.")
- When reading familiar stories or singing familiar sounds, leave the last word/words off to encourage the child to finish the statement (i.e., "A told B and B told C, I'll meet you at the top of the \_\_\_\_\_")
- Encourage the child to participate in shared storytelling or reading (i.e., describing pictures in the story, predicting what will happen)
- Provide the student with additional time to respond (wait time to allow for processing and formulating the response)
- Adjust your language to match what the child can comprehend, then work to expand
- Encourage classroom discussions (i.e., think-pair-share)
- Provide sentence starters to help the student to build more complex language (i.e., "I think\_\_\_\_, because \_\_\_\_")
- Provide opportunities to role play or engage in pretend play
- Explicitly target syntax and grammar to teach grammatical rules and provide examples
- Use story maps or picture sequences to encourage the child to retell simple stories in their own words

## Fluency Intervention Strategies

- Allow time for the student to finish their thoughts
- Avoid interrupting or speaking on behalf of the student
- Promote relaxation by working in breaks for stretching or breathing exercises
- Model acceptance and patience
- Develop a secret signal or non-verbal cue to remind the student to use his/her strategies when speaking
- Encourage all students to take turns and speak at a slower, natural pace. This helps students become more comfortable with fluent speech and reduces speaking pressure.
- Model a calm, unhurried speaking style, which serves as a natural model for students. This strategy can create a positive, low-stress communication environment for all students.
- Establish clear expectations for listening without interrupting, so all students feel heard and have the time they need to express themselves.
- Engaging students in group reading activities promotes fluency as they read along with peers, reducing individual pressure and supporting confidence in speaking. (i.e., poems)
- Provide visual supports to encourage a slowed rate of speech and pacing
- Provide fluency shaping techniques (i.e., gentle onset, slowed rate, light articulatory contact)
- Provide direct practice using visual and auditory cues to remind the student to slow down their rate of speech, focus on breathing, and maintain rhythm
- Practice social interactions through role-playing to provide a controlled, low-stress environment (i.e., greetings, ordering food)
- Teach diaphragmatic breathing and relaxation techniques to help the student to manage speech tension
- Use delayed auditory feedback devices
- Use fluency shaping programs
- Use strategies to help the child manage anxiety around speaking situations (i.e., Cognitive Behavioral Therapy)
- Use Stuttering Modification Therapy to focus on managing stuttering moments, rather than eliminating them (i.e., cancellations, pull-outs, preparatory sets)
- Target training to coordinate breathing and voicing to help the student to maintain control over their speech

## **Section 5: Indicator 10 Revisions**

- Additional procedures for Specific Learning Disability
  - Additional procedures for Multiple Disabilities
  - Systemic Evidence for policies implementation

## **Policies, Practices, and Procedures in Special Education:**

### **Additional Procedures for Specific Learning Disability and Multiple Disabilities**

#### **VIII. Additional Procedures for Identifying SLD**

1. The district will use a multi-tiered system of support (MTSS) to identify struggling students before referral.
  2. Response to Intervention (RTI) data will be reviewed as part of the SLD determination process.
  3. Multiple sources of evidence may include:
    - a. Norm-referenced cognitive and achievement testing
    - b. Classroom performance
      - i. Grades
      - ii. Diagnostic assessments
      - iii. State test results
    - c. Observation
      - i. The child will be observed in the child's learning environment, including the regular classroom setting, to document the child's academic performance and behavior in the areas of difficulty
  4. The eligibility team will document how the student's disabilities impact learning and the need for special education services.
- 

#### **IV. Additional Procedures for Identifying Multiple Disabilities**

1. The district will use a multi-tiered system of support (MTSS) to identify struggling students before referral.
2. Response to Intervention (RTI) data will be reviewed as part of the MD determination process.
3. Multiple sources of evidence may include:
  - a. Norm-referenced cognitive and achievement testing
  - b. Classroom performance
    - i. Grades
    - ii. Diagnostic assessments
    - iii. State test results
  - c. Communication and Adaptive Behavior (must demonstrate severe or profound deficits in at least 1 area)
  - d. Observation
    - i. The child will be observed in the child's learning environment to document the child's academic performance and behavior in the areas of difficulty

4. The eligibility team will determine if there is a combination of two or more areas of disability as defined in rule 3301-51-01 of the Administrative Code, except for a combination that includes a specific learning disability; and another category. The team will document how the student's disabilities impact learning and the need for special education services.



**Mohawk Local Schools**  
**Internal Monitoring Team and Meeting Dates**

**Internal Monitoring Team**

Hannah Herring Director of Student Services	Zack Hawkins High School Rep
Liz Schimpf Preschool Rep	Sara Orr Junior High Rep
Celeste Dunn Elementary Rep	Morgan Smith High School Rep
Amber Crow Elementary Rep	

**2025-2026 Meeting Dates to Review Documents**

Friday, November 7th 2025

Friday, February 27th 2026

**Meeting procedures:**

- The team will meet twice annually. The Director of Student Services will provide 3 ETRs and 3 IEPs from each grade level and self contained placement for systemic Internal Review.
- The team will utilize the ETR and IEP internal monitoring checklists to review completed documents for compliance.
  - If compliant, compliance will be noted, and the document will be returned to Hannah for final filing.
  - If not compliant, notes will be made on the review checklist, and the case manager will be contacted by a member of the team with corrective action to be taken. Hannah will hold the list of corrections. Corrected documents will be turned in to Hannah for review, Hannah will report needed changes to Jackie for EMIS. The document will be marked completed and then be filed.
- Overall semester feedback will be emailed to the Mohawk special education department (to include number of corrective actions found, common themes or needs, and any updated recommendations or practices based upon findings). If no corrective actions are needed, this information will also be shared with the department.



**Mohawk Local Schools**  
**Internal Monitoring: ETR Review**

Student Name: \_\_\_\_\_ ETR Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Evaluation Manager: \_\_\_\_\_

Date of IM Review: \_\_\_\_\_ Initials of reviewer: \_\_\_\_\_

This was an \_\_\_\_\_ initial evaluation \_\_\_\_\_ reevaluation.

Initial ETRs only:

- \_\_\_\_\_ 1. Referral received in writing. Proper signatures on referral.
- \_\_\_\_\_ 2. Parent consent obtained. Evaluation completed within 60 days of consent.
- \_\_\_\_\_ 3. All areas of suspected disability were assessed/included on the planning form.

Reevaluations only:

- \_\_\_\_\_ 1. Conducted at least once every 3 years, or as needed.
- \_\_\_\_\_ 2. Parent consent obtained for new assessments.
- \_\_\_\_\_ 3. Existing data reviewed before testing.

All evaluations:

- \_\_\_\_\_ 4. Parents provided with procedural safeguards at referral/consent/results.
- \_\_\_\_\_ 5. Prior written notice provided.
- \_\_\_\_\_ 6. ETR meeting held/all team members present/signed and reports signed.
  - Parents
  - General education teacher
  - Special education teacher

School psychologist  
District representative  
Related service providers

\_\_\_\_\_ 7. Disability confirmed/eligibility page completed appropriately.

SLD Only:

\_\_\_\_\_ 8. Data reflects insufficient achievement, despite instruction

\_\_\_\_\_ 9. Progress monitoring data reviewed.

\_\_\_\_\_ 10. Exclusionary factors considered.

MD Only:

\_\_\_\_\_ 8. Evaluation covers two or more impairments.

\_\_\_\_\_ 9. Input from multiple professionals/sources.

\_\_\_\_\_ 10. Document educational impact greater than one disability alone.

Additional information (all ETRs):

\_\_\_\_\_ 11. All required documentation is attached (ETR matches planning page).

\_\_\_\_\_ 12. ETR and documentation was scanned and uploaded to Samegoal.

\_\_\_\_\_ 13. EMIS code is correct for student and EMIS page is included with ETR.

Notes/Corrective Action needed:



**Mohawk Local Schools**  
**Internal Monitoring: IEP Review**

Student Name: \_\_\_\_\_ IEP Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Date of IM Review: \_\_\_\_\_ Initials of reviewer: \_\_\_\_\_

The IEP was reviewed for the following:

\_\_\_\_\_ 1. IEP dates are compliant.

\_\_\_\_\_ 2. Signature section is complete.

\_\_\_\_\_ Related services signatures are reflected, if applicable.

\_\_\_\_\_ 3. IEP Case manager checklist is complete, and all required documentation is attached (including completed progress report).

\_\_\_\_\_ 4. IEP and documentation was scanned and uploaded to Samegoal.

\_\_\_\_\_ 5. EMIS code is correct for student.

\_\_\_\_\_ 6. Present level data is presented as data-driven statements, and goal matches provided data.

\_\_\_\_\_ Transition goals are completed, if age-appropriate.

\_\_\_\_\_ 7. Specially designed instruction matches goals, and location of services matches outlined SDI.

\_\_\_\_\_ 8. Assessment and accommodation information are accurate for student.

\_\_\_\_\_ 9. Exceptions are noted, if appropriate, and completed correctly.

Notes/Corrective Action needed:

HS only: \_\_\_\_ Transfer of rights      \_\_\_\_ Evidence of student invitation.