

**LICKING REGIONAL
EDUCATIONAL SERVICE CENTER
TREATMENT GUIDELINES
FOR THE PROVISION OF
RELATED SERVICES**



A VITAL LINK| MAKING A DIFFERENCE TOGETHER

2023-2024

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DEFINITIONS

Adaptive Physical Education (APE): Adaptive Physical Education Teachers adapt or modify the individualized physical education needs of children and youth who have gross motor developmental delays. This service includes assessment, direct instruction and development of an Individualized Education Program (IEP). APE is special education. APE services are to be implemented by a certified APE teacher not a physical therapist.

Assessment: Gathering of formal and informal data as part of an evaluation for eligibility for special education and related services. Data can be obtained by standardized testing and/or clinical observations.

Behavioral Intervention Plan (BIP): Behavior intervention plans (or BIPs) aim to prevent behavior that gets in the way of learning. A BIP is a formal, written plan that teaches and rewards good behavior.

Board Certified Behavioral Analyst (BCBA): Behavior Analysis is the scientific study of principles of learning and behavior. BCBA services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing the implementation of treatment plans.

Certified Occupational Therapy Assistant (COTA): A licensed COTA will assist an occupational therapist (OTR) in providing direct services as well as indirect services to students. An OTR provides clinical supervision for the COTA. (Laws and Rules Regulating the Practice of Occupational Therapy 4755-7-04)

Collaboration: When two or more professionals work together to support student needs.

Co-Treatment: Co-treatment may be appropriate when practitioners from different professional disciplines can effectively address their treatment goals while the student is engaged in a single therapy session.

Consultation: In contrast to the one to one, hands-on approach of direct intervention, the consultative process involves providing interventions, strategies, or therapeutic activities that will be carried out by school personnel. It often involves educating school personnel, demonstrating techniques or supports, and follow-up from the provider. Consultation can be verbal or written communication.

Crisis Prevention Institute (CPI): focuses on prevention and equips individuals with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage.

Deafness: means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

Direct Services: Hands on treatment of a child by a licensed provider.

Disabilities: Chapter 6:8 within the Ohio Department of Education Guidance Document provides definitions of the 13 qualifying disability categories under the regulations of the Individuals with Disabilities Education Act (IDEA). These disabilities are as follows:

- Deaf
- Deaf-Blind
- Hearing Impairment
- Cognitive Delay

- Vision Impairment
- Cognitive Delay
- Vision Impairment
- Orthopedic Impairment
- Learning Disability
- Emotional Disturbance
- Other Health Impairment
- Traumatic Brain Injury
- Autism
- Developmental Delay

Evaluation: Procedures used to determine a disability and the nature and extent the disability affects a student’s learning. Following an initial evaluation, every three years a re-evaluation will be performed.

Free Appropriate Public Education (FAPE): The Individuals with Disabilities Education Act of 2004 (IDEA 2004) defines FAPE at 20 U.S.C Section 602(9): “the term ‘free appropriate public education’ means special education and related services that (a) have been provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the State educational agency; (c) include an appropriate preschool, elementary school, or secondary school education; and (d) are provided in conformity with the individualized education program required under section 614 (d).”

Functional Behavioral Assessment (FBA): Functional behavioral assessment (FBA) is a process schools use to figure out what’s causing challenging behavior. An FBA leads to a plan with strategies to improve the behavior.

Hearing impairment: means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this rule

Indirect Services: All services that are performed outside of direct services. These may include: team meetings, collaboration, consultation, documentation, parent communication, etc.

Individualized Education Program (IEP): The Individuals with Disabilities Education Act (IDEA) requires that public schools create an IEP for every child receiving special education services. Students from age 3 through high school graduation or a maximum age of 22 (whichever comes first) may be eligible for an IEP. The IEP is meant to address each child’s unique learning issues and include specific educational goals. It is a legally binding document. The school must provide everything it promises in the IEP. The IEP document will include:

- A statement of a student’s present level of performance (PLOP)
- Annual educational goals
- Special education supports and services that will be provided for a student to accomplish goals
- Modifications and accommodations to assist a student in making progress with goals
- Accommodations that will be allowed when taking standardized tests
- How and when the school will measure a student’s progress toward annual goals
- Transition planning that prepares teens for life after high school

Individuals with Disability Education Act (IDEA) (Public Law 108-446): IDEA was originally enacted by Congress in 1975 to ensure that children with disabilities have the opportunity to receive a free appropriate public education, just like other children. The law has been revised many times over the years.

Integrative Therapy Model: A service delivery model that includes the coordination of therapy services, training and sharing intervention methods and techniques. Interventions and goals are intertwined with teachers and therapists. The same strategies are used with the student regardless of the service they're receiving at any given moment. This allows the interventions to be embedded into the daily routines and activities of the child and to become a part of a well-coordinated program.

Least Restrictive Environment: Each local education agency shall ensure: To the maximum extent appropriate children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Occupational Therapy: Occupational Therapists (OT) and Certified Occupational Therapy Assistants (COTA) provide purposeful, meaningful therapeutic activity and interventions in order for a student to benefit from his or her special education program and be successful in the educational setting. Occupational Therapy services may address the following areas for a student to be successful in the educational setting; Fine-motor development, Visual-motor development, Neurological Functioning, Sensory processing, Self-help skills, Strength, Positioning or Adaptive equipment/Assistive Technology. A licensed and registered Occupational Therapist provides direct and indirect treatment as well as performs assessments/evaluations.

Parent Mentor: Parent mentors provide information and support to families of children with disabilities and their school districts. An example of the information they provide would be special education issues. Each mentor is a district employee and also a parent of child with a disability. Additionally, they make sure the district receives perspective and input from families.

Peer Collaboration: Professional development opportunities at the LRESC to improve professional growth in a safe one-on-one relationship with a peer within the related service provider program. The "duo" will participate in a variety of professional development activities that may involve peer observations, structured discussions and mentoring.

Physical Therapy (PT): Physical Therapists (PT) and Physical Therapy Assistants (PTA) provide remediation and therapeutic interventions in order for a student to access the educational environment. Physical Therapy services may address the following areas in the educational setting; Mobility, Posture, Gait, Strength, Positioning, Adaptive Equipment, Gross motor development, or Neurological functioning. A licensed and registered Physical Therapist provides direct and indirect treatment as well as performs assessments/evaluations.

Positive Behavioral Intervention Plan (PBIS): an evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student outcomes every day.

Psychologist: Psychologists working in the field of education study how people learn and retain knowledge. They apply psychological science to improve the learning process and promote educational success for all students. School psychologists are able to provide a range of psychological diagnosis, assessment, intervention, prevention, health promotion, and program development and evaluation services with a special focus on the developmental processes of children and youth within the context of schools, families and other systems.

Referral: is defined to mean the date the public school district or community school receives a parent's, school district's, or other educational agency's request for an initial evaluation or reevaluation.

Registered Behavior Technician (RBT): An RBT is a paraprofessional who practices under the close, on-going supervision of a BCBA (Board Certified Behavioral Analyst). The RBT is primarily responsible for the direct implementation of skill-acquisition and behavior-reduction plans developed by the BCBA.

Response to Intervention (RTI): Response to Intervention (RTI) is a multi-tier approach to the early identification and support of students with learning and behavior needs. The RTI process begins with high-quality instruction and universal screening of all children in the general education classroom. Struggling learners are provided with interventions at increasing levels of intensity to accelerate their rate of learning. These services may be provided by a variety of personnel, including general education teachers, special educators, and specialists. Progress is closely monitored to assess both the learning rate and level of performance of individual students. Educational decisions about the intensity and duration of interventions are based on individual student response to instruction. RTI is designed for use when making decisions in both general education and special education, creating a well-integrated system of instruction and intervention guided by child outcome data.

Related Services: The term related services means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes early identification and assessment of disabling conditions in children.

Screening: A brief informal assessment done to determine if broader more in depth comprehensive testing is necessary. Typically more observational based.

Section 504: Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities. Section 504 ensures that the child with a disability has equal access to an education. The child may receive accommodations and modifications. Unlike the Individuals with Disabilities Education Act (IDEA), Section 504 does not require a public school to provide an individualized educational program (IEP) that is designed to meet a child's unique needs and provide the child with educational benefit. Under Section 504, fewer procedural safeguards are available to the child with a disability and the child's parents than under IDEA. A qualified student is one the experiences a substantial limitation in a major life activity as a result of a physical or mental impairment. The impairment must affect learning in general. Such students will receive appropriate accommodations to assure equal access to the general education program and extracurricular activities.

School Psychologist: School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community. (2014, NASP)

Specially Designed Instruction (SDI): Specially designed instruction is designed to ensure access to the general curriculum through modifications so that the student can meet the same academic standards as his/her nondisabled peers and to ensure progress toward meeting IEP goals and objectives. Specially designed instruction (SDI) means adapting, as appropriate, to the needs of an eligible child under this part, the content, methodology, or delivery of instruction to address the unique needs of a child that results from the child's disability and to ensure access of the child to the general curriculum, so that he or she can meet educational standards. SDI is what a teacher does to present information to the student that is different than what other students receive. It may be instruction that is additional to what other students receive and/or different methods or techniques to present the instruction not used with other students. SDI is what makes special education “special.” SDI is what is done by the teacher, not the student, to help close the academic performance gap between students with disabilities and their general education peers.

Special Education: Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability.

Suggested Time Management Strategies: Throughout these Treatment Guidelines suggested times are recommended to complete various tasks. These are guidelines and not standards. Professional judgment and opinion are a priority and always takes precedent over a time recommendation. However, if there is a noted pattern in regards to time management, there is a model to follow. These times were collected from various Related Service Provider with consensus among the providers.

TESOL (Teachers of English to Speakers of Other Languages) or ESL Teacher (English as a Second Language Teacher): ESL teachers work with English Language Learners (ELLs), or those students for whom English is not their primary language. They help the students acquire fluency in English, both spoken and in the written word. ESL teachers also serve as a cultural bridge for students, linking a student’s native culture with their new cultural experience in the United States. As such, ESL teachers help students recognize the similarities between the two cultures.

Teacher of Visually Impaired (TVI) : Teachers of Students with Visual Impairments (TVIs) are team members for all students with visual impairments, including those with multiple disabilities and deaf blindness. The educational needs of these students vary widely. From initial evaluation to instruction to assessment, the TVI plays a critical role in helping these students, teachers, paraprofessionals, family members and related services providers.

Transition Specialist: A Transition Specialist is a teacher who supports students with disabilities and the educational team to facilitate the child’s movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. This service is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests.

MEDICAL VS EDUCATIONAL SERVICES

Medical Model

Medical-based services are often delivered in a hospital, out-patient clinic, private therapy clinic, or in a home environment. Services are initiated by a referral from a physician and are based on underlying medical causes, delay and/or diagnosis. Their goal is to improve function across all environments the child interacts within.

Educational Model

School-based or Educational model of services are intended to support a student's access to their educational environment and functional participation within their school environment. Students may have concerns that qualify them for medical-based services, but if the concern is not interfering significantly with their ability to learn and access their educational programming they may not receive services at school.

Roles of Related Service Providers in the Educational Setting

Roles	Related Service Provider
Prevention	<ul style="list-style-type: none"> • Provides pre-referral consultations/observations including involvement in RTI • Education and Training to Educators and Parents/Caregivers
Identification and Evaluation	<ul style="list-style-type: none"> • Screenings • Serves on a planning team to suspect a disability • Conducts comprehensive assessments to determine eligibility (BOT, PLS, OLEPA, etc) • Identifies student's strengths and areas of need within area of specialty • Documents evaluation report • Presents clinical findings to team members • Describes functional performance as it relates to the student's ability to access the environment, curriculum and learning • Completes IEP/504 Plan/Service Plan (whichever is appropriate) with present level of performance and goals and objectives
Intervention	<ul style="list-style-type: none"> • Designs and implements interventions appropriate to the age and learning needs of the student
Caseload Management	<ul style="list-style-type: none"> • Employs a continuum of service delivery models in the LRE; meets federal and state mandates as well as local policies in performance of job duties. • Keeps a current record of pertinent student information (district, level of service, date of birth, date of current ETR, date of current IEP, etc.) • Schedules students with best practice and IEP compliance
Data Collection	<ul style="list-style-type: none"> • Maintains data for individual students
Supervision and Mentorship	<ul style="list-style-type: none"> • Provides supervision to COTA/PTA/RBT and other licensed professionals according to the Ohio State Boards • Supervises university students • Mentors new related service staff
Documentation	<ul style="list-style-type: none"> • Completes all necessary ETR/IEP/504/Service Plan paperwork, progress reports, daily notes and Medicaid billing in a timely manner • Completes all required documentations for the program (Professional goals, program logs, etc.)
Collaboration	<ul style="list-style-type: none"> • Facilitates effective communication with individuals and agencies in the community, universities, other school professionals, families and students
Professional Development	<ul style="list-style-type: none"> • Keeps updated on educational issues • Participates in the Peer Collaboration • Maintains State regulation requirements of CEUs

Adapted from the American Speech-Language-Hearing Association (2010)

SPECIAL EDUCATION PROCESS

- ✓ **Know your timelines! See Appendix A: The Ohio ETR Process**
- ✓ **Evaluations are educationally based! They are reflective of a child’s performance in the classroom and within their grade level curriculum.**
- ✓ **Please include both standardized testing and clinical observations in an assessment report.**
- ✓ **Establish an underlying concern to a student’s struggles: “What is the root cause of the issues?”**

“Assessment” refers to data collection and the gathering of evidence, whereas the term “Evaluation” refers to the process of interpreting assessment evidence and determining the presence or absence of an impairment to inform eligibility decisions.

There are 13 categories of special education as defined by the Individuals with Disabilities Education Act (IDEA). In order to qualify for special education, the IEP team must determine that a child has one of the following:

- Deaf
- Deaf-Blind
- Hearing Impairment
- Cognitive Delay
- Vision Impairment
- Cognitive Delay
- Vision Impairment
- Orthopedic Impairment
- Learning Disability
- Emotional Disturbance
- Other Health Impairment
- Traumatic Brain Injury
- Autism
- Developmental Delay

To begin the evaluation process, a request for an initial evaluation is submitted.

Referral (Request for Initial Evaluation)

Related service referrals (APE, OT, PT, SLP, Hearing, Vision, and BCBA) shall be consistent to individual programs and school districts. A referral may include a screening. A referral must include an educational team. The Related Service Provider must not refer a student solely on their own opinion.

Screening: Observations and data gatherings from a student’s performance to determine whether further assessment is required. As long as you are not providing direct interventions or assessments (such as strength testing or a feeding assessment), parent permission is not required for a screening. It is best practice that someone from the educational team verbally convey to a parent that you are screening the student.

- It is hopeful that a LRESC Related Service Referral Form be provided to communicate a request for a screening. See LRESC Related Service Referral Form. If you receive an email, handwritten

note or request at an RTI meeting please complete a referral form and email to the district representative and Director of Related Services.

- Once you have observed the child all Related Service Providers will complete a written screening form to be completed and returned to the Secretary of Related Service, the Special Education Director of the program or district you are serving and school psychologist or evaluation Director. The screening documentation must include a suspected underlying issue with a child's performance within the classroom. See LRESC Related Service Screening Form.

If the screening indicates a need for evaluation, the educational team is to be notified to proceed accordingly.

- ✓ **There are 30 calendar days from the date of the initial request to the date of suspected disability (referral to evaluate)**

Educational Assessments/Evaluation:

- ✓ **Once there is a suspected disability, a Planning Form and Parent Consent Form are completed. There are 60 calendar days from the date of permission to complete the assessment. Areas of assessment need to correlate with the Planning Form.**

A related service assessment in the school setting may be one component of an educational evaluation or may be performed in isolation of the evaluation.

The Related Service Provider's clinical judgment will determine the nature and extent of the evaluation based on the student's suspected disability and how the disability affects the student's functional performance. Standardized, non-standardized, inventories, checklists and clinical observations may be part of an evaluation. Per IDEA 2004, "Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child."

- ✓ **Please include clinical observations in ALL assessment reports.**
- ✓ **All protocols MUST have the students first and last name and date of birth indicated on each portion if multiple portions are required**
- ✓ ***Determination of eligibility for therapy services should be primarily based on a student's functional need required to benefit from their special education program.***
- ✓ **Assessment Time Management: On average 45-60 minutes of direct student contact. When more than one area is assessed (specifically with Speech and Language and Psychologist areas and with younger children) this may take longer.**
- ✓ **ALL areas of assessment must align with the Planning Form.**

Eligibility Criteria

After all data is collected, tests are scored and observations are gathered, it is the responsibility of the provider to interpret the results. These interpretations are then associated with the Ohio Standards for each grade level and the educational impact of the results. Educational Impact is how the disability affects the progress and involvement of the student in the general curriculum.

For preschoolers, it is the effect on their ability to participate in appropriate developmental activities. Standard Deviations for eligibility are -2.00 in one area or -1.5 in two of more areas of assessment. Professional judgment in a few cases may override standard deviations. This needs to be communicated and agreed upon with the educational team.

Ask yourself, “Does the student require your service in order for participation or success in the educational environment?”, “Can the student’s needs be met through others such as parents, teachers, etc?”

- ✓ **Interpretation Time Management: 30 minutes of scoring and interpretation. When more than one area is assessed (specifically with Speech and Language areas) this may take longer.**

Evaluation/Assessment Written Report

All reports are to be written in easily understood language without the use of extensive professional jargon. If terminology is needed, please provide a descriptive interpretation. The goal of the assessment report is to communicate valuable findings to enable all team member, including parents, to participate in the eligibility discussion and understand the child more comprehensively. Reports are written in Samegoal. See Appendix B: Samegoal Instructions

- ✓ **Report Writing Time Management: 60 minutes on average. When more than one area is assessed this may take longer (Such as receptive and expressive language or fine motor and sensory processing skills).**

Recommended structure of Report:

- BRIEF introduction paragraph to include demographics, background history in regards to your area of discipline that is relevant to your area of assessment. Also include, overall attention/behavior during the assessment.
- Clinical Observations
- Testing Results (not each item just results unless it is necessary to justify eligibility)

The previous two areas may be interchanged but both must be included.

- Conclusion/Summary
- Needs: Address needs in relation to the educational environment.
- Implications: Describe general services and supports/interventions that may benefit the areas of need. If recommending services please use the word require rather than benefit. All students may benefit

from your service, but students need to require it within the educational environment in order to benefit from their education.

- Please complete the ETR Summary: Part 1: Assessment Summary, Needs, and Implications in the area evaluated. Part 2: Summary Page (Assessment Summary, Needs, and Implications)

Reevaluation

Reevaluations will follow the same guidelines as initial evaluations. See above.

- ✓ **Assessment Time Management: On average 45-60 minutes of direct student contact. When more than one area is assessed, it may take longer.**

Reevaluations occur: Three year intervals for all students who fall within an educational disability category

- When there is a suspected change in the educational disability category or eligibility for a Related Service
- Parental request

If the IEP team conducts an evaluation only in the area of concern for the purpose of determining the need for a related service, this additional assessment outside of the three-year re-evaluation time period does NOT change the already established date for the next re-evaluation.

- ✓ **Occupational and Physical Therapists are required by the State of Ohio to have a Plan of Care with a student's record after service is determined or modified. See Plan of Care Form.**

Service Plans: Individualized Education Plan (IEP) and 504 Plan

Individualized Education Plan (IEP)

If a student qualifies for service with an educational eligibility category, you will be writing an IEP to ensure the student's needs are met within the educational environment. The purpose of an IEP is to describe the special education and related services that are necessary to meet the unique educational needs of the student as identified by the assessment.

- ✓ **IEPs are completed within 30 calendar days of the student's eligibility.**
- ✓ **Areas addressed as needs within the ETR need to be included in the IEP. For example, if both expressive and receptive language needs are identified in the ETR, both areas need to be addressed in the IEP. Most often they are done with two separate goals.**
- ✓ **Areas of need within the Student Profile need to be addressed within the Present level of performance which are directly linked to a student's goals.**
- ✓ **Objectives for each goal are to include 6 components.**
 1. Who
 2. Will do what
 3. Under what conditions
 4. To what level and degree
 5. In what length of time
 6. How will progress be measured
- ✓ **See Appendix C: IEP Checklist**

- ✓ **Refer to ETR/IEP Handouts from SST11 Training**
- ✓ **IEP Writing Time Management: Average 60 minutes or more if SLP only IEP.**

Section 504 Plan

Complete goals as in the above IEP section. Keep data on goals even though it is not required in the 504 Plan. Communicate with parents/teachers when Progress Reports are provided.

Progress Reports

Progress reports are completed on the same schedule as the school/program/district you are serving.

- ✓ **Assign a “grade”: Mastered or Not Mastered and On Track or Not on Track.**
- ✓ **Add a percentage from the data you have collected over the quarter.**
- ✓ **Write a few lines describing the child’s progress or lack of in the section on the bottom of the progress report with a date. Please add your initials or full name at the end of the narrative.**
 1. Complete one week prior to them being sent home
 2. You will gain your percentages from your collected data.
 3. Find out the procedure in the program you are working in. Some teachers will print off your report and send it home with their reports. Others will want you to print them and send them home separately.
- ✓ **Progress Report Time Management: On average 15 minutes per Goal being reported for each student. This includes manipulating data and writing the report.**

Discontinuation of Services

One or more of the following criteria should be met before discussion with the IEP team takes place about discontinuing a student from a Related Service:

1. Goals have been met and the IEP team decides the student does not need additional goals requiring the skills of the specific Related Service Provider.
2. The potential for further functional change with interventions appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skills acquisition.
3. The area of need is no longer relevant to the student's educational goals. The student's skills have improved so that needs no longer negatively impact educational performance.
4. Due to a change in physical, behavior or psychological status the Related Service is determined by the IEP team to no longer be needed.
5. Environmental and curricular adaptations have been established to allow for achievement of educational goals.
6. The student's needs are being met by others and no longer require the skilled services of a Related Service Provider.
7. The educational setting has changed and the student is functional within this setting.
8. The student has learned appropriate compensatory strategies.

If the IEP team determines that the child no longer requires a related service the IEP team must review the goals and objectives as stated on the IEP and discuss the proposed changes and the reasons for the changes based on measurable data. This may be done during an annual review of the IEP or at any other time throughout the school year in which the IEP is being implemented. A related service can be removed using the IEP amendment process or by convening the IEP team. The district must adhere to procedures for reviewing or amending an IEP including parent invitation, parent participation as a member of the IEP team and prior written notice after the IEP has been amended (OAC 3301-51-07). See Appendix E: ODE Memo on Adding and Removing a Related Service to an IEP.

- ✓ **When a student is discontinued from service and IEP is amended: Please add the student's performance and any testing performed, results of progress reports and data collection in the Student Profile (Section 3). Under Related Services area in Specially Designed Instruction (Section 7), please pull your service from the drop down box, add a statement under (Services to be discontinued) and the date. The day of the discontinuation will be in both the start and end date box.**
- ✓ **Communicate change in service to Secretary of Related Service in order to maintain the database.**

SERVICE DELIVERY

Models of Service Delivery

Effective service delivery is dynamic and changes with the needs of the student. Service Delivery approaches are selected on the basis of the needs of a specific student and include a variety of methods at different times. The IEP dictates what type and amount of service the student will receive in the least restrictive environment.

Direct Services

Direct services are provided when a student requires specific therapeutic techniques to remediate, prevent or compensate an area of need. Whenever possible direct services should be provided in the least restrictive setting. There are a variety of combinations of direct services that can be implemented to meet a student's needs.

		Least Restrictive	→	Most Restrictive
Least Restrictive Most Restrictive	Classroom	Integrative Model The Related Service Provider will work with either a specific student or a small group during instruction integrating goals into classroom instruction. *Teacher performing color and cutting activity and OT works with student in the classroom as instruction occurs.	Small Group Direct small group services are provided in the classroom in a specified area within the classroom to address similar goals. *Speech Therapist has a language center during center time in the classroom.	Individual Student Direct one-to-one services are provided within the classroom in a specified area within the classroom to address a goal specific to a student. *Physical Therapist works on lower extremity strength with a student during recess.
	Separate Treatment Area	The Related Service Provider will work with a specific student in a treatment area while working on goals within the IEP from all service providers. For example, including a language goal with a fine motor goal the within same activity. *The Speech Therapist will work on communication while on a platform swing.	Direct small group services are provided in a treatment area to address similar goals. *APE Teacher leads a gym class with students in the gym area to work on target activities.	Direct one-to-one services are provided within a treatment area to address goals specific to a student. *OT works on handwriting skills in a separate treatment area due to the students need for a quiet area to attend to a task.

Therapeutic Grouping of Students

When used as a therapeutic tool, grouping students is highly effective:

- ✓ Students learn from each other: Peer modeling
- ✓ Builds social skills
- ✓ Teaches cooperation skills
- ✓ Builds positive mental health capacities such as self-esteem

When grouping students it works best with a plan and when used purposefully. Best practice is to group students who have similar needs and goals. Be mindful that even though you may need to work individually with a student at some time, the other student (s) can be participating in an independent activity.

Documentation associated with Direct Services:

- ✓ **Personal documentation of the session is required to meet State Regulations.**
- ✓ **Medicaid Billing (you can use this for your personal documentation if you chose)**
- ✓ **Weekly Schedule of Students**
- ✓ **Attendance Record with Service Minutes Documented/HBS Minute Documentation**
- ✓ **Daily Program Log**

*****Forms to be found on “shared with me” google drive.*****

Medicaid School Billing Program

Healthcare Billing Services (HBS) is the Medicaid Company used in Licking County.

Please obtain a National Provider Identification Number (NPI) at

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

Please obtain an Ohio Medicaid Legacy Number at <http://medicaid.ohio.gov/providers>

- The following school districts do participate in the MSB Program

North Fork, Heath, Lakewood, Licking Heights, Licking Valley, Newark, Northridge, and Southwest Licking

Granville and Johnstown do not participate. (Please complete documentation for these students independently.)

****Other districts outside of Licking County that are serviced may also utilize HBS. You can submit a question in HBS or contact HBS to verify if a student’s district participates in this program.**

****If a student is in foster care, you bill birth parent’s district.** If the student is open enrolled, you bill the district of service. If the student is placed in a building that is outside of the district (MD, ED, Autism), you bill the district of residence.

**** Only the initial evaluation should be billed under an initial evaluation. Re-evaluation should be billed under Re-Evaluation Of Established Plan Of Care.**

**A claim should be submitted prior to each IEP review under Re-Evaluation of Established Plan Of Care. For example, the session used to collect your baseline data would be billed under Re-Evaluation of Established Plan Of Care.

Please have these completed monthly.

Reimbursed Activities:

- ✓ Initial Evaluations
 - ✓ Re-Evaluations
 - ✓ Direct Treatment- driven by the IEP time.
 - ✓ Consultation is to be recorded if using the Billing System as your documentation but is not billable.
- ❖ The Medicaid Billing Permission Form is to be completed at all Initial ETR meetings. Please be mindful that someone from the educational team is completing this procedure.
 - ❖ The Medicaid “Parental Consent Notice” must be given to parents annually per the “New IDEA/Medicaid Parental Consent Procedure”

Time Management of Direct Services

- ✓ Direct services are performed as the IEP or 504 Plan states. These are legal binding documents.
- ✓ IEP/504 Plan compliance regarding minutes is a top priority. When the student is absent, unavailable (such as in standardized testing) and calamity days occur we are not legally obligated to meet IEP/504Plan time requirements. However, it is our mission to do so regardless. This may mean modifying your schedule, having another therapist provide the direct service, etc. to provide the student with the time stated on the IEP/504 Plan. Please contact the Director of Related Services BEFORE this becomes a concern so the correct avenue be provided to comply with IEP/504 Plan service times.
- ✓ There are always circumstances (such as parental expectations or a student is close to achieving a goal etc.) where going beyond the times is appropriate. Please be mindful that if you are consistently going beyond the documented minutes for the child to achieve progress, it is suggested that the IEP team discuss if more time is to be documented in the IEP/504 Plan or time should be documented in a different format.
- ✓ Documentation and Planning Time, associated with the direct service time for a student, is ½ of the direct service time. For a 30 minute session it is expected that 15 minutes be provided to document for personal documentation. Medicaid billing and planning time for a 20 minute session would require 10 minutes etc. If you are consistently going beyond that calculation, please notify the Director of Related Services.

Indirect Services

Indirect services are often implemented when intervention can be provided by another person/people other than the Related Service Provider.

- ✓ It will often support the IDEA mandate of least restrictive environment.
- ✓ It allows for interventions to be integrated throughout a student's naturally occurring environment and continuously throughout the day.
- ✓ Interventions are able to be implemented by people other than the Related Service Provider.
- ✓ Uses the Related Service Providers knowledge and expertise to benefit a student(s).

Consultation

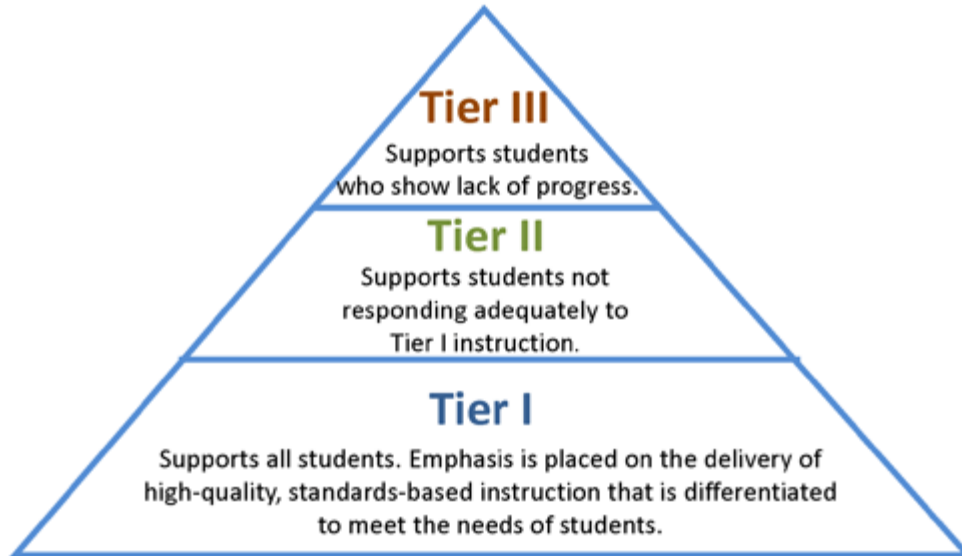
Use of the knowledge and skills of a Related Service Provider to support student's needs without direct interaction between the two parties. Through collaborative method, the Related Service Providers enable other people in the student's life to implement the specific activities. In many cases the student's skills are monitored by the Related Service Provider or classroom teacher in order to assess if the interventions are successful.

- ✓ Provided in addition to direct services in order to generalize skills into the classroom that occur naturally through collaboration of IEP team members.
- ✓ Provided as a main intervention model through the classroom teacher or classroom paraprofessional. May have a time attached to this service. No specific goal is established, however, consultation is to be documented each time service is provided. See LRESC Related Service Consultation Form.

Response to Intervention (RTI)

Being a part of a RTI team within a school building provides the knowledge and expertise of the Related Service Provider to be utilized in each tier.

Response to Instruction Framework



Tier 1- Building wide initiatives could include Every Moment Counts initiative, sensory processing throughout the building, playground adaptations or social skills in the classroom etc.

Tier 2- Social Groups, Handwriting Groups or Movement Groups that would include students struggling in a specific area.

Tier 3- Special Education process for determining an educational disability.

Being a support to the RTI team within your district may look like: Attendance of meetings to provide suggestions, individually observing students in the general education curriculum and providing suggestions for that student, running weekly groups with students not on your caseload, or providing training in your area of expertise.

CASELOAD, WORKLOAD and SCHEDULING

Caseload: refers to the students who are receiving direct and consultative services as driven by an IEP or 504 Plan by each individual Related Service team member.

- ✓ **Updated caseloads are expected to be turned in to the Secretary of Related Service by the 3rd of each month.**

Workload:

- Direct services to students including instruction, intervention and evaluations (caseload)
- Indirect services to support the implementation of IEPs/504 Plans. (consultation, caseload)
- Indirect activities that support students in the least restrictive environment and in the general curriculum
- Activities that support program and district compliance with federal, state and local mandates and activities such as staff meetings, documentation and Medicaid billing, etc.)

The State of Ohio has provided guidance with workload in ODE-OEC MEMO #2016-2 See Appendix D.

The Workload Calculator can be located online at <http://education.ohio.gov/Topics/Special-Education/Service-Provider-Ratio-and-Workload-Calculation>.

At the Licking County Educational Service Center, Workload is completed through the following process:

1. Student's direct service time on an individual provider is calculated per week.

Ex: 2 - 80 minutes a month students=one hour to provide direct service per week.

4- 60 minutes a month students= one hour to provide direct service per week.

2. The total direct time is calculated (in hours) that will allow all direct students to be seen weekly.
3. The total direct time is then divided by 2. This is the time needed for documentation and treatment planning.
4. Evaluation, screening and RTI participation is included in the indirect time with the exception of preschool services and speech and language services which may be added to the total time as evaluations are more frequent in these arenas.
5. Travel time is calculated as 30 minutes between all buildings regardless of schedule. If there are 5 buildings, there are 4 opportunities to travel between buildings = 120 minutes/2 hours for travel each week.
6. The total time in hours is then divided by 7 (hours in a work day) and then days of service are determined. This time dictates a related service provider's schedule (not the other way around).

This method and the Service Provider Ratio and Workload Calculator by the Ohio Office of Exceptional Children have been completed simultaneously with the same caseload with the same results (Good Parallel Reliability).

It is the individual Related Service team member's responsibility to manage workload efficiently. If there are gaps in a schedule, working beyond work hours on a consistent basis or any other workload discrepancy, the Director of Related Service is to be notified to assist with the management of an individual's schedule.

Related Service Team Member Responsibility:

- ✓ Provide the most accurate caseload as reported on the database forms provided. The database is to be updated at least monthly at via the google drive folder provided.
- ✓ Provide an accurate account of time spent per district or program on the Program Log form provided monthly via the google drive.
- ✓ Complete and maintain all necessary paperwork required (professional goals, confidentiality, etc.)
- ✓ Time management of daily schedules is expected to be effective and efficient. A tentative schedule should be uploaded to the google drive quarterly using the form provided.
- ✓ A Related Service provider should informally assess their workloads according to these Treatment Guidelines. (For Example, “Is it taking me 2 hours to provide an assessment instead of an hour?”)
- ✓ Before a Team Member requests to alter caseload to modify workload the Team Member is to complete the workload calculator independently and provide the results to the Team Leader or Director of Related Services with their request.
- ✓ When there are times when direct service is not able to be performed, the team member is expected to be proactive in supporting their discipline’s role in the educational setting.

Related Service Director Responsibility:

- ✓ Maintain the database to be as accurate as possible with the information provided.
- ✓ Mentor and guide Related Service providers to use skills, knowledge and time as effectively as possible and promote growth as individual therapists/teachers.
- ✓ Assign appropriate caseloads in the beginning of the year as well as consistently reviewing updates to ensure workload is appropriate for therapists/teachers as well as cost effective for programs and districts.
- ✓ Provide opportunities and support for proactive activities to support programs and school districts through each discipline.

Scheduling

Within each ESC Program and School Districts served by LRESC, students are served with various abilities. Community needs may vary as well as expectations of the therapist/teacher. There is no uniformed model for scheduling that will be appropriate for all Schools and students. Schedules are mainly dictated to comply with IEP/504 Plan service times which is reflective of student needs. (IEPs should NEVER be created to fit existing schedules)

Scheduling Models Supported by the LRESC

- Traditional Service Delivery Model: Providing direct services on a weekly basis, not allowing time for other indirect tasks during school hours. Related Service Providers will schedule to see direct service students for the amount of time the students are in session each day. Indirect services as well as workload responsibilities (Documentation, parent communication, meetings, etc.) are all completed before and after school hours. These daily schedules are set in the beginning of the year and followed each day as the schedule dictates.
- 3:1 Service Delivery Model: – Providing direct services on a monthly basis for 3 weeks and during the 4th week completing indirect tasks during school hours. A variation of this model would be providing 4

days of direct service and the 5th day is reserved for indirect service. This model was developed to provide schools with the opportunity to individualize service delivery based on student needs while improving IDEA compliance through more effective collaboration and more efficient use of a Related Service Provider's time and expertise.

When this model is utilized, the approved indirect tasks are noted to be:

- Consultation with teachers, parents or other team members
- Conducting Assessments
- Developing treatment materials
- Making up treatment sessions to comply with IEPs/ 504 Plans
- Providing more intensive services in the classroom
- Classroom Observations
- Completing documentation
- Screenings
- Providing Trainings
- Supervision of therapy assistants

When performing this model the Related Service Provider is to be actively in the building and visible to staff during the time when indirect services are being performed.

- Creative Scheduling: This is the most common that is utilized at the ESC. The needs of the students and schools are met through a combination of both of the above models.

Please see Beginning of the Year Checklist for guidance in creating a schedule.

Attendance at Meetings

1. ETR/IEP Meetings

Please comply with all program and school district requests to attend ETR/IEP meetings. If you are not able to attend please try to attend to deliver your assessment results only. You must contact the parent prior to or following the meeting. If there are annual IEP meetings where there are few significant changes, COTAs and PTAs are able to attend RIEP meetings. If a meeting is occurring via Zoom you are expected to have your camera turned on. **Reminder:** You will be asked to update the meeting dates for the database for your personal caseload even if you were unable to attend the meeting.

2. Related Service Staff Meetings

The dates of the meetings are provided on the first day of each school year and posted on the google shared drive. These are mandatory and you are required to attend.

3. Program/School District Required Meetings

There may be meetings that you are required to attend as you are part of the team you are working with. It is very crucial that you attend. If there is a conflict please share that with the district representative and follow their directions.

Monthly Responsibilities

Required forms to be marked complete by the 3rd of each month on the google drive:

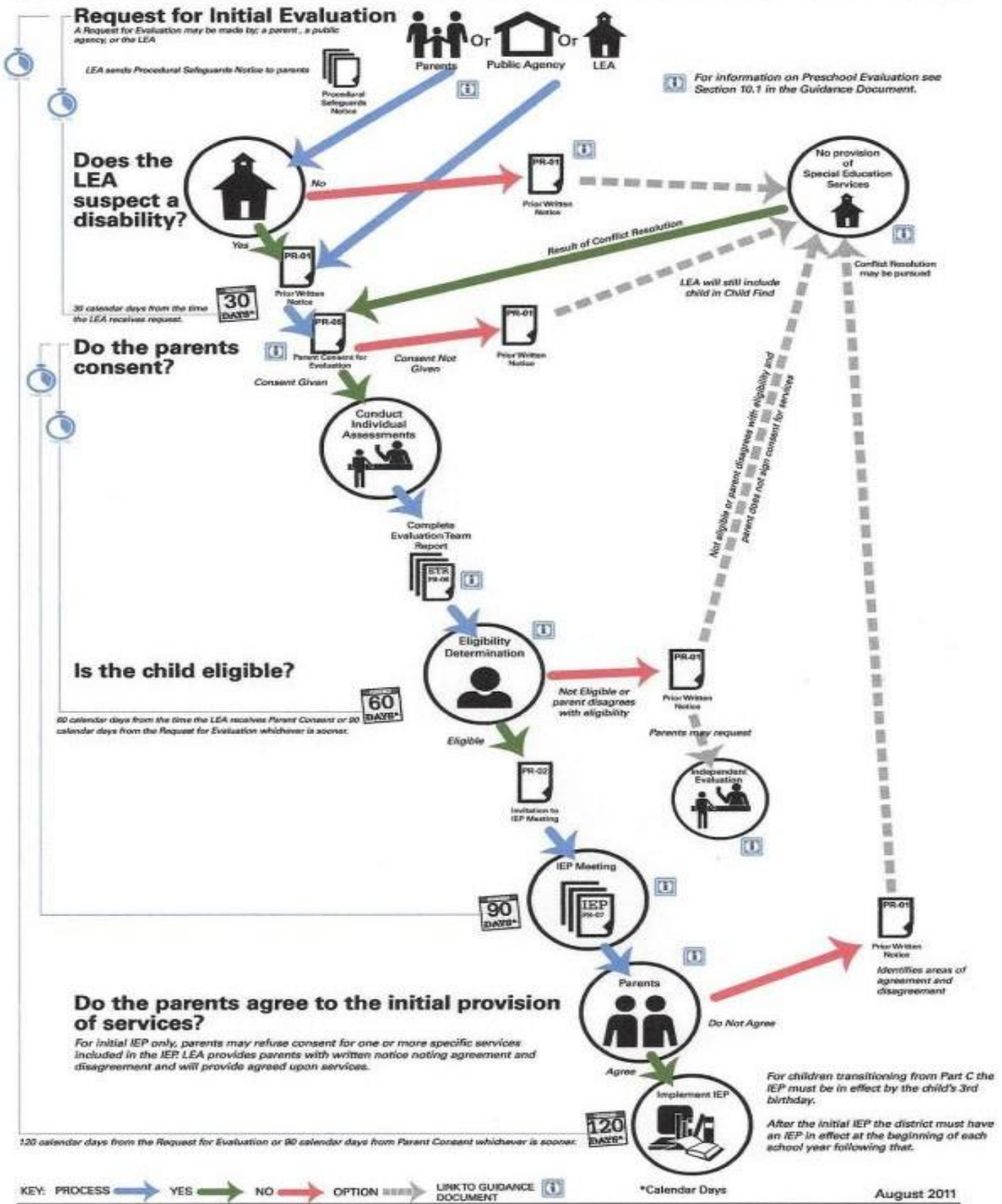
- ✓ Program Logs
- ✓ Comp Time Forms
- ✓ Mileage Forms
- ✓ Caseload electronically
- ✓ Time Sheets

End of the School Year

Please refer to the End of Year Checklist for responsibilities at the end of the school year.

These Guidelines have been compiled from information and reporting from Related Service Providers, through various similar documents as well acquired knowledge from experience and educational references. Last revision 4/20/2023 RG

The Ohio ETR Process



Appendix B (Part 1)

Progress Book Instructions

Progress Book is the online IEP/ETR program that some districts use in Licking County (Johnstown, Lakewood, Licking Valley, Newark, Granville, Preschool, ED). Each district needs to have the student's names on your caseload for each district. A case management is created by a person within the school district (most often the Special Education Secretary) at the beginning of each year. A list of contacts within the districts will be provided to you so that after the initial set-up, you can then contact these individuals as the year progresses to add to your case management. There are cases where you will need to add students throughout the year (initial assessment, student transferring into the district, etc.) Emailing is often the best way to correspond your request. It typically takes up to 24 hours to access the additions.

Log in

1. Domain="Our Gang"

2. User name=user name of current email.

For example: If your email is abc123@laca.org, you will enter abc123 as your user name.

3. Password= your email password (this can be changed once you log in for the first time)

Entrance into ProgressBook

1. You will enter onto the "Teacher's Gradebook" Page
2. All IEPs and ETRs and Progress Reports are found under "Special Services". (Purple)
3. Chose the student's district in the dropbox to your right.

Writing Reports

1. You may see your students name with the "opened" form/task on the first page. Click on the task and you are ready to complete the necessary documentation.
2. You may not see your student's name or the task you are looking for on this page.
 - a. Click on the three lines (hamburger) and then open task. (Top row)
 - b. On the next page there will be three boxes (class, student, task)
 - c. Select the class management, student name and then the specific task you are looking to complete.

Viewing Completed Tasks (Archived)

A Teacher or Administrator has the ability to complete a task once finalized. It will appear in PDF format and can be viewed and printed.

- a. The completed tab is under the opened task tab.
- b. On the next page there will be three boxes (class, students, task)
- c. Select the class management and student name.
- d. A list of all the student's tasks since enrollment will appear.

Creating a New Task

When a teacher or team leader has not created a task, you have the ability to create a new task. Most often the teacher will create IEPs and Progress reports. School psychologists often create ETRs.

If you need to create a task: Be aware that we do not have access to delete a task once started. You will need to contact the district or LACA.

On the open task page, there is a plus sign (+) next to the task selection.

When the student name is correctly located, click New and follow the drop down boxes (ETR's and IEP's should **not** be created from a previous task).

- a. Chose the task and the program will generate the rest.
- b. The due date does not have to be a specific date. Typically a few weeks beyond the IEP/ETR date is safe.
- c. For progress reports: You will need to create from a previous task (the current IEP) in order to have the correct goals (extra check box).

If you are unable to open a new task, check to see if all current tasks are completed. Often the last task (IEP, etc.) needs to be completed before the next years can be started.

Need help?

1. Click the "HELP" tab on the very top of the right of any page.
2. Check with the classroom teacher or other related service staff to assist you.
3. Contact a Team Leader
4. Contact LACA: Student Services Support Directors at (740) 345-3400.
5. Word of advice: place your reports on a WORD Doc. and then in ProgressBook. Helps with typical online issues as well as sometimes the delay in getting your student on your case management.
Only one person can be in a section at a time.

Appendix B (Part 2)

IEP Anywhere/Same Goal Instructions

IEP Anywhere or Same Goal is the online IEP/ETR program that some districts use in Licking County (Southwest Licking, Tri-Valley, Licking Heights, North Fork, Heath, and Northridge). Each district needs to have the student's names on your caseload for each district. A case management is created by a person within the school district (most often the Special Education Secretary) at the beginning of each year. Access to students and documents is provided by the district or the case manager. A list of contacts within the districts will be provided to you so that after the initial set-up, you can then contact these individuals as the year progresses to add to your case management (Generally the intervention specialist or school psychologist will give access to the documents ie. Progress reports, IEP's, ETR's). There are cases where you will need to add students throughout the year (initial assessment, student transferring into the district, etc.) Emailing is often the best way to correspond your request. It typically takes up to 24 hours to access the additions.

Log in-If you are servicing multiple districts that use this program you can contact IEP Anywhere and they can merge the accounts so that you can toggle between the districts.

1. User Name= same as progress book (user name of current email)

For example: If your email is abc123@laca.org, you will enter abc123 as your user name.

2.Password= your email password (this can be changed once you log in for the first time)

Entrance into Same Goal

4. You will enter and see a student list on the left and tasks (opened and completed) on the right
5. If you do not see a student's name you will need search for the student under "Student/Create New"
6. If you click on a student and do not see a task or the task has a lock next to it you will need to contact the case manager or the person who created the task you are trying to access and get permission to access the task

Writing and viewing Reports

3. Once you have opened the students task you will toggle between sections using the bar at the top listing the section numbers
4. Some pages such as, the ETR assessment page and goal page are running documents and you will need to click to add your portion at the bottom of the section "add individual evaluator's assessment" or "add measurable annual goal".
5. If you need to get back to the main screen with student names and tasks you will click on the student's name two times.

Creating a New Task

When a teacher or team leader has not created a task, you have the ability to create a new task. Most often the teacher will create IEPS and Progress reports. School psychologists often create ETRs.

If you need to create a task: Be aware that we do not have access to delete a task once started and you will be in charge of this document and must grant permission to all other members or pass off the ownership to the case manager. You will need to contact the district or LACA.

On the main page there is a drop down menu that says create new. You will choose the form and click the create button. To share a document or transfer ownership you must check mark the task and click the drop down share. You may then choose collaborators (saving after you add a person).

Need help?

6. Click your user name in the top right corner and select "HELP"
7. Check with the classroom teacher or other related service staff to assist you.
8. Contact a Team Leader
9. Contact LACA: Student Services Support Directors at (740) 345-3400.
10. Word of advice: place your reports on a WORD Doc. and then in IEP Anywhere. Helps with typical online issues as well as sometimes the delay in getting your student on your case management. Only one person can be in a box at a time but multiple people can be in a section.

Adding students to your Case Management

Beginning of the School Year:

The Director of Related Services will provide each school district with your caseload and educator license number to be added to your case management.

The Superintendent approves each individual license. Following this action, students are added to your case management/ caseload.

*Some out of county districts may not use ProgressBook or IEP Anywhere/Same Goal. In this case a district may ask you to send your documents to them.

**Autism and ED (Phoenix Central)- If a student is in Licking County all documents should be documented under the district of residence. If the student is from outside of Licking County (such as, Reynoldsburg, Columbus City, Westerville, Northern Local, etc.) documents should be completed under Licking County ESC.

Throughout the School Year:

When you have students transfer in during the year, evaluate new students, etc. you will contact the school district yourself to have that student added to your list. Most often begin with the Special Education Secretary, then the Special Education Directors.

Appendix C
Related Service IEP CHECKLIST

Therapist Name:

Student Identifier:

Section 3: Student Profile ("Big Picture")		Completed
1.	Student's strengths and weaknesses	
2.	Results of most recent ETR relating to needs that will be addressed in this IEP -If needs identified in most recent ETR will not be addressed in this IEP, make sure to include a statement explaining why -Method of assessment, Assessment title (if applicable), date (of assessment/ETR), scores/qualitative information	
3.	Include information from most recent progress reports (with percentages)	
4.	Needs statement for each relevant area that will be addressed in IEP -Should relate back to planning form Example: Student needs to improve his/her communicative status in the area of speech sound production Example: Student needs to improve his/her speech sound production Example: Student needs to improve his/her fine motor/ gross motor skills including)	
5.	Compare student to same age/grade peers Example: Joe's same age peers are able to....	

Section 6: Measurable Annual Goals /PLOP		Completed
6.	Goal numbers present	
7.	Areas of need match exact terms from ETR planning form -area was indicated as area of need from most recent ETR	
8.	Current evaluation data relevant to goal area included	
9.	Measurable baseline data with numbers (percentages) relating to the annual goal and each objective that will be addressed	
10.	Strategies/interventions that have been successful in assisting the student in making progress in gen ed curriculum in PLOP <i>Example: Sally benefits from modeling to improve speech sounds within the general education environment</i> <i>Example: Sally demonstrates increased accuracy with fine motor tasks, within the general education environment, when provided with verbal and visual prompts.</i>	
11.	Provide a statement regarding how the disability affects the student's involvement and progress in the general curriculum <i>Example: Joe's current communication skills adversely affect his ability to clearly express himself in the general education curriculum.</i> <i>Example: Joe's difficulty completing fine motor/gross motor tasks negatively impact his performance within the general education environment.</i>	
12.	Compare student to same age/grade peers <i>Example: Joe's same age peers are able to....</i>	
13.	Needs statement for each relevant area that will be addressed in IEP -Should relate back to planning form <i>Example: Student needs to improve his/her communicative status in the area of speech sound production</i> <i>Example: Student needs to improve his/her speech sound production</i> <i>Example: Student needs to improve his/her fine motor/ gross motor skills including)</i>	

Section 6 Goal/Objective		Completed
14.	At least one goal for each area of need listed in the plop	
15.	Measurable annual goals include all 6 components (Who? Will do what? Under what condition? To what level and to what degree? In what length of time? How will progress be measured?)	
16.	Methods for measuring progress checked	
17.	Measurable objectives/benchmarks include all 6 components	
18.	Number of weeks listed for progress reporting	

Section 7: Description of Specially Designed Services		Completed
19.	Specially designed instruction for each goal -group size (small group, individual) -skill/content (phonics, decoding) -methodology (frequent redirection, modeling, corrective feedback) -conditions/delivery of service (direct) -Avoid vague terms (as needed, and/or)	
20.	Goal numbers and area included in "Goal addressed" box (ex. Goal 3: Adaptive Behavior) (cannot have two goals in one box)	
21.	Provider title for each goal (avoid specific names of people) -can not have two provider names	
22.	Location of services for each goal -cannot include more than one location per goal	
23.	Begin date and end date present -End date is one year minus one day from begin date	
24.	Amount of time present for each goal (80 minutes, 60 minutes)	
25.	Frequency present for each goal (monthly, quarterly)	
26.	Assistive technology present if applicable -make sure services or devices are required for FAPE	
27.	Accommodations present if applicable	
28.	Support for School Personnel present if applicable -consultative services go here	

Date of Review _____ Percentage Correct: _____ Next review by: _____



John R. Kasich, Governor
Dr. Lonny J. Rivera, Interim Superintendent of Public Instruction

ODE-OEC MEMO #2016-2

To: Ohio Educational Agencies Serving Children with Disabilities
From: Sue Zake, Ph.D., Director of the Office for Exceptional Children
Date: February 3, 2016
Subject: *Service Provider Ratio and Workload Clarification*

This memo provides guidance to school districts on use of a process for making decisions about the workload for providers of services to students with disabilities as required by Ohio Administrative Code (OAC) [3301-51-09\(I\)](#).

When determining service provider workload and caseload, here are definitions of terms.

- "Workload" means all services and duties assigned to service providers. This consists of direct and indirect (including but not limited to meetings, paperwork, professional development) service to children with and without disabilities.
- "Caseload" means the number of children who receive specially designed instruction or direct related service from a service provider.
- "Serve" means fulfill the service role of preschool and school-age service providers under OAC [Rule 3301-51-09\(G\)\(3\)](#). Therefore, "serve" includes direct and indirect activities such as: direct services and interventions, diagnostics, paperwork, arranging parent involvement, meetings, correspondence, planning, lesson preparation, prevention activities, professional development and collaboration with general education teachers.
- "Case management" means case coordination of a specific student's IEP process and includes the activities listed above.

To ensure that children with disabilities receive a free and appropriate public education (FAPE), a district must consider a "case management" ratio and a "per instructional period" ratio. ([OAC 3301-51-09\(I\)](#)). The district must first determine case management requirements for a particular service provider, and then make sure that the service provider has enough time to provide specially designed instruction or direct related service to all assigned children.

The district must consider the individual needs of each child and the level and frequency of services required. To assist in this determination, the Ohio Department of Education has created a [workload calculator](#). It applies weighted values based on typical needs for students in a disability category and age/grade range. Your district may consult the calculator to help determine the maximum number of students for each individual provider. However, your district must always consider the specific needs of your student population. If a provider cannot perform all workload duties and meet the direct service/specially designed instruction needs for your assigned children, then you must reduce the caseload or workload. This is regardless of the maximum numbers outlined in the *Ohio Operating Standards for the Education of Children with Disabilities*. ([OAC 3301-51-09\(I\)](#)).

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
For people who are deaf or hard of hearing,
please call Relay Ohio first at 711.



John R. Kasich, Governor
Dr. Richard A. Ross, Superintendent of Public Instruction

ODE-OEC MEMO #2015-1

To: Ohio Educational Agencies Serving Children with Disabilities
From: Sue Zake, Ph.D., Director of the Office for Exceptional Children
Date: September 10, 2015
Subject: *Adding and Removing a Related Service to an IEP*

This memo provides guidance to evaluation and individualized education program (IEP) teams about the procedures necessary for adding or removing a related service for a student with a disability outside of the established re-evaluation date.

Adding a Related Service to a Current IEP for a Student with a Disability

If either the district or parent suspect that a child who is receiving services through a current IEP may require a related service, the IEP team can decide whether a complete re-evaluation or an evaluation in the area of indicated need is required. This determination should be supported by a documented lack of progress in the curriculum based on measurable data that the IEP team believes is the result of the need for additional services/supports through the provision of a related service or a change in condition that may make a related service necessary in order for the student to benefit from specially designed instruction. The district must adhere to all procedures for parent notice, planning, informed consent and determination of eligibility, as well as providing the parent with a copy of the evaluation team report as specified in law (Ohio Administrative Code 3301-51-06) using Ohio Department of Education required/approved forms.

If the IEP team determines that the child requires a related service, the team can amend the existing IEP as appropriate or choose to conduct a review of the full IEP with consideration of the new evaluation results. The district must adhere to all procedures for reviewing or amending an IEP, including parent invitation, parent participation as a member of the IEP team and prior written notice after the IEP has been amended (OAC 3301-51-07).

Impact on Date for Re-evaluation

If a re-evaluation is conducted, the next date for the three-year re-evaluation is calculated from the date of completion of the re-evaluation.

If the IEP team conducts an evaluation only in the area of concern for the purpose of determining the need for a related service, this additional assessment outside of the three-year re-evaluation time period does NOT change the already established date for the next re-evaluation.

Removing a Related Service from an IEP

If the IEP team determines that the child no longer requires a related service, the IEP team must review the goals and objectives as stated on the IEP and discuss the proposed changes and the reasons for the changes based on measurable data. This may be done during an annual review of the IEP or at any other time throughout the school year in which the IEP is being implemented. A related service can be removed using the IEP amendment process or by convening the IEP team. The district must adhere to procedures for reviewing or amending an IEP, including parent invitation, parent participation as a member of the IEP team and prior written notice after the IEP has been amended (OAC 3301-51-07).

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