



2025 QUESTIONS FROM THE FIELD, PART 2 PRESCHOOL STUDENTS (r 10-30-25, 1-30-26, 2-25-26, 2-28-26)

The following **preschool** student questions were submitted by RSPs for Q&A at the 2025 ORSPN Meetings. Some questions were answered at the meeting when time permitted. This Q&A paper is a compilation of all questions asked or submitted and can be used to foster discussions with your School Team.

The responses within in this paper are the result of multiple dialogues with the DCY Preschool Special Education Team, and contain excerpts from Preschool guidance resources/documents and Ohio OAC (Operating Standards). Please be aware that information and guidance specific to preschool students may be different from information and guidance provided by OEC regarding school age students.

A special thanks to the DCY Preschool Special Education Team for their expertise, attention to detail and commitment to support related service personnel. To support and expand upon the initial response in **blue** font, additional guidance from the DCY PS team has been offered and is highlighted in **green** font.

For more guidance, questions, or clarifications, please contact the DCY Preschool Special Education Team at: preschoolspecialeducation@childrenandyouth.ohio.gov. You may also want to subscribe to the DCY newsletter/bulletin which includes preschool information and updates (itinerant services, assessment, etc.) using this link: <https://public.govdelivery.com/accounts/OHDCY/subscriber/new>

GENERAL/MISC

1. What is the public school's obligation to provide equipment such as a wheelchair or AAC devices when a student owns their own equipment, but the parent requests for the school to provide the same at school? Parents do not want to send the student's personal equipment to school. The student-owned equipment has been doctor prescribed and funded by private insurance.

Public schools are not generally required to provide wheelchairs to students with disabilities. However, the school district must ensure access to and support for the student's mobility needs as part of their Individualized Education Program (IEP) or Section 504 Plan, depending on the student's eligibility. Wheelchairs themselves are considered personal medical equipment, not educational tools. The responsibility for obtaining the wheelchair falls to the family, using private insurance, Medicaid, County Board of DD's, etc.

The Individuals with Disabilities Education Act (IDEA) does not require public schools to buy a wheelchair for students. IDEA mandates that public schools provide a free appropriate public education (FAPE) to eligible children with disabilities, which includes the provision of specialized education and related services. This may include specialized transportation services that enable these students to receive a quality education. However, IDEA does not specify that schools are required to purchase wheelchairs. Instead, schools are required to provide necessary transportation services to ensure that students with disabilities have access to their education ([The Rights of Students with Disabilities Under the IDEA, Section 504, and the ADA](#)).

For more guidance on assistive technology devices and services, please refer to the guidance document issued by the U.S. Department of Education, January 2024, [Myths and Facts Surrounding Assistive Technology Devices and Services \(PDF\)](#). In addition, [Sec. 300.105 Assistive technology - Individuals with Disabilities Education Act](#) speaks to the provision of assistive technology devices or assistive technology.

2. Should I be conducting a speech and language screening of general education students as part of tiered interventions in order to recognize students “at risk” of communication problems or to identify student’s needing SLP services?

Historically, some SLPs (and other RSPs) have performed specific screenings, however, this does not align with how MTSS/early intervening/tiered interventions/ RtI is to be provided.

For general education students, screenings are a part of district’s routine general education programming and assessment processes. An RSP may want to collaborate with general educators about the tools being used and the components of those tools. In Tier 1, student’s may be identified as “at risk” through those routine screenings and receive support via Tier 2.

RSPs as Specialized Instructional Support Personnel (SISP), sometimes work with a building level intervention team (general education). SISPs are invited to a team meeting to discuss a group of students (Tier 2) or a particular student (Tier 3). This invitation comes after the gen ed. team has provided interventions at the classroom/instructional level and data reveals that the student is not making sufficient progress. The teacher may need specialized input/strategies (Tier 2) or the student at some point may need intensive support or expertise from a SISP (Tier 3). Tiered intervention is data driven.

The OSEP memo [oseptipreschoolmemo4-29-16.pdf \(ed.gov\)](#) is the most current information regarding the use of intervention strategies for preschool children suspected of a disability and not delaying the evaluation process. It is up to local control whether screenings are required for general education students in the preschool setting.

If a disability is suspected for the general education student, they can move into the referral process (ETR) without conducting screening at any point during tiered interventions. When conducting an evaluation (to determine eligibility for special education programs and services), the district can include intervention strategies that the child may have received from a community childcare program. This process becomes very difficult when the preschool child is not in a center-based program to provide some intervention strategies.

In terms of developing MTSS strategies, there is not currently a lot of specific preschool guidance. There are some levels of support/ strategies that could be considered for EC MTSS.

Possible Tier 1 Support: Based on local data, an area of need(s) may reveal that children are lacking in experience or have less exposure to a skill/developmental area, but may not warrant a future preschool special education referral.

Planned Opportunities provided by community, district, providers that address basic developmental focus might include:

- o Parent/family learning from early childhood experts and have opportunities to ask questions about development (what is typical performance, what parent can do to help)

- Scheduled 1 hour child play groups with a developmental focus for any preschool child and parent/family, outside of center-based program time the child may already have.
 - SLP led activity to enhance language development that parents/families can model at home
 - OT led activity like stringing beads, homemade playdoh play, cutting/pasting craft, etc. to help parents/families see what would be appropriate to do at home with their child
 - PT led activity to provide examples of large motor movement that helps develop skills and are everyday activities for children
 - Behavioral Therapist/specialist activity to approach SEL and additional EC PBIS approaches for all (teachers, parents, children)

Possible Tier 2 Support: Planned intentional group activities based upon observed areas of specific need(s) within the classroom for “extra” exposure/experience in developmental domain. An intentional “guest” would be a part of weekly “extra” experience for everybody in the center-based setting.

- Weekly whole group and/or small group visit from SLP, OT, PT, etc.

Possible Tier 3 Support: Targeted (intensive) intervention strategies are shared with the parent, teacher.

- May include SISIP consultation and or services.

3. Please provide real examples of ETR and IEP sections when discussing: Part 1, Part 2, Annuals goals and objectives, Section 7 (description of RS, AT devices and services, Accommodations, SSP)

Please review the record review guide posted on the DCY website for the specifics that are required in the ETR and IEP sections. We caution in providing a full-on example, as this often becomes a template for districts to use. Our records review guide is what is used to conduct an audit of the documentation. This is the criteria that we review to ensure the document is in compliance to the documents. Each and every document and area should be individualized to the students’ needs and what the specialized instruction that will be provided. Our Universal Supports videos also walk you through this.

Here are some resources:

[Preschool Special Education 101 Series | Education Station](#)

For guidance on writing the ETR and IEP for preschool students with disabilities, please review the [Preschool Universal Support Materials | Department of Children and Youth](#), which cover the following:

- ETR Part 1: Referral and Planning
- ETR Part 2: Summaries of Assessment and Determining Eligibility
- IEP Part 1: Development of the IEP
- IEP Part 2: Measurable Goals and Specially Designed Instruction
- IEP Part 3: Transportation and Least Restrictive Environment

You may also want to review the [Preschool Record Review Guide](#) for guidance on determining compliance and how to document individual preschool student records.

4. To avoid redundancy, what information goes into the PLOP and what should go in the Profile
 - a. Where does ETR info go?
 - b. Do we have to describe current info (strength/interest) in the Profile, or does this go in the PLOP?

For a ORSPN discussion paper on this topic, go to the ORSPN website using this link.

<https://www.orspn.net/orspn-resources/>. Under the ORSPN Resources tab, find FAQ PROFILE VS. PLOP A

practice paper for related service personnel, March 18, 2025. (Please note that this discussion paper largely pertains to school age student.

For guidance on writing the IEP, please review the [Preschool Universal Support Materials | Department of Children and Youth](#), IEP Part 1: Development of the IEP. You may also review the Delivery of Service section within the [Preschool Record Review Guide](#).

Please reference the DCY PSE Records Review Guide and Preschool Universal Supports Materials as they both clearly outline these expectations.

This excerpt is directly taken from the DCY PSE Records Review Guide:

[Present Levels of Performance \(Section 6\)](#) must include the following information for each goal:

- Summary of current daily academic/behavior and/or functional performance compared to expected grade-level standards or to expected age-appropriate performance (RSPs) in order to provide a frame of reference for annual goal development in the specific area of academic and/or functional need,
- Baseline data provided for developing a measurable goal (taken from for example, ETR results, if current, formative academic assessments, curriculum-based measurements, transition assessments, or functional behavior assessments) and
- Current performance measurement directly relates to the goal measurement

This excerpt is directly taken from the Universal Supports' transcripts (available on our website):

- [Child's Profile \(Section 3\)](#) provides background information on the child contributed by the IEP Team. Information might include assessment data, data collected from the family, Part C, or other early care experiences, if applicable, and other information about the child that the team thinks is important for all parties involved in the IEP to know.
 - The IEP team should consider strengths of the child, areas of concern and instructional strategies that have been successful.
 - Do not cut and paste all of the assessment data found in the ETR. Only include relevant developmental and/or academic readiness information that may have an impact on the child's academic and/or functional performance. If the IEP team decides that based on the severity of the child's needs that they will prioritize addressing needs of the child, then they should explain that within the Profile.
 - Additionally, if the IEP team determines that there is no longer a need in a given area, then they should also explain that within the Profile and include data used to make that decision. If applicable, this information could also be added to the relevant Present Levels of Performance section of the IEP. Page 4 | Preschool IEP Part 1 Transcript | Revised June 2024 Keep in mind that the language must be understandable to the parents and all team members involved.
5. Can Occupational Therapists be case managers on IEPs? And if so, is there extra training required or needed in order to follow all of the state and federal laws?
- a. Yes, an OT can be a case manager. If any related service is determined to be SDI by the IEP team, and that RSP is the only provider in Section 7, then they can assume the role of a "case manager" as well as being the provider of SDI.
 - b. There is no formal training program for this--the best thing to do is to talk to an IS or your special ed director/coordinator to learn about the process. An SLP providing SDI would also have the background. You should also become very familiar with OAC 3301-51-06 and 3301-51-07. The Universal Support Materials on the DEW website are also resources for you to learn about the

procedure and paperwork. There may be IEP training though an SST or an ESC in your area, however I am seeing those offered far less than in the past.

There is nothing in rule outlining who can case manage. Case Management doesn't count toward caseload numbers but it does factor in to the workload. It is district's decision on who case manages and their responsibility to train on these duties.

6. How much time should I spend supervising my assistant in a school setting? What does Supervision look like? Where do I document time spent on Supervision?

Documentation regarding the supervision of assistants is dictated by the OT and PT Practice acts. Professional Associations establish the standards of practice for supervision of assistants.

Ohio Licensure refers to the establish professional standards regarding what constitutes supervision. Supervision is an interactive process and the supervising therapist must not abdicate the client/student to the Assistant. Co-signature alone does not satisfy supervision requirements. The supervising therapist remains legally, professionally, and ethically responsible for the client/student at all times.

For OT's, refer to:

OT Practice Act: <https://otptat.ohio.gov/occupational-therapy/ot-laws-and-rules>
see 4755:1-2-03, 4755:1-2-04, 4755:1-2-05

OT Scope of Practice and FAQs: <https://otptat.ohio.gov/occupational-therapy/scope-of-practice>

For PTs, refer to:

PT Practice Act: <https://otptat.ohio.gov/physical-therapy/pt-laws-and-rules>
see 4755:2-2-03, 4755:2-2-04, 4755:2-2-05, 4755:2-2-06

PT Scope of Practice and FAQ: <https://otptat.ohio.gov/physical-therapy/scope-of-practice>

OT and PTs can find additional school-based practice resources at: <https://otptat.ohio.gov/about-us/reports-and-publications/publications>.

Determination of Appropriate Caseload for School-Based OT and PT Practice

Responses to Questions Concerning Appropriate Caseloads for School-Based OT and PT Practice

Comparison of Responsibilities of School-Based Occupational Therapy and Physical Therapy Practitioners

Referral and Caseload Information for School-Based Occupational Therapy Practitioners

The IEP describes **Support(s) For School Personnel** who may need assistance in implementing the child's IEP. The section describes what support adult staff are receiving from other adult staff.

For each support, the team must list

- The school personnel to receive the support,
- The specific support that will be provided,
- Who will provide the support,
- When the support will take place and
- The time and frequency in the description for each support.

There can be more than one support description in this area.

Support for school personnel services" may include modeling specially designed instruction, preparing

materials for use by others, co-planning instruction or interventions, coaching, or consulting with a family member, caretaker, general education teacher, intervention specialist, related services personnel, paraprofessional, or other person who provides care, education, or related services to the child.

7. With regards to related service personnel, what constitutes a change of placement? There is conflicting information in the field and providers in the field want to know:
 - a. When a related service is added or removed from a student's existing IEP, is this considered a "change of placement"?
 - b. When there are changes to LRE/location for the delivery of a related service, is this a "change of placement".
 - c. Pending your response to the two questions above:
 - is parent consent required?
 - what documentation is needed aside from RSP student data for the team decision making process?

The following response is from Monitoring Team (Oct 6, 2025) and recently review by the DCY PS Team

Under IDEA, changes in placement require parental consent and a special education team meeting. Parents have the right to due process if they disagree with the proposed change. See the Operating Standards:

(5) Parental consent for a change of placement

(a) A "change of placement" means a change from one option on the continuum of alternative placements to another.

(b) Informed parental consent must be obtained before making a change of placement of a child with a disability.

(c) Informed parental consent need not be obtained before:

(i) A change of placement if the school district of residence can demonstrate that it has made reasonable efforts, as described in rule 3301-51-07 of the Administrative Code, to obtain consent, and the child's parent has failed to respond.

(ii) A change of placement of a child with a disability that is the result of a disciplinary action taken in accordance with paragraph (K)(19) of this rule.

(iii) Reviewing existing data as part of an evaluation or a reevaluation; or

(iv) Administering a test or other evaluation that is administered to all children unless, before administration of that test or evaluation, consent is required of parents of all children.

Removing or adding a related service does not necessarily equate with a change of placement. A change of placement refers to a significant shift in a student's educational setting that alters their access to peers and services, such as moving from a general education classroom to a resource room or vice versa. A change of placement constitutes movement from one placement on the continuum to another placement. See Support for LRE section of Preschool Rule. The services being delivered must be accurately reflected in Section 7 of the IEP. Any changes to the IEP should be documented in a PR-01 outlining the change in placement. Parent signature is required on Section 15 of the IEP under "Parent consent with a change of placement".

If the district wants to add or remove a related service, see linked memo:

<https://education.ohio.gov/getattachment/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance/ODE-OEC-Memo-2015-1-Adding-and-Removing-a-Related-Service-to-an-IEP.pdf.aspx>

1. Does the planning form need to indicate that as a service provider I will gather parent information about student’s self-care, sensory, medical diagnosis or developmental milestones **OR** can this information be included in my assessment findings within my Part 1 summary.
 - a. If a part of the planning form, how is this documented?

The Preschool Planning Form and the School Age Form have sections for indicating structured interview, gathering background information, observation, etc.

RSP need to participate in the discussion and decision making about what is going to be “assessed” and by whom, so there is not a duplication of effort and information reported on the ETR. RSPs can contribute to the Planning Form via email, phone conversation, etc. The Planning Forms does not have to be completed in a meeting format.

If you know you will want to gather this sort of information, then you need to be included under **structured interview**.

“Informal” information that is casually shared or learned during other assessment activities could be included in your Part 1 Individual Evaluator Assessment summary as “profession/additional comments,” for example, but *are not* considered a **Structured Interview**. Only **Structured Interview** findings can be used during the team’s discussion about eligibility for preschool special education. (Part 4).

Preschool planning requires you to specifically enter who will be providing what information and how. Please see the Records Review Guide and Universal Support Materials for specific guidance. This is covered in ETR Part 2 in the Universal Supports. [ETR Part 2 Transcript JAN23 DCY](#)

The Planning Form will need to indicate if additional data needs to be collected or if existing data is available. Your planning form must include

- source of the data (such as interview, observation, norm-ref, criterion-ref),
- Name of the assessment (if applicable)
- developmental area,
- as well as the provider reporting.

Within your Part I report, you would want to state the source of the data, the developmental domain covered, when the data was collected, and by whom. This connects what the Planning Form indicated with what assessments were completed.

In the case of an existing “outside” PT’s report (for example), if the evaluation information from the report is decided by the team important to include in the ETR process, then document on the Planning Form:

- The assessment method/data source: norm-referenced assessments (provides existing data)
- The developmental area assessed: such as SENSORY/MOTOR FUNCTIONING
- Who will be reporting on this data to the team: ex. the school-based PT

2. I am being told that my observations of a student while conducting an assessment cannot be considered **Structured Observation**.

That is correct. For school age and preschool age students, a **Structured Observation** must be indicated on the evaluation planning form and documented as such in your Part 1, Individual Evaluator Assessment summary. (see Q&A #13).

Structured observation involves a methodical, visual assessment with a predetermined purpose. There is a begin/end time with observations documented on a form, checklist, or data collection tool.

For school age students, **Structured Observation** must be conducted by the evaluator as a “third party” while the student is engaged in an activity and not interacting with the evaluator.

For preschool students, **Structured Observation** is conducted by the evaluator either as a part of the student’s activity or separately outside of the activity.

While conducting your assessment, you may recognize or witness behaviors, actions, etc. or have “professional impressions” which may accompany or impact your assessment conclusions in some way. You would include that information within your Part 1 Individual Evaluator Assessment summary for that particular assessment. You would report this information as a professional comment, impression, etc.,

Only information from a **Structured Interview** can be considered when the evaluation team discusses eligibility for special education during an ETR meeting.

3301-51-11 (G) (1) (b): Observations in more than one setting and in multiple activities shall be conducted after obtaining parental consent for such observation.

You cannot use the observations during your assessment as a structured observation. This is covered in the ETR Part 1 in Universal Supports; which provides detail about what is counted as an Observation. Part 1: Evaluation Team Report (ETR) Preschool : “Any observation conducted during an interview, norm referenced, or criterion referenced assessment cannot count as one of the required structured observations for that particular assessor.”

Informal observations can be reported within the ETR Part 1 ETR summary, but this information cannot be used to make an eligibility determination. See page 9 of the Universal Supports ETR Part 1 transcripts.

3. I have questions about how to manage (document and file) a new occupational therapy evaluation for a preschool student completed one year after the current ETR was completed.
 - a. The preschool student has a current IEP with OT under support for school personnel in Section 7. The paperwork was filled out for a new OT evaluation which was a parent request. The OT evaluation was completed and the team met with the parent. No fine motor concerns were noted in the new OT evaluation. The student is going to stay on under support to school personnel. What do I do with the new OT evaluation information.

As a preschool student served by SSP--make sure the OT/team indicates the adult recipient of the collaboration/support, the nature of the support and specify the minutes and frequently the SSP will be provided. You could amend the IEP by adding information to the Profile about the additional evaluation that was completed and the determination that a change in service was not needed or you would include this information in a PR01 that is sent to the parent and becomes a part of the student’s school/special education file.

A new OT evaluation needs to be attached to the ETR and should be documented in the PR-01.

- b. I have always amended the IEP Section 3 Profile with a brief summary regarding the results of the testing and then attached the OT Assessment report (Part 1 of the ETR) to the current IEP. One of the psychologists wanted the new OT Assessment Summary attached to the ETR. Where should it be attached?

I have always understood that an Individual Assessment completed *after* an ETR is completed is attached to the ETR. That way the future re-evaluation team knows what had been done and can determine if/how the OT needs to be a part of the re-eval. It is important to note that this additional OT assessment does not change the ETR date/timeline.

According to the PS Team at DCY, there is no required procedure as to how the document is maintained, only that the required forms, consent, and decisions are properly documented.

As noted above in (a.), the Profile is a good place to put a brief statement about the new evaluation and why SSP continues to be indicated for the student. Attachment of the OT Evaluation Report to the IEP would not be necessary.

The above information was confirmed through collaboration with the Preschool Special Education Team at DCY (Summer 2025), and remains current. For more information about preschool records, please see the Preschool Record Review Guide (DS-11)
<https://dam.assets.ohio.gov/image/upload/v1734631001/childrenandyouth.ohio.gov/For%20Providers/Preschool%20Special%20Education/Preschool-Record-Review-Guide-PSE.pdf>

GOAL WRITING

1. Should RSPs have their own goal or attach to academic goals, for example a goal being addressed by an intervention specialist?

RSPs can support an academic goal, however, annual goals may be developmental or functional in nature. Having a separate goal or collaborating with another provider on a goal is going to be determined case by case and should be decided by the IEP team and not independently by the RSP.

Factors that should be considered—is there a different data collection system, will a different method to measure progress be used, are the “conditions” of the goal the same. All objectives must be specific to the skill being addressed in the annual goal.

When writing a goal collaboratively, the objectives must directly connect to the annual goal. “Attaching” or “tagging” onto a goal is not considered a collaboratively written goal.

Writing an annual goal supported by more than one provider is an IEP team decision. The IEP determines what services will look like. For example, If the IEP team determines that both the IS and SLP can support a goal, that is appropriate. This must be specified clearly to the parent in the SDI Section 7 of the IEP.

SECTION 7 DOCUMENTATION OF SERVICES

1. How do I document the amount of time for my (direct) related services (frequency/duration) in Section 7 of the IEP? I work with preschool age students.

- a. Can I state: "90 minutes per month, intended to look like 30 minutes 3 times per month with the exceptions of absences, delays, cancelations, meetings, special programs, testing and field trips"

For stating preschool minutes in Section 7 of the IEP: Service minutes for a preschool student must be stated in minutes per week. According to rule (Ohio Administrative Code) preschool children eligible for special education services must be provided a minimum of one hour of SDI/RS per week.

Within Section 7, the description of the time and frequency for the SDI/RS must be written as to clearly communicate how much SDI/RS the child receives each week. If the IEP team determines that any of the child's Specially Designed Services will not be provided weekly, then document the time and frequency that the service is actually provided. This must be communicated to the parent.

Your local district may require additional information to "declare" when stating the amount of service minutes to be provided, however, all that is *required* is a statement about the:

- total minutes (per week)
- minutes each student contact
- number of contacts during the period (week)

Some of the "exceptions" you mentioned in your question do not align with the federal and state requirements related to "missed minutes" the student is "owed." FAPE is a key consideration, regardless of the nature of the "missed minutes."

SDI for preschool must be written weekly. This is currently state in rule 3301-51-11 (5) Preschool services.

(a) When determining services, the school district shall consider the requirements in rule 3301-51-09 of the Administrative Code and the following factors:

(i) The child's ability to participate and progress in the general early childhood curriculum;

(ii) The child's socialization needs; and

(iii) The child's educational and developmental progress.

(b) Unless otherwise specified by the IEP team, services shall be provided for all preschool children eligible for special education services in accordance with the following:

(i) A child served in the home or service provider location must be provided a **minimum of one hour of instruction per week** in the general education curriculum that includes specially designed instruction; or

(ii) From the effective date of this rule children served in any setting other than home or service provider location must be provided a minimum of three hundred sixty hours of programming per year, which must include instruction in the general education curriculum, and a **minimum of one hour of specially designed instruction or related services per week**, or a combination of specially designed instruction and related services; and

(iii) For all preschool children receiving special education services "support for school personnel services" must be considered during each IEP meeting.

2. When a preschool student is absent, do I need to provide those minutes?

- a. If the student is absent, the district does not owe the student the services. OSEP Letter to Clarke 2007

- b. If the student misses services because they are taking a state or district test, the district does not owe the student the services because this is in the IEP. [OSEP Letter to Kane 2018](#)
- c. If the student misses services because they are participating in a school activity like a field trip or assembly, the district owes the student the services (unless it states in the IEP “except for school activities like field trips, assemblies, parties, etc.) [OSEP Letter to Balkman 1995](#), [OSEP Letter to Copenhagen 2008](#)
- d. If the student misses services because the service provider is not available (absent, attending a meeting, etc.) the district owes the student the services missed. [Letter to Balkman 1995](#), [Letter to Copenhagen, 2008](#), [Letter to Clarke 2007](#)

Exceptions to a and b: If a student misses services for any reason to the point that they may not receive FAPE, the IEP team needs to convene to determine compensatory services.

3. How do I document in Section 7, if I am providing services for one objective of an annual goal?

Related services are to address the annual goal and not solely an objective. All objectives must be related to the annual goal. When a RSP is working on a subskill/objective that is integral to the annual goal, the RSP is also working on the annual goal. Any progress on the objective must connect to the student’s overall progress on the annual goal. Therefore, you would document just the goal number within the “goal addressed” box in Section 7.

Related Services in Section 7 can only be connected to a goal, not an objective. If there are personnel working with a child and providing SDI even if the support is on an objective, this is still Specially Designed Instruction toward the child’s mastery of a *goal*. The IEP team determines who reports progress on the goal and the progress being reported is specific to the annual goal measurement.

4. When a preschool or school age student’s teacher receives support from a related service under SSP, where do we document information and data about the indirect services provided?

As part of a professional standard of practice, a service/contact log should be maintained as you would for any other service you provide. Operating Standards and IEP guidance appear to be silent about this.

When documenting preschool services provided under SSP, include the [frequency](#) and [amount of time](#) as well as the adult receiving the service. The related service contact note must align with what has been written in the SSP section of the IEP to account for the support provided.

- a. Do we contribute to the student’s progress report? If so, where/how do we do this since we are not attached to a goal?

Again, there seems to be no requirement or specific guidance about this, however, the direct provider (ex. teacher) being supported under SSP has a goal that *does* require progress reporting.

The provider outlined in section 7 for SDI on the goal is responsible for collecting data from the person supporting the work of the goal. Support Personnel are not required to report anything.

5. I have received inconsistent and confusing information about how to describe my related service in Section 7. What needs to be included in the description in Section 7 to be compliant? Please provide an example.

Please review the preschool records review guide and universal supports videos/transcripts as this is clearly outlined in those resources. The records review guide is used when reviewing documents.

6. How do I document minutes of service I provide as an OTA on the IEP?

All service minutes a student is to receive (amount and frequency) as well as the student's goal to be supported is documented under "Related Services" regardless of which practitioner (the OT or the OTA) provides those minutes. The partnership of the OT and OTA are explained under Support for School Personnel.

7. Discuss how the IEP Team decides AT needs of a student?

- a. What is the best way to document AT devices in the IEP
- b. What is the best way to document AT services in the IEP

The **Individuals with Disabilities Education Act (IDEA)** 2004 defines an **AT device** as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability" (IDEA, 2004 300.6 ̄).

IDEA defines an AT service as "any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device" (IDEA, 2004). AT services may include evaluation of the child's functional environment; selection, acquisition, and customization of appropriate technology tools; coordination of AT services between professionals; and the provision of training of technical assistance for school-based professionals or family members (IDEA, 2004).

Here is a resource the IEP team may use when determining the preschool child's need for assistive technology, [Assistive Technology Checklist](#). Additional information can be found on the Early Childhood Technical Assistance Center website, [ECTA Center: Assistive Technology](#)

The ETR results must be used to determine the student's needs. The IEP addresses those needs through all instructional strategies, including AT, accommodations, and/or modifications.

8. In Section 7 of the IEP, are the minutes listed the minimum or are the minutes to be exact?

Service minutes listed are what the student needs based on the number of goals the RSP is supporting. The number of minutes a student needs should be sufficient to assure that progress is made and the goal met by the end of the IEP. You can always provide more minutes, but you cannot provide less minutes. If you see that the services minutes documented in Section 7 do not meet the student's needs for whatever reason, an IEP meeting should be convened.

Minutes listed are the minimum. If more time is consistently needed, the IEP team should reconvene to discuss and make changes to the IEP to accurately reflect the services the child is receiving.

9. Does therapy delivered in "small group" specified on the IEP, Section 7?

Yes.

a. If yes, what happens if I want to work with a student 1:1 occasionally?

If you will want to also serve the student 1:1, then document this separately on another line (drop down another row on the IEP form) and document accordingly across the row.

Special note for PS students, if you do not see the student 1:1 *weekly*, you will need to explain why not.

Your SDI must be clearly explained to the parent to indicate the service delivery that is occurring. We would want to see the adult strategies that are being used and how you are delivering the services. It is acceptable to have small groups and large groups in the preschool setting. Please see the Records Review Guide, and Universal Support Materials.

10. Regarding therapy delivered in small group therapy specified in Section 7

- are the service minutes listed for each student's IEP met. ex. Services provided in small group for 30 minutes, each student will have received 30 minutes of service.

As required by IDEA, all specially designed services are to be based on the unique needs of the child with a disability. The district, as well as the provider, must assure that a free appropriate public education can be provided for the student.

How a specially designed therapy service is provided must reflect the specific needs of the student; in content, methodology and delivery. The amount of time to provide specially designed services must also be **individualized** and based on the annual goals supported by the RSP.

Small group instruction can be an effective methodology for students who benefit from peer interactions and models, and for those students working on similar/same or complementary skills to meet their annual goals. Small group instruction, when used for staff scheduling convenience or to manage high caseloads, does not meet IDEA requirements for FAPE.

RSPs may recommend specially designed services, however, again, service minutes and the "method" of delivery are ultimately determined by the team and must be based upon student needs.

If the Team decides a particular student's specialized services will be delivered in a *small group*, it is important to assure there is continuity from the intended use of this method, to documentation in Section 7, to actual service delivery, and to reporting the minutes per session.

- a. For School age students, yes. your example is accurate. You must document *small group services* in each of the student's IEP that are to be in this small group
- b. For Preschool age students, the minutes documented in Section 7 need to reflect how those minutes will be delivered to each student in that small group. Service minutes are the minutes you are directly working with the student. How you document service minutes are scenario dependent.
 - Scenario 1: If services are provided during a 30-minute small group session with 3 students and you work individually with each student for 10 minutes, then you would document 10 minutes of service time. (If the actual service minutes per student varies during any given session for any reason, the RSP is responsible for providing the service minutes designated on the IEP.)
 - Scenario 2: If services are provided during a 30-minute small group session with 3 students and you design and deliver a targeted, inclusive activity which embeds skills all 3 students need to work on, then each student would be receiving 30 minutes of service.

Two situations: an SLP using small group instruction for 3 preschool students during a 30-minute session

- One child is working on functional vocabulary, one is working on social communication skills and the other on letter sounds. In designing the content for small group services, the SLP would create an activity for the session which targets and embeds all of the student's skills noted above during the 30 minutes. The SLP is interacting with all 3 students simultaneously. This is considered an accurate use of small group instruction as a method.

- In this situation, each child receives 30 service minutes of specially designed services. Section 7 documentation would indicate small group, 30 minutes for each student. Daily service notes would need to reflect this small group session accurately.

-The 3 grouped students were provided services with their needs addressed separately by the SLP, i.e. one student at a time with the 2 remaining students waiting their turn/engaged in general play. This is *not* the true intent of small group instruction. (Essentially each student is being served 1 on 1 while in the same space.)

- In this situation, the service minutes reported in the SLP's service log would reflect the actual direct time spent per child. It could be equally divided among the children if that is what occurred. If the **actual** direct time spent per child is different, then the SLP documents the specific service minutes provided per child in their daily service notes.
- If in Section 7, small group instruction for 30 minutes, this is not an accurate account of what each student is receiving.

IDEA does not define small group. IDEA does define special education more broadly and includes instruction in various settings, but it leaves specific instructional methods (like small groups) unregulated. [300.39 Special Education.](#)

Rule 3301-51-09 ("Delivery of Services")

G) Role of preschool and school-age service providers

(1) The educational agency will assign early childhood, and school-age intervention specialists, and/or related service providers to meet the unique educational needs of each child with a disability. **The school-age service provider may provide indirect or direct services in one or any combination of instructional groupings, including large group, small group, individual instruction, or parent and teacher training and consultation.**

For Preschool, you must follow 3301-51-09 along with 3301-51-11 as cited:

(5) Preschool services.

(a) When determining services, the school district shall consider the requirements in rule [3301-51-09](#) of the Administrative Code and the following factors:

- (i) The child's ability to participate and progress in the general early childhood curriculum;**
- (ii) The child's socialization needs; and**
- (iii) The child's educational and developmental progress.**

The main thing is that the SDI must align with the child's educational need and allows the child to embed those skills within everyday classroom routines and activities to access, participate, and make progress in the preschool general education curriculum. This looks different for each child.

For example, if a child has goals and SDI to address adaptive skills, then we would expect to see activities that incorporate those skills in the child's learning environment. This could be supported within the child's routines or as the child is engaged in any type of activity (whether with or without peers/adults).

The service provider is responsible for providing the SDI as written in the IEP and meeting the service minutes. It is imperative that if the service provider is addressing the specific goals through small group instruction, that the child is engaged with the instruction in that setting.

There have been instances when reviewing practices during our IEP verification process (onsite visits) that the IEP indicates small group instruction and the child is brought into a therapy space with other children.

Then the children parallel play while the service provider works with each child individually. This is not true small group instruction, and the direct service delivery may only be 10 minutes out of the 30 minutes. In this scenario, the child is not receiving 30 minutes of SDI minutes.

In contrast, if the service provider is working with a small group of children at the same time with an activity that engages each child to practice and work on goals through the activity, then yes, this would be considered service minutes being met.

11. Should pencil grippers be listed under AT if they are being used as part of an intervention? Or should this be in a goal as a condition OR should the gripper be listed under accommodation?

Depending on the situation and scenario for the student, the pencil gripper could be documented in a variety of ways, such as under AT, accommodations or embedded into the annual goal as a condition. As with all AT, this should be discussed with the IEP team to better understand how to document as well as to implement consistent and appropriate use of this AT.

Refer to definition of Assistive Technology. It could be either. Be clear on whether the child needs it all day long or only during certain activities.

504 PLANS

1. Can students receive Related Services under 504 plans.

Yes. For a particular student, it may be appropriate for related services to be provided under a 504 Plan. Under 504 of the Rehabilitation Act of 1973, services and accommodations are more aligned with major life functions that are fundamental to daily life. These include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Additionally, the operation of major bodily functions like the immune system, digestive system, and respiratory system are also considered major life activities.

To determine if a 504 Plan is needed, consider whether the disability the child exhibits would “fit” an education disability category under IDEA and meet these three prongs for eligibility

- i. meets the definition of an educational disability,
- ii. there is an adverse effect upon educational performance **and**
- iii. the student needs specially designed instruction

If the disability is not impacting the student’s education but does affect a major life function, then a 504 Plan may be indicated. Again, this is a team process.

2. How do I navigate a 504 plan? (include links and documents)

There are many resources and guides regarding 504. Here is a link to a basic article on the OSEP Website: <https://www.ed.gov/laws-and-policy/civil-rights-laws/disability-discrimination/frequently-asked-questions-section-504-free-appropriate-public-education-fape>

Here is an article from UNDERSTOOD. You can find videos, podcasts and charts to help you get started. <https://www.understood.org/en/articles/the-difference-between-ieps-and-504-plans>

The DCY PSE team does not provide guidance on 504 Plans.