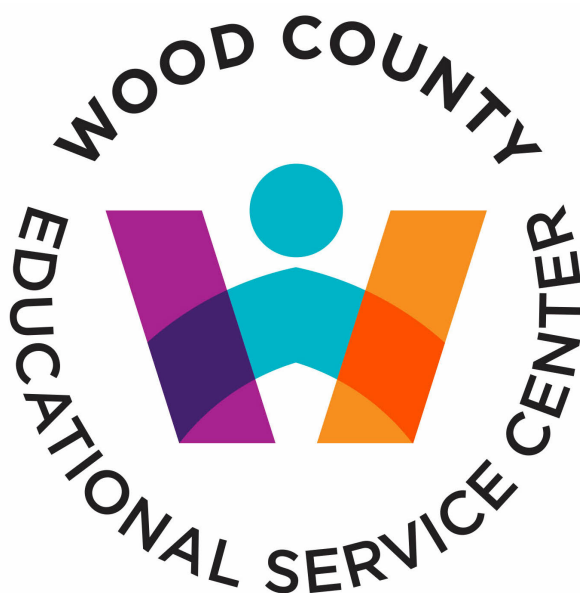
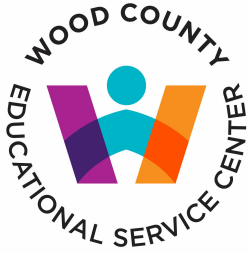


**Wood County Educational Service Center
LIFE Skills/PATHE**

**Teacher Handbook/Organizer
2022-2023**



Wood County Educational Service Center
1867 N. Research Drive
Bowling Green, OH 43402
419-354-9010
Fax: 419-354-1146
wcesc.org



Wood County Educational Service Center

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Special Education Staff

Teresa Kitchen

Special Education Supervisor
PATHE

419-806-9605 tkitchen@wcesc.org

Joe Taylor

Special Education Supervisor
L.I.F.E Skills – Specially Designed Programming for Low Incidence

419-279-4950 joetaylor@wcesc.org

Diane Witt

Program Coordinator
Special Education Services

419-279-4593 dwitt@wcesc.org

Stephanie Dyar sdyar@wcesc.org **419-354-9010 ext. 305**

Alicia Holdren aholdren@wcesc.org **419-354-9010 ext. 217**

Sena Hildebrand shildebrand@wcesc.org **419-354-9010 ext. 133**

Classroom Support

Classroom: _____

Building: _____

Address: _____

Phone Number: _____

Principal: _____

Classroom Staff:

_____	_____
_____	_____
_____	_____
_____	_____

Specialists' Schedule:

Special Needs Supervisor:

Teresa Kitchen	Cell Phone:	419-806-9605
Joseph Taylor	Cell Phone:	419-279-4950
Diane Witt	Cell Phone:	419-279-4593



Monthly Checklists

Check off each task as completed

Paperwork needed is included in each monthly packet

AUGUST

COMPLETED	
	<p>Be sure your computer and “you” are up and ready to go on IEP Anywhere and you have access to all your students’ files for this year. If you complete grade cards using FileMaker Pro, make sure you are able to access all your students on FileMaker Pro on your computer. <i>Remember, after meetings, all IEP/ETR and EMIS forms are to be turned into the WCESC – ATTN: Sena Hildebrand or email shildebrand@wcesc.org or Fax: 419-354-1146.</i></p>
	<p>Organize your files for a new school year. <u>Replace</u> old forms, etc. with updated versions and place in a convenient resource area for staff. Request additional file folders from supervisor for student files if needed.</p>
	<p>Complete your Substitute Packets! Create a “busy” generic day – just in case.</p>
	<p>Update/create health plans for students with any health care need. Return to supervisor within the first two weeks of school.</p>
	<p>Complete Medical Emergency Plan (form provided) and update ToGo Bags. Have a basic First Aid Kit in the classroom for quick emergencies.</p>
	<p>Complete Allergies and Emergency information (form provided) for student(s) if needed. If this is posted please use a cover sheet to assure privacy.</p>
	<p>Complete the Annual IEP Planning Chart to backwards plan ETR and IEP dates, invites to go home, contacts to districts, student assessments, etc. Transfer dates to your personal calendar for year-long planning to stay ahead of your meetings.</p>
	<p>Use the check off sheet (form provided) to document when students return their required forms. MD: Send copies to ESC within the first 2 weeks so Sena can send to district transportation directors. Include a note of any students who have not returned paperwork by this date. ED: Minda will send forms to transp directors.</p>
	<p>Please post the included form on how to locate important information on the wcesc.org website: WCESC Special Ed Forms, District Calendars, and IEP-related Info</p>
	<p>Develop a method to have IEP goals and objectives available at all times to paras, related service providers, and other staff. (Use a clipboard).</p>
	<p>Set up therapy sessions with related service providers for your students, as well as specific consultation times at least once a month for program development and student conversation between teacher and therapist. Post therapy times for students on board or individual schedules for visual reminders for students and staff.</p>
	<p>Meet with your paraprofessionals before the school year begins to discuss the school year. In-service them on disabilities, classroom techniques & rules, behavior management plans for the students, and general responsibilities. Set a time daily/ weekly to meet with paras to discuss students/ daily events.</p>
	<p>Please double check your classroom rosters. Use the “New Student/Change Form” (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).</p>
	<p>Attend building staff meetings as scheduled.</p>
	<p>Review Absences and Red Rover document (included) along with new Personal Day Policy.</p>
	<p>Monthly attendance due to the WCESC by the last day of the month – ATTN: Sena Hildebrand or email shildebrand@wcesc.org or Fax: 419-354-1146.</p>

(√) Check Tasks as they have been completed

Student Name	IEP Due Date	ETR Due Date	Contact District Rep	Parent Invite Sent	Draft IEP Sent	IEP Meeting Date	ETR Meeting - Schedule w/ Psych

WCESC IEP Timelines

Annual IEP meeting must be scheduled a minimum of 1-2 weeks before expiration date

6 weeks before IEP is due:

1. Contact parent and confirm meeting time and date.
Communicate/ confirm date/ time with district representative!
**Notify ESC supervisor if you need his/ her attendance at the meeting!
2. Notify/ remind related service providers via email of IEP due dates for their timely contribution to the IEP.
Make your goal to have your IEP completely finished in draft form 7-10 DAYS before IEP meeting. **CREATE A SCHEDULE FOR THE YEAR!**
3. Start assessment of present levels of academic and functional performance.

4 weeks prior to IEP meeting:

1. Contact parent/ guardian to get information on their vision and/or transition plan for their child to use as guide in writing IEP.
2. Send "official" IEP invite to all team members
 - a. Use titles and not specific names of team members
 - b. Send to ESC supervisor if supervisor is expected to attend meeting.
3. Collaborate with related services and colleagues to develop draft IEP.

1-2 weeks before meeting:

1. Get signatures from related services providers BEFORE the IEP meeting.
2. If related services information is not entered in IEP Anywhere by the given draft date, send another email reminder to related service and cc supervisor.
3. Send Draft IEP to parents BEFORE the meeting – at least 6-7 days prior to meeting date. Remember to print "DRAFT" on IEP sent to parents.

NOTE:

Draft IEP should be completed at least one week BEFORE the meeting to provide parents opportunity to review and contribute to the document.

The week of IEP meeting:

1. Send reminder email to all IEP team members of meeting. Make copies for all IEP members or enough to be shared. **Parents should have own copy of IEP.**
2. Be certain to have 3 documented attempts of parent contact for IEP meeting.

State law requires the IEP to be sent within 4 weeks of the meeting date but try to send home within 2 weeks if possible.

IMPORTANT INFORMATION
IEP PACKET

1. **IEP**
2. **Parent Invitation**
 - a. must match to signatures on IEP
3. **Parent Excusal form**
 - a. only necessary if a required team member is not in attendance
4. **Documentation of Attempts to Obtain Parent Participation**
 - a. 3 attempts and 3 different methods
5. **PR-01**
 - a. The PR-01 should identify the main changes in the IEP from the previous year to the current year, as well as any unique situations or concerns discussed by the IEP team.
 - b. The PR-01 must be provided to parents before implementation of the new IEP. Send home:
 - i. After the IEP meeting **OR**
 - ii. Next day with the student or via email
(NOTE: *be aware of calamity days*)
6. **EMIS – PARENT DOES NOT RECEIVE**

Complete IEP Packet needs to be sent to:

1. Home School District (original)
2. WCESC
3. Parent – no EMIS form
4. Teacher/ Classroom Copy

*****ALL ORIGINALS GO TO THE HOME SCHOOL DISTRICT*****

Effective Dates of IEP

- Effective start date of IEP will be the day after the IEP meeting
- Effective end date of the new IEP is one year minus one day from meeting date.

Example: Meeting date: July 19, 2020
 IEP Start date: July 20, 2020
 IEP End date: July 18, 2021
 Next IEP review: July 18, 2021

Absences & Red Rover

Absenteeism is an ongoing issue for the Wood County ESC. We thank and appreciate those of you who have been faithful and have used your sick leave only when needed. On some days, we have had almost 30 staff members out! We are having some difficulty with not having classroom coverage when staff are absent from their positions. This leaves students unattended and is a tremendous liability for the Wood County ESC.

Red Rover Reminders:

Be sure you have created your preferred list and check it often – the earlier you report your absence, the more time your preferred list will be honored before sending it out to everyone. (If you report later in the morning, it may be only a very brief time before your absence is shared with everyone.)

Report your absence as early as possible. Red Rover will ***NOT*** accept absences created after 6:30 am. In ***emergency situations only***, you will need to contact Stephanie Dyar (**Red Rover Administrator**) at **419-308-4147**. (Remember, if you need a substitute, you will need to have your job created early so that a substitute will have time to dress and be at the site before your start time).

You will need to take “official” time off (personal or sick) if you will be missing ½ hour or more of work on any given day. Absences can be reported by the hour if needed (ex. late arrivals for a doctor’s appointment). We would much rather you miss only a couple hours of work than a whole day if possible so use partial days if it works for you.

Notification Procedures - Teachers:

1st Stephanie 419-308-4147

2nd Notify building principal and supervisor – leave message or text

3rd Notify classroom assistant(s)

Personal Days – *NOTE NEW POLICY

Up to three (3) full days of personal leave with pay may be used, if approved by the supervisor, each contract year (7/1—6/30) by full-time employees. Personal leave will be pro-rated for part-time employees or employees who are hired after the start of the year. Personal leave is not cumulative. Personal leave days may be used for personal obligations that are necessary and compelling which involve family events, community events, business transactions, or legal transactions, with the following *newly implemented conditions:

*Restrictions on the use of personal leave days are as follows:

- o The day(s) may not be used in conjunction with any holidays/vacation days.
- o The day(s) may not be used in the first ten (10) nor the last ten (10) working days of the school districts’ calendars.

Exceptions may be granted by immediate supervisor for the following reasons:

In case of emergencies, e.g., an auto accident, furnace break down, frozen water pipes, wedding of an immediate family member, graduation, move child into college, or legal business which cannot be addressed outside of regular school hours **and** the scheduling of which is not under control of the employee.

Additional Personal Day Considerations:

- A. Request shall be recorded in Red Rover ***at least three (3) school days in advance***, except in the event of an emergency.
- B. The use of day(s) immediately preceding or following school or legal holidays shall be at the discretion of the supervisor.
- C. Number of persons granted personal leave for any one day will be limited to the demands of the Wood County ESC as determined by the superintendent.
- D. Scheduled daily assignments shall be adjusted by the employee and confirmed by the director in advance of the day requested.

In addition to 3 days' notice (except for emergencies) you must also have permission from your supervisor (requested on Red Rover) in order to be paid for a personal day. If you do not receive permission in advance, your requested personal day will be considered a "dock" day. In special circumstances, you must contact your supervisor directly. You must check Red Rover to assure a substitute has been secured. **If a substitute is not available by 4:30 PM the day before, your request could be declined. Contact your supervisor by 4:30 PM the day before if you do not have a substitute.**

Dock Days

Dock leave is an option in the absence reasons in Red Rover; supervisor permission is required. Non-paid leave of absences will be granted on a case by case basis at the discretion of the Superintendent. **A request for non-paid leave should be made in writing and submitted to your Supervisor and the Superintendent for review.** Non-paid leaves will only be considered in cases where personal days are not available or sick leave is not appropriate for the situation.

Unauthorized use of dock days may result in dismissal.

Sick and Pregnancy Leave

Refer to Governing Board Policy GDBDB available on the website at:

<https://www.wcesc.org/about/leadership-and-governing-board/governing-board-policies/>

Family Medical Leave

Refer to Governing Board Policy GBR and GBR-R available on the website at:

<https://www.wcesc.org/about/leadership-and-governing-board/governing-board-policies/>

Worker's Compensation/ Staff Injury Report

The provisions of the workers' compensation law cover every employee of the Wood County ESC, and if you receive an injury in the course of an event during your employment, you may file a claim. Complete the Staff Injury Form on the Wood County ESC web page. Contact your supervisor or Alicia Holdren (Superintendent's Secretary) @ 419-354-9011 x 217 immediately and prior to seeking treatment (unless it is an emergency!)

You will be guided through the process to make a worker's compensation claim, if appropriate.

If you need medical attention, you may go to Ready-Works (Medical building at Wood County Hospital, Suite 105) or your private physician. **PLEASE IMMEDIATELY COMMUNICATE DIRECTLY WITH YOUR SUPERVISOR IF YOU ARE INJURED.**



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PATHE/LIFE Skills Registration Forms

Emergency Contact Form

Page 1 of 1

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority; when parents cannot be reached. It is the **parent's responsibility to notify the school of any change in information.** The school does not provide accident/injury insurance. Financial obligations for medical expenses are a parent/student responsibility.

Student Name: _____ **Date of Birth:** _____ Male Female
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Residential Parent/Guardian

Mother/Legal Guardian _____ Contact number(s) _____
Father/Legal Guardian _____ Contact number(s) _____

List (3) Emergency Contacts if a parent cannot be reached:

1. Name/Relationship/Address/Telephone: _____
2. Name/Relationship/Address/Telephone: _____
3. Name/Relationship/Address/Telephone: _____

Part I *or* Part II must be completed

Part I – Consent of Medical Care

I hereby give consent for the following medical care providers and local hospital to be called: _____

Doctor's Name _____ **Address & Phone** _____

Dentist's Name _____ **Address & Phone** _____

Local Hospital _____ **Emergency Room Phone** _____

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alert: _____

PART II – Refusal to Consent

I **Do Not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian: _____ **Date:** _____



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PATHE/LIFE Skills Registration Forms

Emergency Medical Form

Page 1 of 2

Child's Name: _____ **Birthdate:** _____

Diagnosis/Physical Handicap/Disability _____

Medical Issues: (check issues which apply to your child)

- | | | | | |
|---------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Speech | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Behavior | <input type="checkbox"/> Other |

Please explain: _____

Medical Supports:

Does your child carry any medical supports with him (epi-pen, inhaler, food, medical reasons, etc.) **Yes or No**

If so, how/where does your child transport them? _____

Medications: Please list all medications routinely given whether at home or school.

Medication _____ Medication _____ Medication _____

Medication _____ Medication _____ Medication _____

Allergies: Please list all allergies to medications, foods, pets, etc:

Allergy _____ Allergy _____ Allergy _____

Allergy _____ Allergy _____ Allergy _____

Special Transportation Needs (as listed on IEP): Harness, Music, Book(s) preferential seating _____

Special Equipment: Glasses, Braces, Hearing Aids, etc. _____

Any Physical Limitations? (explain) _____

Special Concerns: (Please explain any concerns)

Can your child get on and off a bus independently? _____

Does your child have difficulty sitting still? _____

Does your child understand most everything told to him? _____

Can your child express his needs and wants? _____

Does your child have any fears or issues riding a bus? _____

Is there anything we need to know to transport your child safely?

- CC:**
- | | |
|---|--|
| <input type="checkbox"/> Director of Transportation/Home School | <input type="checkbox"/> Student Cumulative File |
| <input type="checkbox"/> Program Supervisor | <input type="checkbox"/> Teacher File |



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PATHE/LIFE Skills Registration Forms

Emergency Medical Form

Page 2 of 2

Emergency Contacts (Required of ALL Students)

Parents: This form is **extremely** important, as we will use this to make contact if your child becomes ill, has been injured, or if we need to contact you immediately. Please **notify** us if contact names/phone numbers change during school year.

A. Please complete the following:

Student's Name: _____

Street Address:
City/State/Zip:
City of Birth:
Date of Birth:

Mother/Legal Guardian Name:	Employer:
Street Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Cell Number:	Department:

Father/Legal Guardian Name:	Employer:
Street Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Cell Number:	Department:

B. List the names and relationships of persons who have permission to pick your child up from school or meet the child at the bus stop. (No one else will be permitted to pick up your child without written permission from you).

Name	Relationship to Student	Telephone Number
1		
2		
3		

C. The following people DO NOT have permission to pick up or meet my child:

Name	Relationship to Student	Telephone Number
1		
2		
3		

****We must have a copy of a court order to prohibit a parent from interaction with their child.****



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PATHE/LIFE Skills Registration Forms

Request for Administration of Medication

Page 1 of 1

Not applicable to my child

To be completed by Parent:

I hereby request that my child receive medication during the school day as recommended below by our physician. I give permission to the teacher or delegate, to administer the medication to my child.

Student's Name _____ School Building _____

Street Address _____ Class/Grade Level _____

City & Zip _____

Parent's Name _____ Telephone _____

Parent's Signature _____ Date _____

Parent's Address (if different from above) _____

To be completed by Physician:

Physician's Name _____ Telephone _____

Please PRINT

Physician's Address _____

Name of Medication _____ Dosage _____

Date administration is to begin: _____

Date administration is to cease: _____

Administer at the following times each day _____

Provide instructions for administration _____

(i.e.: route, sterile conditions, storing, etc.)

Specify any severe adverse reactions which should be reported to the physician

Physician's Signature

Date



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PATHE/LIFE Skills Registration Forms

Preferred Contact/Permissions Form

Page 1 of 1

Dear Parents: In order to maximize the school learning experience, it is important that the school and the parents/guardians communicate regularly. In case of an emergency, we will use your emergency contact information, but we also need a convenient method of communication for non-emergency situations and information sharing conversations. Email addresses will only be used for the purpose of communication with Parents from the Teacher and will be kept confidential. We hope to use email more often to share information with parents during the school year.

Student's Name: _____

Preferred method of contacting during school hours (no emergency)

Yes No

		<i>Home Phone Number:</i>
		<i>Cell Phone Number:</i>
		<i>Work Phone Number:</i>
		<i>Alternate Phone Number:</i>
		<i>Message Sent Home with Child</i>
		<i>Email Address:</i>

Community-Based Instruction

The Wood County Low Incidence Programs make use of learning opportunities in the community to enrich the curriculum. Field trips are carefully planned and parents will be notified by the classroom teacher prior to any excursions. Transportation for these field trips will be provided by the Wood County Low Incidence Program. **Please indicate if we have permission to include your child in these field trips.**

Please check one: I give my permission I **do not** give my permission

PERMISSION FOR PHOTOGRAPHS/VIDEOTAPING

Photographs or videotapes may be taken of your child with his/her class to use for professional training or for public awareness. Please indicate if we have your permission to use your child's photograph or videotape.

- Please check:**
- I give my permission for photographs or videotapes to be used for professional training.
 - I give my permission for photographs or videotapes to be used for community publications including sharing with other families.
 - I **do not** give my permission.



Acceptable Use and Internet Safety

Page 1 of 2

COMPUTER/ON-LINE SERVICES (Acceptable Use and Internet Safety)

File: EDE

Technology can greatly enhance the instructional program, as well as the efficiency of the Educational Service Center. The Governing Board recognizes that careful planning is essential to ensure the successful, equitable and cost-effective implementation of technology-based materials, equipment, systems and networks. Computers and use of the Educational Service Center network or on-line services support learning and enhance with many computers are to be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy and the guidelines below will result in the revocation of the user's access privilege. Unacceptable uses of the computer/network include but are not limited to:

1. Violating the conditions of State and Federal law dealing with students' and employees' rights to privacy, including unauthorized disclosure, use and dissemination of personal information;
2. Using profanity, obscenity, or other language which may be offensive to another user; or intended to harass, intimidate or bully other users;
3. Accessing personal social networking websites for non-educational purposes;
4. Reposting (forwarding) personal communication without the author's prior consent;
5. Copying commercial software and/or other material in violation of copyright law;
6. Using the network for financial gain, for commercial activity or for any illegal activity;
7. "hacking" or gaining unauthorized access to other computers or computer systems, or attempting to gain such unauthorized access;
8. Accessing and/or viewing inappropriate material and;
9. Downloading of freeware or shareware programs.

The Superintendent/designee shall develop a plan to address the short-and long-term technology needs and provide for compatibility of resources among school sites, offices and other operations. As a basis for this plan, he/she shall examine and compare the costs and benefits of various resources and shall identify the blend of technologies and level of service necessary to support the instructional program.

Because access to on-line services provides connections to other computer systems located all over the world, users (and parents of users who are under 18 years old) must understand that neither the school nor the Educational Service Center can control the content of the information available on these systems. Some of the information available is controversial and sometimes offensive.

The Governing Board does not condone the use of such materials. Employees, students and parents of students must be aware that the privileges to access on-line services are withdrawn from users who do not respect the rights of others or who do not follow the rules and regulations established. A user's agreement is signed to indicate the user's acknowledgment of the risks and regulations for computer/on-line services use. The Educational Service Center has also contracted service for monitoring a running log of Internet activity, recording which sites a particular user has visited through NWOCA.

"Harmful to minors" is defined as any picture, image, graphic image file or other visual depiction that:

1. Taken as a whole and with respect to minors, appeals to an offensive interest in nudity, sex or excretion;
2. Depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts or lewd exhibition of genitals or;
3. Taken as a whole, lacks serious literary, artistic, political or scientific values as to minors.

Annually, a student who wishes to have computer network and Internet access during the school year must read the acceptable use and Internet safety policy and submit a properly signed agreement form. Students and staff are asked to sign a new agreement each year after reviewing the policies and regulations of the Educational Service Center.

[Adoption Date: 3/18/04]

[Adoption Date: 7/19/05]

[Adoption Date: 2/22/11]

LEGSL REFS.: U.S. Const. Art. 1, Section 8

Family Educational Rights and Privacy Act; 20 USC 1232g et seq.

Children's Internet Protection Act; (P.L. 106-554, Hr 4577, 2000, 114 Stat 2763)

ORC 139.54-1329.67

ORC 3313.20

ORC 3319.321

CROSS REFS.: AC, Nondiscrimination

ACA, Nondiscrimination on the Basis of Sex

ACAA, Sexual Harassment

IB, Academic Freedom

IIA, Instructional Materials

JFC, Student Conduct

Staff Policy Books



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PATHE/LIFE Skills Registration Forms

Acceptable Use and Internet Safety

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COMPUTER NETWORK AGREEMENT FORM

File EDE-E

I hereby apply for a student/employee account on the Wood County Educational Service Center computer network:

Circle one: Student Employee

Name: _____ School: _____

Home address: _____

City/State/Zip: _____

Home phone: _____

I have read and I understand this computer policy and its guidelines and regulations and agree to abide by all of the rules and standards for acceptable use stated therein. I further state that all information provided for the creation of this account is truthful and accurate.

Signature: _____ Date: _____

Parental Release Form
(for students under 18 years of age)

I/We, _____, the parent(s) of _____

have read and understand the computer policy and its guidelines and regulations and we agree to its terms and conditions. We confirm our child's use of computer network from home or outsider of the classroom.

Signature: _____ Date: _____

[Adoption Date: 3/18/04]



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PATHE/LIFE Skills Registration Forms

Hazing and Bullying

Page 1 of 2

(Harassment, Intimidation and Dating Violence)

File: JFCF

Hazing means doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person.

Throughout this policy the term bullying is used in place of harassment, intimidation and bullying.

Bullying, harassment and intimidation is an intentional written, verbal, electronic or physical act that a student has exhibited toward another particular student more than once. The intentional act also includes violence within a dating relationship. The behavior causes mental or physical harm to the other student and is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or abusive educational environment for the other student. This behavior is prohibited on school property, on a school bus or at a school-sponsored activity. Students found responsible for harassment, intimidation or bullying by an electronic act may be suspended. Discipline procedures will not infringe on any student's rights under the First Amendment to the Constitution of the United States. When the behavior is sexual harassment, the Title IX sexual harassment grievance process will be followed, if applicable, prior to imposing any discipline that cannot be imposed without resolution of the Title IX process.

Permission, consent or assumption of risk by an individual subjected to hazing, bullying and/or dating violence does not lessen the prohibition contained in this policy.

The Wood County ESC includes, within the health curriculum, age-appropriate instruction in dating violence prevention education in grades 7-12. This instruction includes recognizing warning signs of dating violence and the characteristics of healthy relationships.

Prohibited activities of any type, including those activities engaged in via computer and/or electronic communication devices or electronic means, are inconsistent with the educational process and are prohibited at all times. The Wood County ESC educates minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyber-bullying awareness and response.

No administrator, teacher or other employee of the Wood County ESC shall encourage, permit, condone or tolerate any hazing and/or bullying activities. No students, including leaders of student organizations, are permitted to plan, encourage or engage in any hazing and/or bullying.

Administrators, teachers and all other Wood County ESC employees are particularly alert to possible conditions, circumstances or events that might include hazing, bullying and/or dating violence. If any of the prohibited behaviors are planned or discovered, involved students are informed by the discovering Wood County ESC employee of the prohibition contained in this policy and are required to end all such activities immediately. All hazing, bullying and/or dating violence incidents are reported immediately to the Superintendent/designee and appropriate discipline is administered. When employees have actual knowledge that the behavior is sexual harassment, they must contact the Title IX Coordinator.



Hazing and Bullying

Page 2 of 2

(Harassment, Intimidation and Dating Violence)

File: JFCF

The Superintendent/designee must provide the Board President with a semiannual written summary of all reported incidents and post the summary on the Wood County ESC's website, to the extent permitted by law.

The administration provides training on the Wood County ESC's hazing and bullying policy to Wood County ESC employees and volunteers who have direct contact with students. Additional training is provided to elementary employees in violence and substance abuse prevention and positive youth development.

Wood County ESC employees, students and volunteers have qualified civil immunity for damages arising from reporting an incident of hazing and/or bullying. Administrators, teachers, other employees and students who fail to abide by this policy may be subject to disciplinary action and may be liable for civil and criminal penalties in compliance with State and Federal law.

No one is permitted to retaliate against an employee or student because he/she files a grievance or assists or participates in an investigation, proceeding or hearing regarding the charge of hazing and/or bullying of an individual.

[Adoption Date: 6/19/12]

[Amended Date: 11/27/18]

[Amended Date: 5/19/2020]

[Amended Date: 10/20/2020]

LEGAL REFS.: Children's Internet Protection Act; 47 USC 254 (h)(5)(b)(iii);
(P.L. 106-554, HR 4577, 2000, 114 Stat 2763)
Education Amendments of 1972, Title IX; 20 USC 1681 et seq.
ORC 117.53
2307.44
2903.31
3301.22
3301.68
3313.666; 3313.667
3319.073; 3319.321

CROSS REFS.: AC, Nondiscrimination
ACA, Nondiscrimination on the Basis of Sex
ACAA, Sexual Harassment
EDE, Computer/Online Services (Acceptable Use and Internet Safety)
IGAE, Health Education
IIBH, District Website Publishing
JFC, Student Conduct (Zero Tolerance)
JFCEA, Gangs
JFCK, Use of Electronic Communications Equipment by Students
JG, Student Discipline
JHG, Reporting Child Abuse
JO, Student Records
Student Handbooks

Allergy Log

Student Name: _____ Date: _____

	Rash	Itching	Hives	Hard to breathe	Scratchy Throat	Runny Nose	Facial Color	Swelling	Cramping	Diarrhea	Constipation
ANIMALS											
Cats											
Dogs											
Insects											
Other											
Medications											
Antibiotics											
Pain Medication											
Anesthetics											
Other											
Environment											
Dust											
Mold											
Cleaning Products											
Pollen											
Grasses											
Trees											
Other											
Foods											
Shellfish											
Peanuts											
Eggs											
Wheat											
Soy											
Other											
Drinks											
Fruit Juice											
Orange Juice											
Milk Products											
Other											

Special Notes:

Instructions to Access Grade Cards and Transcripts Special Education Database

- 1. Open FileMaker Pro application.**
- 2. Choose - File: Open Remote**
- 3. Scroll down to the Special Education file**
- 4. A window will pop up and ask for an Account Name & Password**
- 5. Please contact Naomi Stickles or Peter Fellman for this information.**
- 6. When the Special Education Database opens, you will see your “Teacher Layout” page, which gives you the option of adding grades and viewing/printing your class roster.**

When you get into the database, your student and teacher name may say “<No Access>”. THIS IS NORMAL; all you need to do is locate your students. Since the database also may include inactive and no-show students, when you perform your find, you should choose the purple “Active” and the current school year buttons. If you don’t, you may get inactive students that are not currently on your roster. If you are looking for an inactive student, then choose the “Inactive” button instead.

PLEASE POST!

Steps to get WCESC Special Ed Forms, District Calendars, or IEP-related Info on WCESC.org

<u>For SpEd Forms:</u>	<u>District Calendars:</u>	<u>For IEP-Related Info:</u>
<p data-bbox="110 625 516 716">Scroll down to click on <i>Special Education</i></p> <p data-bbox="110 772 397 909">Choose <i>Student Forms/ Parent Handbooks</i></p>	<p data-bbox="553 625 951 716">Click the Menu Icon or Programs & Services</p> <p data-bbox="553 772 959 909">Then choose <i>Calendar</i>, then choose <i>District Calendars</i></p>	<p data-bbox="1002 625 1406 716">Scroll down to click on <i>Special Education</i></p> <p data-bbox="1002 772 1414 810">Choose <i>Teacher Forms</i></p> <p data-bbox="1002 867 1451 947">Below are the forms currently available:</p> <ul data-bbox="1002 953 1435 1230" style="list-style-type: none">* New Student/Change form* IEP Anywhere login access (contact Alicia Holdren at aholdren@wcesc.org)* Request for Consult/Child Screening* Release of Confidentiality

If you have any questions regarding forms or how to get to this please call Sena or Alicia at 419-354-9010

Medical Emergency Plan

Current Emergency Telephone Numbers

Life Squad _____

Poison Control Center _____

Fire Dept. _____

Police Dept. _____

Hospital _____

Job and Family Service _____

The First Aid Kits are located:

Staff trained to administer first aid:

Student's emergency and medical records are in their files located:

List of students with home and emergency numbers are located:

Dental Emergency - follow directions on the Dental Emergency Guided located:

If there is a serious emergency call 911 and the parents

Emergency Preparedness Checklist

- All staff have roles and responsibilities in cases of fire, tornado, injury and other disasters.
- One or more staff certified in first aid and child CPR are always present.
- A file is in order for each child which includes:
 - An emergency transportation authorization
 - Parents/Guardians phone numbers and emergency contact information.
 - The phone number of the child's personal physician.
 - Child's medical record containing immunizations, allergies and medical history.
 - Medication administration forms if needed.
 - Emergency care plans for children with special health care if necessary.
- First-aid kits are stocked and checked on a regular basis.
- The first-aid kit and staff trained in first-aid accompany all field trips.
- Each room has a fire escape route clearly posted.
- Emergency phone numbers are clearly posted near each phone. A list of necessary phone numbers is available in handout. Complete as soon as possible.
- Emergency procedures are posted near each phone. These procedures include:
 - How to phone EMS
 - Written directions to find your center
 - Transportation to an emergency facility
 - Notification of parents
 - Plans for evacuation and where to meet if the child care setting is evacuated.
 - Plans for an adult to care for the children while a caregiver stays with injured children. This includes escorting children to emergency medical care.
 - Plans if a child is missing from the center.
- All exits are clearly marked, free of clutter. Doors and gates all open out for easy exit.
- Students are taught emergency preparedness and procedures.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

Does child have an Attendant?

Yes No

Teacher: _____

Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
SPECIAL EDUCATION PROGRAMS
INCIDENT REPORT**

Program Name:		Name of Injured Child/Staff Member:	
Supervisor:		Child's DOB & Age:	
Facility Location:		Date & Time of Incident:	

1. Describe the incident (what the child/staff member was doing at the time the incident occurred; how it happened):

2. Where at the facility did it happen?

3. If injured, please describe:

4. Give the name(s) of the staff member(s) supervising the child at the time of the incident:

5. Give the name(s) of any other witnesses to the incident:

6. How did the child/staff member respond after the incident?

7. What action was taken? (check all that apply)

<input type="checkbox"/> First Aid given	If so, by whom and describe:	
<input type="checkbox"/> Other action taken—Describe:		
<input type="checkbox"/> Parent called	If so, concerns addressed:	
<input type="checkbox"/> Child/Staff member sent home?		

8. Any other relevant information?

Person Completing Form:

Date:

Copy for: Classroom File Supervisor/WCESC Child's Home School Parent/Guardian



Restraint and Seclusion Incident and Debriefing Form

Student Name: _____

Date of Incident: _____ Duration of Incident: _____

Restraint Seclusion Date of Debriefing: _____

Is there a behavior goal or behavior plan as part of an Individualized Education Program, Functional Behavioral Assessment, Behavior Intervention Plan or 504 plan?

Yes No If yes, how was it followed?

Provide a brief description of the circumstances (antecedents) leading up to this incident.

ANTECEDENTS	
<i>WHAT CONTRIBUTED TO THE INCIDENT HAPPENING? (CHECK ALL THAT APPLY)</i>	
<input type="checkbox"/> Down time	<input type="checkbox"/> Not having control
<input type="checkbox"/> Transitioning	<input type="checkbox"/> Not being listened to
<input type="checkbox"/> Yelling	<input type="checkbox"/> Accommodations/modifications not implemented
<input type="checkbox"/> Feeling pressured	<input type="checkbox"/> Medication issue
<input type="checkbox"/> Being teased or picked on	
<input type="checkbox"/> Inability to Communicate needs/frustrations	
<input type="checkbox"/> Other: Please describe	

What less restrictive interventions were tried to deescalate the situation?

Give a summary of the incident.

Was the student reintroduced back into the classroom? If so, what worked to calm the student? If not, what happened with the student?

Based on observations before, during and after student interventions, should changes to adult response to student or student planning documents be made?



Restraint and Seclusion Incident and Debriefing Form (Page 2)

Do these changes impact any of the following? Note: If this is the third or more instance of restraint or seclusion in this school year, a Functional Behavioral Assessment must be created or reviewed.

- Individualized Education Program
- Behavior Intervention Plan
- Functional Behavioral Assessment
- Other

If yes, name of person responsible for notifying the team: _____

- | | | |
|---|-------------|------------------------------|
| <input type="checkbox"/> Individualized Education Program | Date: _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Behavior Intervention Plan | Date: _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Functional Behavioral Assessment | Date: _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> 504 Plan | Date: _____ | <input type="checkbox"/> N/A |

Additional comments (if any):

The parent/guardian must be contacted on the day of the incident. Was the parent/guardian contacted on the day of the incident?

- Yes No If no, why not?

Parent Comment/Concern:

Were there any preexisting medical conditions to be considered before restraint/seclusion?

- Yes No If yes, list: _____

If complaint of injury by student, describe:

Was a medical evaluation provided to student following restraint/seclusion?

- Yes No If yes, attach a copy of the medical evaluation



Restraint and Seclusion Incident and Debriefing Form (Page 3)

Name	Position in restraint or seclusion or witness	Signature	Has the staff completed annual crisis intervention training?	
			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N

ACTION TAKEN

<input type="checkbox"/> Was the student physically restrained: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: fill out restraint form and participate in debriefing
<input type="checkbox"/> Warning Issued for Offense Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written	<input type="checkbox"/> Think it over form (attach it to this form)
<input type="checkbox"/> Parent Notification Method	<input type="checkbox"/> Phone Phone #: _____ Date: _____ Time: _____ Contact: _____
<input type="checkbox"/> Time away from group	Time out: _____ Time In: _____
<input type="checkbox"/> In-School Suspension	No. of Days: _____
<input type="checkbox"/> Out-of-School Suspension: home or SSSP	No. of Days: _____
<input type="checkbox"/> Team Meeting/FBA/BIP	Date: _____
<input type="checkbox"/> Compensation for Damages	Amt. of Payment: \$ _____
<input type="checkbox"/> Probation Officer Contacted	Name: _____
<input type="checkbox"/> Police Report	Officer #: _____
<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Other Action (Explain): _____	•Other: _____

Planning that may help the student process the event in the best way: (ie: seeing a counselor, talking to a teacher, writing in a journal, processing with sensory items)

Resources to help both staff and families:

- Parent mentor
- Family and Children First Referral
- ODD services
- Other:

Wood County Educational Service Center Staff are trained in Physical Aggression Avoidance Response Remediation and Positive Behavior Intervention and Supports.

**Wood County Educational Service Center
Parent/Guardian Notice of Critical Incident/Physical Restraint**

This letter is to inform you that staff conducted a physical intervention with your child. Below you will find a description of your child's behavior leading up to the incident, as well as, the actions taken to keep all involved safe. This report will also describe your child's status following the physical restraint.

Student Name: _____ Date of Incident: _____ Time of Incident: _____

Duration of Physical Intervention:

Total amount of time spent in control hold: _____

Total amount of time spent in physical escort: _____

Total amount of time spent in physical restraint: _____

Total amount of time spent in seclusion: _____

Description of student behavior that led to physical restraint:

Interventions used prior to physical restraint:

Student status and follow-up:

Please contact program supervisor should you need assistance or more information regarding this notice.

Supervisor Signature: _____ Contact Number: _____

September

COMPLETED	
	Be sure the required forms are returned by each student. We cannot have students in classrooms without having the emergency forms signed. Please be diligent about this requirement. Friendly reminder phone calls/emails may be necessary. Turn in any forms you have at this time.
	For students with behavior or health issues, turn in the student's individual plans to your supervisor and send a copy to the home district.
	MD Program Only: Free and Reduced Lunch forms MUST be returned. If students do not return the forms, they will be charged full price (by law)!
	Make copies of emergency forms and distribute to home district, school file, supervisor. MD: Also get copies to Sena @ ESC so she can send to transp directors. ED: Minda sends emergency forms to transp directors.
	Send reminders to the team of any upcoming IEPs. New IEP/ETR and EMIS forms need to be turned into the <u>WCESC – ATTN: Sena Hildebrand or email shildebrand@wcesc.org or Fax: 419-354-1146.</u>
	Obtain baseline data on students – DIEBELS, KTEA, Brigance, etc. Document regression/recoupment on all children for ESY baseline.
	Lesson plans for the next week need to be ready to go by Friday.
	Check your email daily! – Please make sure you get your Public School Works Training completed (instructions provided).
	Please double check your classroom rosters. Use the “New Student/Change of Information Form” (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements to Melanie Feather's replacement.
	Use WCESC IEP Writing Checklist when writing any IEP. Turn in with IEP/EMIS form to Sena when completed and signed.
	<i>Monthly attendance due to the WCESC by last day of month – ATTN: Sena H. or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>

(√) Check Tasks as they have been completed.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

Does child have an Attendant?

Yes No

Teacher: _____

Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

WCESC IEP Writing Checklist

Student: _____ Home School District: _____

Date Draft Sent Home: _____ Meeting Date: _____

Dates: Final IEP Home: _____ **Original** to District: _____ Copy to WCESC: _____

IEP Invite

- Titles match signature page; student's name included if 14 or older
- "Discussion of transition services" written in {other} if 14 and older

Cover Page

- Effective start date of IEP - day after the IEP meeting
- Effective end date - one year minus one day from meeting date

Section 1 - Student Vision

- Parent and student input; may also include teacher input

Section 2 - Special Factors

- If a statement is checked "yes," the IEP must reflect the need in Section 5, 6, and/ or 7

Section 3 – Profile

- Background information of the child; big picture view
- State test scores described in skills' language
- PINS of the student – preferences, interests, needs, and strengths; interests & hobbies
- Medical/ health & safety information
- Physical, social, sensory, behavioral needs
- Statement from or about general education inclusion class(es)
- 1-1 assistance described if appropriate
- Needs from ETR (during an ETR year) if appropriate

Section 4 - Extended School Year

- Specific goals/ objectives identified for ESY

Section 5 - Transition Services

- Each goal includes data focused on student's PINS using different assessments
- Services/ activities align to assessment data
- Specific course of study described
- Type of evidence indicated for progress monitoring purposes
- Target date for graduation - anticipated year HS requirements are completed

Section 6 – PLAAFP & Measurable Annual Goals – **use headings for organization**

- Progress on previous IEP goals/ objectives
- Current instructional level with baseline data from new assessments in criteria description (ex. 3/5, 6/10, etc.) – Brigance, Unique, Success Maker, other assessments, classroom observational data – use grade levels or criteria
- Strengths & needs, learning preferences & effective classroom strategies/ interventions
- Specific 1-1 assistance described if applicable
- Description of how academic skills affect functional performance within the child's current and future living environments; what is the impact on "activities of daily living"

PLAAFP & Goals/ Objectives cont.

- .. Impact of disability on progress in general education; comparison to same age peer performance
- .. Goals align to assessment data in present levels with only one skill per goal
- .. Measurable terms used and condition of goal stated (ex. given statement)
- .. Level of mastery and the number of times (degree) for performance criteria indicated
- .. Adaptive behavior goal written

Section 7 – Specially Designed Instruction

- .. Unique, direct instructional description; matches to goals/ objectives
- .. Separate box for different location of services
- .. Frequency written as *weekly or monthly*
- .. Modifications – extended standards identified
- .. Accommodations – specific time listed if “extra time”
- .. 1-1 para assistance indicated in “support for school personnel” if applicable; duplicate under “related services” for EMIS
- .. Consider health notes if applicable under “support for medical needs”

Section 8 – Transportation – in most cases, check with district representatives

- .. Box marked “yes” for {does child need transportation to and from services?} if transported out of district or to work site experiences

Section 9 – Nonacademic and Extracurricular Activities

- .. Use a statement similar to: “The student” has the same opportunity to be informed and participate in school related activities as typical students (non-disabled peers)

Section 10 – General Factors

- .. Boxes should be marked DURING IEP MEETING

Section 11 – Least Restrictive Environment

- .. Any service (academic, behavioral, related services) provided outside of the general education setting is supported by a justification statement
- .. Related Services MUST include statement as well as intervention specialist

Section 12 – Statewide and Districtwide Testing

- .. AA Participation Decision Making Tool completed for alternate assessment
- .. District and statewide testing accommodations identified, as appropriate

Section 13 – Exemptions

- .. Age appropriate sections completed
- .. ACT exemption for 11th graders completed with justification statement

Section 14 – Meeting Participants

- .. Signatures obtained BEFORE or DURING meeting

Section 15 – Signatures

- .. A Guide to Parent Rights offered to parents and indicated on IEP
- .. Guardianship booklet shared by the student’s 17th birthday
- .. PR-01 provided to parent BEFORE new IEP is implemented

Section 16 – Children with Visual Impairments – if applicable

Teacher Signature: _____ Date: _____

To report an employee accident, go to our website www.wcesc.org
Scroll to the bottom and click Employee Resources

Once there click ***Report an employee accident***

Log in: First initial & Last name

Password: Last 4 digits of your social security #

Public School Works Trainings

You will receive a notice on your WCESC email letting you know which on-line trainings are required for your position.

Please complete these before the due date. Some of you working in the districts may take on-line trainings for the district also. If you do and it is a required training for the ESC as well just send the certificate to the ESC. You may continue to receive an email saying not done but as long as you sent me your certificate you are ok.

You can then take the trainings by going through your email or you can go to our website www.wcesc.org. Click on Public School Works at the bottom of the home page. You will be prompted to put in your first initial of your first name, and your whole last name. The password will be the last four digits of your social security number.

If you have any questions regarding this, please call Stephanie Dyar @ 419-354-9010, ext. 305

Thank you,
Stephanie Dyar
Personnel Secretary/AESOP Coordinator

Public School Works Training Instructions

1. Click on the internet
2. Type in www.wcesc.org
3. Go to Public School Works at the bottom of the homepage.
4. Click on *Staff Trainings* at the top
5. Login
 - a. Username – first initial of your first name and whole last name
(Example: jdoe)
 - b. Password – last 4 digits of your social security number
6. Click submit
7. Make sure your login info is correct, then *Click Here When Correct*
8. You will see your trainings
9. Click *Enroll* to begin your trainings

**** Notes****

- There is no need to print off certificates, as it will show completed on our side.
- If you have taken these trainings at your school district, please print off the certificate and give to Stephanie Dyar, as we will not know you have taken these courses if we do not have a copy of the certificate.
- If you take courses at the district, you will still get emails reminding you that you have not taken it for the WCESC but as long as you turn in your certificate showing you have, you can ignore them.

October

COMPLETED	
	Please turn in any new IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand</i> or email <i>shildebrand@wcesc.org</i> or Fax: 419-354-1146.
	Preparations for Parent/Teacher Conferences. Collecting and organizing your data to share.
	Progress reports will be written using forms set up in IEP Anywhere (MD, PATHE). Check with districts as to whether you complete mid-term and/or quarterly progress reports.
	Lesson plans for next week need to be ready to go by Friday.
	Plan community-based instructional outings to extend classroom learning.
	Check email daily!
	If you have a student start or withdraw, use the “New Student/Change of Info Form” (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements.
	Use WCESC IEP Writing Checklist when writing any IEP. Turn in with IEP/EMIS form to Sena when completed and signed.
	<i>Monthly attendance due to the WCESC by last day of month – ATTN: Sena or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>

(√) Check Tasks as they have been completed.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

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Yes No

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Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

WCESC IEP Writing Checklist

Student: _____ Home School District: _____

Date Draft Sent Home: _____ Meeting Date: _____

Dates: Final IEP Home: _____ **Original** to District: _____ Copy to WCESC: _____

IEP Invite

- Titles match signature page; student's name included if 14 or older
- "Discussion of transition services" written in {other} if 14 and older

Cover Page

- Effective start date of IEP - day after the IEP meeting
- Effective end date - one year minus one day from meeting date

Section 1 - Student Vision

- Parent and student input; may also include teacher input

Section 2 - Special Factors

- If a statement is checked "yes," the IEP must reflect the need in Section 5, 6, and/ or 7

Section 3 – Profile

- Background information of the child; big picture view
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- .. Consider health notes if applicable under “support for medical needs”

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- .. PR-01 provided to parent BEFORE new IEP is implemented

Section 16 – Children with Visual Impairments – if applicable

Wood County Educational Service Center

Parent Conference Checklist

Directions: Use this form to keep notes about the parent conferences for your student files. Keep notes during the conference and complete this form at the end of the day.

Name of Student: _____ Date: _____

Name of Parent/Guardian: _____

Highlights to share about the student's work habits, grades, and school record:

(Include samples of work to demonstrate strong skills as well as areas for improvement)

1. _____
2. _____
3. _____

Areas to work on:

1. _____
2. _____
3. _____

Parent feedback/comments:

November

COMPLETED	
	Please turn in any new IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand</i> or email <i>shildebrand@wcesc.org</i> or Fax: 419-354-1146.
	Identify students who will participate in alternate assessment and those that will participate in standardized assessment.
	Check email daily!
	Plan a November/December community-based instructional outing to generalize classroom instruction.
	Lesson Plans for the next week need to be ready to go by Friday.
	Use the “New Student/Change of Info Form” as needed (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements.
	Use WCESC IEP Writing Checklist when writing any IEP. Turn in with IEP/EMIS form to Sena when completed and signed.
	<i>Monthly attendance due to the WCESC by last day of month – ATTN: Sena or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>

(√) Check Tasks as they have been completed.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

Does child have an Attendant?

Yes No

Teacher: _____

Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

WCESC IEP Writing Checklist

Student: _____ Home School District: _____

Date Draft Sent Home: _____ Meeting Date: _____

Dates: Final IEP Home: _____ **Original** to District: _____ Copy to WCESC: _____

IEP Invite

- Titles match signature page; student's name included if 14 or older
- "Discussion of transition services" written in {other} if 14 and older

Cover Page

- Effective start date of IEP - day after the IEP meeting
- Effective end date - one year minus one day from meeting date

Section 1 - Student Vision

- Parent and student input; may also include teacher input

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- If a statement is checked "yes," the IEP must reflect the need in Section 5, 6, and/ or 7

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- Background information of the child; big picture view
- State test scores described in skills' language
- PINS of the student – preferences, interests, needs, and strengths; interests & hobbies
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- Physical, social, sensory, behavioral needs
- Statement from or about general education inclusion class(es)
- 1-1 assistance described if appropriate
- Needs from ETR (during an ETR year) if appropriate

Section 4 - Extended School Year

- Specific goals/ objectives identified for ESY

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- Each goal includes data focused on student's PINS using different assessments
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- Specific course of study described
- Type of evidence indicated for progress monitoring purposes
- Target date for graduation - anticipated year HS requirements are completed

Section 6 – PLAAFP & Measurable Annual Goals – **use headings for organization**

- Progress on previous IEP goals/ objectives
- Current instructional level with baseline data from new assessments in criteria description (ex. 3/5, 6/10, etc.) – Brigance, Unique, Success Maker, other assessments, classroom observational data – use grade levels or criteria
- Strengths & needs, learning preferences & effective classroom strategies/ interventions
- Specific 1-1 assistance described if applicable
- Description of how academic skills affect functional performance within the child's current and future living environments; what is the impact on "activities of daily living"

PLAAFP & Goals/ Objectives cont.

- .. Impact of disability on progress in general education; comparison to same age peer performance
- .. Goals align to assessment data in present levels with only one skill per goal
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- .. Level of mastery and the number of times (degree) for performance criteria indicated
- .. Adaptive behavior goal written

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- .. Unique, direct instructional description; matches to goals/ objectives
- .. Separate box for different location of services
- .. Frequency written as *weekly or monthly*
- .. Modifications – extended standards identified
- .. Accommodations – specific time listed if “extra time”
- .. 1-1 para assistance indicated in “support for school personnel” if applicable; duplicate under “related services” for EMIS
- .. Consider health notes if applicable under “support for medical needs”

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- .. Box marked “yes” for {does child need transportation to and from services?} if transported out of district or to work site experiences

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- .. Use a statement similar to: “The student” has the same opportunity to be informed and participate in school related activities as typical students (non-disabled peers)

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- .. Boxes should be marked DURING IEP MEETING

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- .. Related Services MUST include statement as well as intervention specialist

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- .. AA Participation Decision Making Tool completed for alternate assessment
- .. District and statewide testing accommodations identified, as appropriate

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- .. Age appropriate sections completed
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Section 14 – Meeting Participants

- .. Signatures obtained BEFORE or DURING meeting

Section 15 – Signatures

- .. A Guide to Parent Rights offered to parents and indicated on IEP
- .. Guardianship booklet shared by the student’s 17th birthday
- .. PR-01 provided to parent BEFORE new IEP is implemented

Section 16 – Children with Visual Impairments – if applicable

WCESC IEP Timelines

Annual IEP meeting must be scheduled a minimum of 1-2 weeks before expiration date

6 weeks before IEP is due:

4. Contact parent and confirm meeting time and date.
Communicate/ confirm date/ time with district representative!
**Notify ESC supervisor if you need his/ her attendance at the meeting!
5. Notify/ remind related service providers via email of IEP due dates for their timely contribution to the IEP.
Make your goal to have your IEP completely finished in draft form 7-10 DAYS before IEP meeting. **CREATE A SCHEDULE FOR THE YEAR!**
6. Start assessment of present levels of academic and functional performance.

4 weeks prior to IEP meeting:

4. Contact parent/ guardian to get information on their vision and/or transition plan for their child to use as guide in writing IEP.
5. Send "official" IEP invite to all team members
 - a. Use titles and not specific names of team members
 - b. Send to ESC supervisor if supervisor is expected to attend meeting.
6. Collaborate with related services and colleagues to develop draft IEP.

1-2 weeks before meeting:

4. Get signatures from related services providers BEFORE the IEP meeting.
5. If related services information is not entered in IEP Anywhere by the given draft date, send another email reminder to related service and cc supervisor.
6. Send Draft IEP to parents BEFORE the meeting – at least 6-7 days prior to meeting date. Remember to print "DRAFT" on IEP sent to parents.

NOTE:

Draft IEP should be completed at least one week BEFORE the meeting to provide parents opportunity to review and contribute to the document.

The week of IEP meeting:

3. Send reminder email to all IEP team members of meeting. Make copies for all IEP members or enough to be shared. **Parents should have own copy of IEP.**
4. Be certain to have 3 documented attempts of parent contact for IEP meeting.

State law requires the IEP to be sent within 4 weeks of the meeting date but try to send home within 2 weeks if possible.

IMPORTANT INFORMATION
IEP PACKET

- 7. **IEP**
- 8. **Parent Invitation**
 - a. must match to signatures on IEP
- 9. **Parent Excusal form**
 - a. only necessary if a required team member is not in attendance
- 10. **Documentation of Attempts to Obtain Parent Participation**
 - a. 3 attempts and 3 different methods
- 11. **PR-01**
 - a. The PR-01 should identify the main changes in the IEP from the previous year to the current year, as well as any unique situations or concerns discussed by the IEP team.
 - b. The PR-01 must be provided to parents before implementation of the new IEP. Send home:
 - i. After the IEP meeting **OR**
 - ii. Next day with the student or via email

(NOTE: be aware of calamity days)
- 12. **EMIS – PARENT DOES NOT RECEIVE**

Complete IEP Packet needs to be sent to:

- 1. Home School District (original)
- 2. WCESC
- 3. Parent – no EMIS form
- 4. Teacher/ Classroom Copy

*****ALL ORIGINALS GO TO THE HOME SCHOOL DISTRICT*****

Effective Dates of IEP

Effective start date of IEP will be the day after the IEP meeting
Effective end date of the new IEP is one year minus one day from meeting date.

Example:

Meeting date:	July 19, 2020
IEP Start date:	July 20, 2020
IEP End date:	July 18, 2021
Next IEP review:	July 18, 2021

December

COMPLETED	
	Remind team of any upcoming IEP's. Please turn in any new IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand</i> or email <i>shildebrand@wcesc.org</i> or Fax: 419-354-1146.
	Check email daily!
	Lesson Plans for the next week need to be ready to go by Friday
	Turn in first paraprofessional evaluation to supervisor (form included).
	Double check alternate assessment student list and ensure IEP documentation is accurate. Create a plan for student assessment within your building; check with supervisor for training if needed.
	If students are not integrated into the building culture and/or regular classes to the maximum extent possible, assess individual needs at the semester and attempt to include students where appropriate.
	Report card/quarterly progress reports due (follow your district's calendar).
	Self-assess - are you staying on schedule for IEP/ ETR meetings according to plan? Do you still have a substitute plan readily available?
	Use the "New Student/Change of Info Form" as needed (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements.
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Building/District of Attendance: _____

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Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**

(Para Evaluation, Page 1)

Employee Name:		Date:	
Program:		Supervisor:	

Rating	Definition
Accomplished	The classified employee exceeds responsibilities consistently producing exceptionally high quality work that optimizes the effectiveness of the classified employee support within the school.
Skilled	The performance of the classified employee consistently fulfills responsibilities resulting in quality work that impacts school effectiveness in a positive manner. This rating is a high performance standard and is expected of all classified employees.
Developing	The classified employee inconsistently meets responsibilities resulting in areas of work performance that require development.
Ineffective	The classified employee does not adequately fulfill responsibilities, resulting in work performance lacking quality and/or negatively impacting school effectiveness.

Instructional/Classroom Support

	Ineffective	Developing	Skilled	Accomplished
Classroom Procedures	Para fails to assist the teacher and students in the implementation of the classroom routines and procedures. Para fails in following routines and procedures imposed on students: ex: eating in front of the students at inappropriate times, using cellphones in front of students, not engaging with students.	Para requires support when assisting students. Para is not always prepared to work with teachers or students. If Para provides some modeling and is engaged with students less than 50% of the time (ex: para sitting at desk or away from students).	Para assists the teacher and student with implementing classroom routines and procedures. Provides effective modeling for students. Para maintains a safe and neat classroom environment.	Para assistance with classroom procedures is highly effective and seamless and includes students in the performance and maintenance of classroom routines. Para makes a significant contribution to the classroom to ensure that the physical space is safe, organized, and contributes to the learning activities. Para is consistently engaged with what the students are doing.
Student/Teacher Support	Para sits at desk most of time and not engaged with (greater than 80% of the time). Fails to reinforce concepts presented by the teacher using	Para is often sitting at desk and not engaged with students (greater than 50% of the time). Requires support when assisting	Consistently and effectively assists individual students in performing activities initiated by the teacher. Consistently and	Consistently anticipates additional ways to effectively assist individual students perform activities initiated by the teacher

WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE
(Para Evaluation, Page 2)

	<p>appropriate reinforcement strategies (prompting, modeling, etc.). Fails to recognize when either a teacher or a student needs assistance. Fails to adapt and assists with the preparation of instructional materials as directed by the teacher. Fails to assist students in all social and academic experiences outside the school setting (field trips, errands, and work experience).</p>	<p>individual students in performing activities initiated by the teacher. Requires support when reinforcing concepts presented by the teacher using appropriate reinforcement strategies (prompting, modeling, etc.) Requires support when monitoring independent or small-group work (listening, reading, note taking) Requires support in recognizing when either a teacher or a student needs assistance. Requires support when adapting and assisting with the preparation of instructional materials as directed by the teacher.</p>	<p>effectively reinforces concepts presented by the teacher using appropriate reinforcement strategies (prompting, modeling, etc.). Consistently and effectively monitors independent or small-group work (listening, reading, note taking). Demonstrates a sense of when either a teacher or a student needs assistance. Adapts and assists with the preparation of instructional materials as directed by the teacher. Consistently and effectively encourages independence in students' completion of assignments.</p>	<p>Consistently anticipates additional ways to effectively reinforce concepts presented by the teacher using appropriate reinforcement strategies (prompting, modeling, etc.). Consistently and effectively monitors independent or small-group work (listening, reading, note taking) with minimal direction. Consistently and effectively demonstrates a sense of when either a teacher or a student needs assistance. Consistently and effectively adapts and assists with the preparation of instructional materials with minimal direction by the teacher. Consistently anticipates additional ways to effectively encourage independence in students' completion of assignments.</p>
Knowledge of Content	Paraprofessional displays little knowledge of required content.	Paraprofessional displays some knowledge of required content.	Paraprofessional displays solid knowledge of required content.	Paraprofessional displays extensive knowledge of required content.
Data Collection	Does not have the ability to gather ongoing data on student performance, under the direction of the licensed teacher or has not taken responsibility to collect and record performance data on students, respecting the laws of confidentiality.	Has the ability to gather ongoing data on student performance, under the direction of the licensed teacher. work with students usually using yes/no questions. Has an understanding and is able to collect and record performance data (observations) on students, while respecting the laws of confidentiality.	Has the ability to initiate a variety of data collection models specific to the student(s) with whom you work, under the direction of the licensed teacher. Is proficient in obtaining accurate relevant data and has a broad knowledge on ways that observations are recorded and is able to respect the laws of confidentiality	Is able to mentor and guide peers by sharing a variety of data collection models, under the direction of the licensed teacher. Does not only know how to obtain accurate performance data but can develop a system of data collection, under the direction of a licensed teacher.

WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE
(Para Evaluation, Page 3)

Social/Behavioral Support				
	Ineffective	Developing	Skilled	Accomplished
Rapport With Students	Rarely shows enthusiasm, patience and understanding when interacting with students. Rarely treats students in a respectful, responsible and fair manner with due consideration of the student's physical, social and psychological development. Rarely maintains effective and cooperative relationships with students. Rarely provides a positive role model for students. Is sarcastic and/or uses inappropriate tone/language towards students.	Occasionally shows enthusiasm, patience and understanding when interacting with students. Occasionally treats students in a respectful, responsible and fair manner with due consideration of the student's physical, social and psychological development. Occasionally maintains effective and cooperative relationships with students. Para is sometimes sarcastic and/or uses inappropriate tone/language towards students.	Always shows enthusiasm, patience and understanding when interacting with students. Always treats students in a respectful, responsible and fair manner with due consideration of the student's physical, social and psychological development. Always maintains effective and cooperative relationships with students. Always provides a positive role model for students.	Encourages other staff and students through modeling to show enthusiasm, patience and understanding when interacting with students. Advocates and encourages respectful, responsible and fair treatment of students with due consideration of their physical, social and psychological development. Encourages staff and students to provide a positive role model towards all students
Behavior Management	Fails to use a behavior management system when working with students following the teacher's behavior plan. Often resorts to yelling at students or making inappropriate comments to or about student-to-student or others. Uses sarcasm and does not offer student choices.	Requires support when using a behavior management system when working with students following the teacher's behavior plan.	Consistently and effectively uses a behavior management system when working with students following the teacher's behavior plan. Provides students with choices.	Consistently and effectively encourages and models an appropriate behavior management system within the school community. Provides students with choices.
Positive Feedback	Interactions, both between para and among students, are negative, inappropriate, or not sensitive to the students' cultural backgrounds, and/or are characterized by sarcasm, put-downs, or conflict.	Interactions, both between para and among students, are generally appropriate and free from conflict, but may be characterized by occasional displays of insensitivity or lack of responsiveness to cultural backgrounds.	Interactions, both between para and among students, reflect general warmth and caring, and are polite and respectful of the cultural and developmental differences among groups of students	Interactions, both between para and among students, are highly respectful, and reflect genuine warmth/caring toward individuals. As a result of the direct support from the para, students maintain high levels of civility among themselves.

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**

(Para Evaluation, Page 4)

Special Health Care of Student (toileting, changing, cleaning, feeding)	Para refuses to provide special healthcare assistance to students.	Para provides special healthcare assistance to student when asked by the teacher.	Para provides special health care assistance to students when requested by the student.	Para takes initiative and does not complain about helping/assisting students with toileting, feeding, and/or cleaning up.
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Professionalism

	Ineffective	Developing	Skilled	Accomplished
Confidentiality	Fails to demonstrate ethical and confidential behavior.	Requires support to demonstrate ethical and confidential behavior.	Consistently and effectively demonstrates ethical and confidential behavior.	Consistently and effectively demonstrates and encourages others to show ethical and confidential behavior.
Atmosphere	Fails to promote an atmosphere of respect for children and adults.	Requires support to promote an atmosphere of respect for children and adults.	Consistently and effectively promotes an atmosphere of respect for children and adults.	Consistently and effectively promotes and encourages others to provide an atmosphere of respect for children and adults.
Growth	Fails to seek professional growth and information to further understand a student's needs.	Requires support and encouragement to seek professional growth and information to further understand student's needs.	Consistently and effectively seeks professional growth and obtains information to further understand student's needs.	Consistently and effectively seeks professional growth, obtains and shares information to further understand student's needs.
Chain of Command	<p>Fails to address conflicts with coworkers.</p> <p>Does not work with teacher to communicate information with parent/guardian or outside agencies. Contacts parents and/or community agencies without teacher knowledge.</p>	<p>Requires support to address conflicts with coworkers first, school administration second and district office third.</p> <p>Needs reminded that all communication with parent/guardian comes from the teacher.</p>	<p>Effectively addresses conflicts with coworkers first, school administration second and district office third.</p> <p>Recognizes that all communication to parent/guardian and outside agencies is communicated by the teacher</p>	<p>Consistently and effectively addresses conflicts with coworkers first, school administration second and district office third.</p> <p>Recognizes that all communication to parent/guardian and outside agencies is communicated by the teacher but offers support and suggestions to support the social/emotional, physical, and academic needs of the student.</p>

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**

(Para Evaluation, Page 5)

Attendance/ Punctuality	Fails to demonstrate responsible behaviors towards attendance, punctuality, work schedule and appropriate use of time.	Requires support concerning attendance, punctuality, work schedule and/or appropriate use of time.	Consistently and effectively demonstrates responsible behaviors towards attendance, punctuality, work schedule and appropriate use of time.	Consistently and effectively demonstrates responsible behaviors towards attendance, punctuality, work schedule and appropriate use of time considered beyond the call of duty.
Adaptability/ Flexibility	Struggles with flexibility to change, struggles to accept constructive commentary, struggles to remain calm and effective in upsetting situations. Requires a lot of improvement.	Is sometimes willing to be flexible to change. Is sometimes willing to accept constructive commentary. Sometimes remains calm and effective in upsetting situations.	Is willing to be flexible to change. Is usually willing to accept constructive commentary. Usually remains calm and effective in upsetting situations.	Thrives on constructive criticism and is calm and effective in upsetting situations.

Additional Comments:

Area(s) of Reinforcement	(Area(s) of Strength)

Area(s) of Refinement	(Growth Opportunity or Area(s) in Need of Improvement)

Principal/Supervisor's Comments

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**
(Para Evaluation, Page 6)

Employee's Comments

Goals for Next School Year

Employee Name Printed		
Employee Signature		Date:
Principal/Supervisor Name Printed		
Principal/Supervisor Signature		Date:

Signatures above indicate that the employee and evaluator have discussed the Performance Evaluation

WCESC IEP Writing Checklist

Student: _____ Home School District: _____

Date Draft Sent Home: _____ Meeting Date: _____

Dates: Final IEP Home: _____ **Original** to District: _____ Copy to WCESC: _____

IEP Invite

- Titles match signature page; student's name included if 14 or older
- "Discussion of transition services" written in {other} if 14 and older

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- Effective start date of IEP - day after the IEP meeting
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- Parent and student input; may also include teacher input

Section 2 - Special Factors

- If a statement is checked "yes," the IEP must reflect the need in Section 5, 6, and/ or 7

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- Background information of the child; big picture view
- State test scores described in skills' language
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January

COMPLETED	
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	Document regression/recoupment for ESY after Holiday break.
	Check email daily!
	Plan, within budget, remaining community-based instructional outings
	Begin planning for alternate assessment and/or standardized testing
	Self-assess – Are you collaborating with related services? Are you attending building staff meetings?
	Integrate internet safety into the curriculum if you have not done so already.
	Use the “New Student/Change of Info Form” as needed (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
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Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

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Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

**Student Acceptable Use Policy – Internet Safety
Wood County ESC**

The Wood County Educational Service Center (WCESC) Specially Designed Programs (Low Incidence and Pathe) will provide age-appropriate and developmentally appropriate training for students who use WCESC and/or district internet facilities. The training provided will be designed to promote WCESC’s commitment to the standards and acceptable use of internet services as set forth in the WCESC Internet Safety Policy, with specific focus in the following topics (as appropriate for grade and developmental level of students):

- Smartphones
- Safety on the internet
- Social networks - web sites, chat rooms, etc.
- Gaming
- Cyber-bullying awareness and response
- Sexting

Instruction/training for the 2021-22 school year took place over the following dates:

Teacher(s) Signature: _____

Resources Used: _____

The signatures of students acknowledge the presentation of instruction on internet safety.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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- “ Background information of the child; big picture view
- “ State test scores described in skills’ language
- “ PINS of the student – preferences, interests, needs, and strengths; interests & hobbies
- “ Medical/ health & safety information
- “ Physical, social, sensory, behavioral needs
- “ Statement from or about general education inclusion class(es)
- “ 1-1 assistance described if appropriate
- “ Needs from ETR (during an ETR year) if appropriate

Section 4 - Extended School Year

- “ Specific goals/ objectives identified for ESY

Section 5 - Transition Services

- “ Each goal includes data focused on student’s PINS using different assessments
- “ Services/ activities align to assessment data
- “ Specific course of study described
- “ Type of evidence indicated for progress monitoring purposes
- “ Target date for graduation - anticipated year HS requirements are completed

Section 6 – PLAAFP & Measurable Annual Goals – **use headings for organization**

- “ Progress on previous IEP goals/ objectives
- “ Current instructional level with baseline data from new assessments in criteria description (ex. 3/5, 6/10, etc.) – Brigance, Unique, Success Maker, other assessments, classroom observational data – use grade levels or criteria
- “ Strengths & needs, learning preferences & effective classroom strategies/ interventions
- “ Specific 1-1 assistance described if applicable
- “ Description of how academic skills affect functional performance within the child’s current and future living environments; what is the impact on “activities of daily living”

PLAAFP & Goals/ Objectives cont.

- .. Impact of disability on progress in general education; comparison to same age peer performance
- .. Goals align to assessment data in present levels with only one skill per goal
- .. Measurable terms used and condition of goal stated (ex. given statement)
- .. Level of mastery and the number of times (degree) for performance criteria indicated
- .. Adaptive behavior goal written

Section 7 – Specially Designed Instruction

- .. Unique, direct instructional description; matches to goals/ objectives
- .. Separate box for different location of services
- .. Frequency written as *weekly or monthly*
- .. Modifications – extended standards identified
- .. Accommodations – specific time listed if “extra time”
- .. 1-1 para assistance indicated in “support for school personnel” if applicable; duplicate under “related services” for EMIS
- .. Consider health notes if applicable under “support for medical needs”

Section 8 – Transportation – in most cases, check with district representatives

- .. Box marked “yes” for {does child need transportation to and from services?} if transported out of district or to work site experiences

Section 9 – Nonacademic and Extracurricular Activities

- .. Use a statement similar to: “The student” has the same opportunity to be informed and participate in school related activities as typical students (non-disabled peers)

Section 10 – General Factors

- .. Boxes should be marked DURING IEP MEETING

Section 11 – Least Restrictive Environment

- .. Any service (academic, behavioral, related services) provided outside of the general education setting is supported by a justification statement
- .. Related Services MUST include statement as well as intervention specialist

Section 12 – Statewide and Districtwide Testing

- .. AA Participation Decision Making Tool completed for alternate assessment
- .. District and statewide testing accommodations identified, as appropriate

Section 13 – Exemptions

- .. Age appropriate sections completed
- .. ACT exemption for 11th graders completed with justification statement

Section 14 – Meeting Participants

- .. Signatures obtained BEFORE or DURING meeting

Section 15 – Signatures

- .. A Guide to Parent Rights offered to parents and indicated on IEP
- .. Guardianship booklet shared by the student’s 17th birthday
- .. PR-01 provided to parent BEFORE new IEP is implemented

Section 16 – Children with Visual Impairments – if applicable

February

COMPLETED	
	Remind the team of any upcoming annual IEP reviews. Please turn in any new IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand</i> or email <i>shildebrand@wcesc.org</i> or Fax: 419-354-1146.
	Check email daily!
	Plan alternate assessment administration schedule.
	Give “Letter of Intent” to supervisor indicating what your job preferences are for the next school year. Return Intent form for next year.
	Coordinate with supervisor to schedule transition meetings for students in grades 10-23.
	Lesson plans for the next week need to be ready to go by Friday.
	Use the “New Student/Change of Info Form” as needed (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements.
	Use WCESC IEP Writing Checklist when writing any IEP. Turn in with IEP/EMIS form to Sena when completed and signed.
	<i>Monthly attendance due to the WCESC by last day of month – ATTN: Sena H. or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>

(√) Check Tasks as they have been completed.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

Does child have an Attendant?

Yes No

Teacher: _____

Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Wood County Educational Service Center

1867 N. Research Dr., Bowling Green, Ohio 43402

419-354-9010 office Fax: 419-354-1146

Dear Staff,

Once again, it is time to start making preliminary plans for the next school year; we would like to give each of you an opportunity to give us feedback regarding your position. This is not a formal contract or is it binding, but we would appreciate knowing your intentions and wishes for next year.

PLEASE RETURN TO YOUR SUPERVISOR PRIOR TO FEBRUARY 13TH

- I wish to remain in the same position next year.
- I will not be returning to WCESC. I will submit a resignation letter. The letter will indicate the date of resignation.
- I would like to return to the WCESC, but would like to be considered for another position/location.
- Change Preferred _____
- Other

**Thank you for your assistance.
Please let your Supervisor know if your plans change.**

WCESC IEP Writing Checklist

Student: _____ Home School District: _____

Date Draft Sent Home: _____ Meeting Date: _____

Dates: Final IEP Home: _____ **Original** to District: _____ Copy to WCESC: _____

IEP Invite

- Titles match signature page; student's name included if 14 or older
- "Discussion of transition services" written in {other} if 14 and older

Cover Page

- Effective start date of IEP - day after the IEP meeting
- Effective end date - one year minus one day from meeting date

Section 1 - Student Vision

- Parent and student input; may also include teacher input

Section 2 - Special Factors

- If a statement is checked "yes," the IEP must reflect the need in Section 5, 6, and/ or 7

Section 3 – Profile

- Background information of the child; big picture view
- State test scores described in skills' language
- PINS of the student – preferences, interests, needs, and strengths; interests & hobbies
- Medical/ health & safety information
- Physical, social, sensory, behavioral needs
- Statement from or about general education inclusion class(es)
- 1-1 assistance described if appropriate
- Needs from ETR (during an ETR year) if appropriate

Section 4 - Extended School Year

- Specific goals/ objectives identified for ESY

Section 5 - Transition Services

- Each goal includes data focused on student's PINS using different assessments
- Services/ activities align to assessment data
- Specific course of study described
- Type of evidence indicated for progress monitoring purposes
- Target date for graduation - anticipated year HS requirements are completed

Section 6 – PLAAFP & Measurable Annual Goals – **use headings for organization**

- Progress on previous IEP goals/ objectives
- Current instructional level with baseline data from new assessments in criteria description (ex. 3/5, 6/10, etc.) – Brigance, Unique, Success Maker, other assessments, classroom observational data – use grade levels or criteria
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PLAAFP & Goals/ Objectives cont.

- .. Impact of disability on progress in general education; comparison to same age peer performance
- .. Goals align to assessment data in present levels with only one skill per goal
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- .. Level of mastery and the number of times (degree) for performance criteria indicated
- .. Adaptive behavior goal written

Section 7 – Specially Designed Instruction

- .. Unique, direct instructional description; matches to goals/ objectives
- .. Separate box for different location of services
- .. Frequency written as *weekly or monthly*
- .. Modifications – extended standards identified
- .. Accommodations – specific time listed if “extra time”
- .. 1-1 para assistance indicated in “support for school personnel” if applicable; duplicate under “related services” for EMIS
- .. Consider health notes if applicable under “support for medical needs”

Section 8 – Transportation – in most cases, check with district representatives

- .. Box marked “yes” for {does child need transportation to and from services?} if transported out of district or to work site experiences

Section 9 – Nonacademic and Extracurricular Activities

- .. Use a statement similar to: “The student” has the same opportunity to be informed and participate in school related activities as typical students (non-disabled peers)

Section 10 – General Factors

- .. Boxes should be marked DURING IEP MEETING

Section 11 – Least Restrictive Environment

- .. Any service (academic, behavioral, related services) provided outside of the general education setting is supported by a justification statement
- .. Related Services MUST include statement as well as intervention specialist

Section 12 – Statewide and Districtwide Testing

- .. AA Participation Decision Making Tool completed for alternate assessment
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Section 13 – Exemptions

- .. Age appropriate sections completed
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- .. Signatures obtained BEFORE or DURING meeting

Section 15 – Signatures

- .. A Guide to Parent Rights offered to parents and indicated on IEP
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Section 16 – Children with Visual Impairments – if applicable

March

COMPLETED	
	Remind the team of any upcoming annual IEP reviews. Please turn in any new IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>
	Check email daily!
	Report cards/quarterly progress reports due.
	Organize ESY data and schedule meetings as needed for students.
	Consider final purchases for classroom and complete requisitions.
	Complete alternate assessment testing; prepare for standardized testing with school district(s).
	Integrate internet safety into the curriculum if you have not done so already.
	Lesson plans for the next week need to be ready to go by Friday.
	Use the “New Student/Change of Info Form” as needed (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements.
	Use WCESC IEP Writing Checklist when writing any IEP. Turn in with IEP/EMIS form to Sena when completed and signed.
	<i>Monthly attendance due to the WCESC by last day of month – ATTN: Sena H. or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>

(√) Check Tasks as they have been completed.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

Does child have an Attendant?

Yes No

Teacher: _____

Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

**Student Acceptable Use Policy – Internet Safety
Wood County ESC**

The Wood County Educational Service Center (WCESC) Specially Designed Programs (Low Incidence and Pathe) will provide age-appropriate and developmentally appropriate training for students who use WCESC and/or district internet facilities. The training provided will be designed to promote WCESC’s commitment to the standards and acceptable use of internet services as set forth in the WCESC Internet Safety Policy, with specific focus in the following topics (as appropriate for grade and developmental level of students):

- Smartphones
- Safety on the internet
- Social networks - web sites, chat rooms, etc.
- Gaming
- Cyber-bullying awareness and response
- Sexting

Instruction/training for the 2022-23 school year took place over the following dates:

Teacher(s) Signature: _____

Resources Used: _____

The signatures of students acknowledge the presentation of instruction on internet safety.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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WCESC IEP Writing Checklist

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- .. Guardianship booklet shared by the student’s 17th birthday
- .. PR-01 provided to parent BEFORE new IEP is implemented

Section 16 – Children with Visual Impairments – if applicable

April

COMPLETED	
	Please turn in any updated IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand</i> or email <i>shildebrand@wcesc.org</i> or Fax: 419-354-1146.
	Check email daily!
	Final <u>paraprofessional evaluations due (plan with supervisor)</u> . Please be honest and objective.
	Organize ESY data and schedule meetings as needed for students.
	Consider final purchases for classroom and complete requisitions.
	Lesson plans for the next week need to be ready to go by Friday.
	Return your internet safety form to Diane Witt that identifies the curriculum instruction you completed with your students for the year.
	Use the “New Student/Change of Info Form” as needed (form provided). It is important to be sure that withdrawn and enter dates are accurate (we bill districts according to these dates).
	Turn in any receipts for purchase order reimbursements.
	Use WCESC IEP Writing Checklist when writing any IEP. Turn in with IEP/EMIS form to Sena when completed and signed.
	<i>Monthly attendance due to the WCESC by last day of month – ATTN: Sena H. or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>

(√) Check Tasks as they have been completed.

Wood County Educational Service Center
New Student/Change of Information Form
School Year _____

- New Student**
- Withdrawn**
- Graduated**
- Change of Info**

Person completing Form

Date

(If change of info, please explain change, then complete pertinent info below: _____)

Please thoroughly fill in ALL information for NEW students:

Does child have an Attendant?

Yes No

Teacher: _____

Building/District of Attendance: _____

Student: _____ DOB: _____ Grade: _____

Entry Date: _____ Withdrawal Date: _____

District Prior to Removal (Foster/Court-Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____ Student's City of Birth: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**

(Para Evaluation, Page 1)

Employee Name:		Date:	
Program:		Supervisor:	

Rating	Definition
Accomplished	The classified employee exceeds responsibilities consistently producing exceptionally high quality work that optimizes the effectiveness of the classified employee support within the school.
Skilled	The performance of the classified employee consistently fulfills responsibilities resulting in quality work that impacts school effectiveness in a positive manner. This rating is a high performance standard and is expected of all classified employees.
Developing	The classified employee inconsistently meets responsibilities resulting in areas of work performance that require development.
Ineffective	The classified employee does not adequately fulfill responsibilities, resulting in work performance lacking quality and/or negatively impacting school effectiveness.

Instructional/Classroom Support

	Ineffective	Developing	Skilled	Accomplished
Classroom Procedures	Para fails to assist the teacher and students in the implementation of the classroom routines and procedures. Para fails in following routines and procedures imposed on students: ex: eating in front of the students at inappropriate times, using cellphones in front of students, not engaging with students.	Para requires support when assisting students. Para is not always prepared to work with teachers or students. If Para provides some modeling and is engaged with students less than 50% of the time (ex: para sitting at desk or away from students).	Para assists the teacher and student with implementing classroom routines and procedures. Provides effective modeling for students. Para maintains a safe and neat classroom environment.	Para assistance with classroom procedures is highly effective and seamless and includes students in the performance and maintenance of classroom routines. Para makes a significant contribution to the classroom to ensure that the physical space is safe, organized, and contributes to the learning activities. Para is consistently engaged with what the students are doing.
Student/Teacher Support	Para sits at desk most of time and not engaged with (greater than 80% of the time). Fails to reinforce concepts presented by the teacher using	Para is often sitting at desk and not engaged with students (greater than 50% of the time). Requires support when assisting	Consistently and effectively assists individual students in performing activities initiated by the teacher. Consistently and	Consistently anticipates additional ways to effectively assist individual students perform activities initiated by the teacher

WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE
 (Para Evaluation, Page 2)

	<p>appropriate reinforcement strategies (prompting, modeling, etc.). Fails to recognize when either a teacher or a student needs assistance. Fails to adapt and assists with the preparation of instructional materials as directed by the teacher. Fails to assist students in all social and academic experiences outside the school setting (field trips, errands, and work experience).</p>	<p>individual students in performing activities initiated by the teacher. Requires support when reinforcing concepts presented by the teacher using appropriate reinforcement strategies (prompting, modeling, etc.) Requires support when monitoring independent or small-group work (listening, reading, note taking) Requires support in recognizing when either a teacher or a student needs assistance. Requires support when adapting and assisting with the preparation of instructional materials as directed by the teacher.</p>	<p>effectively reinforces concepts presented by the teacher using appropriate reinforcement strategies (prompting, modeling, etc.). Consistently and effectively monitors independent or small-group work (listening, reading, note taking). Demonstrates a sense of when either a teacher or a student needs assistance. Adapts and assists with the preparation of instructional materials as directed by the teacher. Consistently and effectively encourages independence in students' completion of assignments.</p>	<p>Consistently anticipates additional ways to effectively reinforce concepts presented by the teacher using appropriate reinforcement strategies (prompting, modeling, etc.). Consistently and effectively monitors independent or small-group work (listening, reading, note taking) with minimal direction. Consistently and effectively demonstrates a sense of when either a teacher or a student needs assistance. Consistently and effectively adapts and assists with the preparation of instructional materials with minimal direction by the teacher. Consistently anticipates additional ways to effectively encourage independence in students' completion of assignments.</p>
Knowledge of Content	Paraprofessional displays little knowledge of required content.	Paraprofessional displays some knowledge of required content.	Paraprofessional displays solid knowledge of required content.	Paraprofessional displays extensive knowledge of required content.
Data Collection	Does not have the ability to gather ongoing data on student performance, under the direction of the licensed teacher or has not taken responsibility to collect and record performance data on students, respecting the laws of confidentiality.	Has the ability to gather ongoing data on student performance, under the direction of the licensed teacher. work with students usually using yes/no questions. Has an understanding and is able to collect and record performance data (observations) on students, while respecting the laws of confidentiality.	Has the ability to initiate a variety of data collection models specific to the student(s) with whom you work, under the direction of the licensed teacher. Is proficient in obtaining accurate relevant data and has a broad knowledge on ways that observations are recorded and is able to respect the laws of confidentiality	Is able to mentor and guide peers by sharing a variety of data collection models, under the direction of the licensed teacher. Does not only know how to obtain accurate performance data but can develop a system of data collection, under the direction of a licensed teacher.

WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE
(Para Evaluation, Page 3)

Social/Behavioral Support				
	Ineffective	Developing	Skilled	Accomplished
Rapport With Students	Rarely shows enthusiasm, patience and understanding when interacting with students. Rarely treats students in a respectful, responsible and fair manner with due consideration of the student's physical, social and psychological development. Rarely maintains effective and cooperative relationships with students. Rarely provides a positive role model for students. Is sarcastic and/or uses inappropriate tone/language towards students.	Occasionally shows enthusiasm, patience and understanding when interacting with students. Occasionally treats students in a respectful, responsible and fair manner with due consideration of the student's physical, social and psychological development. Occasionally maintains effective and cooperative relationships with students. Para is sometimes sarcastic and/or uses inappropriate tone/language towards students.	Always shows enthusiasm, patience and understanding when interacting with students. Always treats students in a respectful, responsible and fair manner with due consideration of the student's physical, social and psychological development. Always maintains effective and cooperative relationships with students. Always provides a positive role model for students.	Encourages other staff and students through modeling to show enthusiasm, patience and understanding when interacting with students. Advocates and encourages respectful, responsible and fair treatment of students with due consideration of their physical, social and psychological development. Encourages staff and students to provide a positive role model towards all students
Behavior Management	Fails to use a behavior management system when working with students following the teacher's behavior plan. Often resorts to yelling at students or making inappropriate comments to or about student-to-student or others. Uses sarcasm and does not offer student choices.	Requires support when using a behavior management system when working with students following the teacher's behavior plan.	Consistently and effectively uses a behavior management system when working with students following the teacher's behavior plan. Provides students with choices.	Consistently and effectively encourages and models an appropriate behavior management system within the school community. Provides students with choices.
Positive Feedback	Interactions, both between para and among students, are negative, inappropriate, or not sensitive to the students' cultural backgrounds, and/or are characterized by sarcasm, put-downs, or conflict.	Interactions, both between para and among students, are generally appropriate and free from conflict, but may be characterized by occasional displays of insensitivity or lack of responsiveness to cultural backgrounds.	Interactions, both between para and among students, reflect general warmth and caring, and are polite and respectful of the cultural and developmental differences among groups of students	Interactions, both between para and among students, are highly respectful, and reflect genuine warmth/caring toward individuals. As a result of the direct support from the para, students maintain high levels of civility among themselves.

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**

(Para Evaluation, Page 4)

Special Health Care of Student (toileting, changing, cleaning, feeding)	Para refuses to provide special healthcare assistance to students.	Para provides special healthcare assistance to student when asked by the teacher.	Para provides special health care assistance to students when requested by the student.	Para takes initiative and does not complain about helping/assisting students with toileting, feeding, and/or cleaning up.
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Professionalism

	Ineffective	Developing	Skilled	Accomplished
Confidentiality	Fails to demonstrate ethical and confidential behavior.	Requires support to demonstrate ethical and confidential behavior.	Consistently and effectively demonstrates ethical and confidential behavior.	Consistently and effectively demonstrates and encourages others to show ethical and confidential behavior.
Atmosphere	Fails to promote an atmosphere of respect for children and adults.	Requires support to promote an atmosphere of respect for children and adults.	Consistently and effectively promotes an atmosphere of respect for children and adults.	Consistently and effectively promotes and encourages others to provide an atmosphere of respect for children and adults.
Growth	Fails to seek professional growth and information to further understand a student's needs.	Requires support and encouragement to seek professional growth and information to further understand student's needs.	Consistently and effectively seeks professional growth and obtains information to further understand student's needs.	Consistently and effectively seeks professional growth, obtains and shares information to further understand student's needs.
Chain of Command	<p>Fails to address conflicts with coworkers.</p> <p>Does not work with teacher to communicate information with parent/guardian or outside agencies. Contacts parents and/or community agencies without teacher knowledge.</p>	<p>Requires support to address conflicts with coworkers first, school administration second and district office third.</p> <p>Needs reminded that all communication with parent/guardian comes from the teacher.</p>	<p>Effectively addresses conflicts with coworkers first, school administration second and district office third.</p> <p>Recognizes that all communication to parent/guardian and outside agencies is communicated by the teacher</p>	<p>Consistently and effectively addresses conflicts with coworkers first, school administration second and district office third.</p> <p>Recognizes that all communication to parent/guardian and outside agencies is communicated by the teacher but offers support and suggestions to support the social/emotional, physical, and academic needs of the student.</p>

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**

(Para Evaluation, Page 5)

Attendance/ Punctuality	Fails to demonstrate responsible behaviors towards attendance, punctuality, work schedule and appropriate use of time.	Requires support concerning attendance, punctuality, work schedule and/or appropriate use of time.	Consistently and effectively demonstrates responsible behaviors towards attendance, punctuality, work schedule and appropriate use of time.	Consistently and effectively demonstrates responsible behaviors towards attendance, punctuality, work schedule and appropriate use of time considered beyond the call of duty.
Adaptability/ Flexibility	Struggles with flexibility to change, struggles to accept constructive commentary, struggles to remain calm and effective in upsetting situations. Requires a lot of improvement.	Is sometimes willing to be flexible to change. Is sometimes willing to accept constructive commentary. Sometimes remains calm and effective in upsetting situations.	Is willing to be flexible to change. Is usually willing to accept constructive commentary. Usually remains calm and effective in upsetting situations.	Thrives on constructive criticism and is calm and effective in upsetting situations.

Additional Comments:

Area(s) of Reinforcement	(Area(s) of Strength)

Area(s) of Refinement	(Growth Opportunity or Area(s) in Need of Improvement)

Principal/Supervisor's Comments

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF CLASSIFIED PERSONNEL PERFORMANCE**
(Para Evaluation, Page 6)

Employee's Comments

Goals for Next School Year

Employee Name Printed		
Employee Signature		Date:
Principal/Supervisor Name Printed		
Principal/Supervisor Signature		Date:

Signatures above indicate that the employee and evaluator have discussed the Performance Evaluation

Student Acceptable Use Policy – Internet Safety
Wood County ESC

The Wood County Educational Service Center (WCESC) Specially Designed Programs (Low Incidence and Pathe) will provide age-appropriate and developmentally appropriate training for students who use WCESC and/or district internet facilities. The training provided will be designed to promote WCESC’s commitment to the standards and acceptable use of internet services as set forth in the WCESC Internet Safety Policy, with specific focus in the following topics (as appropriate for grade and developmental level of students):

- Smartphones
- Safety on the internet
- Social networks - web sites, chat rooms, etc.
- Gaming
- Cyber-bullying awareness and response
- Sexting

Instruction/training for the 2022-23 school year took place over the following dates:

Teacher(s) Signature: _____

Resources Used: _____

The signatures of students acknowledge the presentation of instruction on internet safety.

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WCESC IEP Writing Checklist

Student: _____ Home School District: _____

Date Draft Sent Home: _____ Meeting Date: _____

Dates: Final IEP Home: _____ **Original** to District: _____ Copy to WCESC: _____

IEP Invite

- “ Titles match signature page; student’s name included if 14 or older
- “ Discussion of transition services” written in {other} if 14 and older

Cover Page

- “ Effective start date of IEP - day after the IEP meeting
- “ Effective end date - one year minus one day from meeting date

Section 1 - Student Vision

- “ Parent and student input; may also include teacher input

Section 2 - Special Factors

- “ If a statement is checked “yes,” the IEP must reflect the need in Section 5, 6, and/ or 7

Section 3 – Profile

- “ Background information of the child; big picture view
- “ State test scores described in skills’ language
- “ PINS of the student – preferences, interests, needs, and strengths; interests & hobbies
- “ Medical/ health & safety information
- “ Physical, social, sensory, behavioral needs
- “ Statement from or about general education inclusion class(es)
- “ 1-1 assistance described if appropriate
- “ Needs from ETR (during an ETR year) if appropriate

Section 4 - Extended School Year

- “ Specific goals/ objectives identified for ESY

Section 5 - Transition Services

- “ Each goal includes data focused on student’s PINS using different assessments
- “ Services/ activities align to assessment data
- “ Specific course of study described
- “ Type of evidence indicated for progress monitoring purposes
- “ Target date for graduation - anticipated year HS requirements are completed

Section 6 – PLAAFP & Measurable Annual Goals – **use headings for organization**

- “ Progress on previous IEP goals/ objectives
- “ Current instructional level with baseline data from new assessments in criteria description (ex. 3/5, 6/10, etc.) – Brigance, Unique, Success Maker, other assessments, classroom observational data – use grade levels or criteria
- “ Strengths & needs, learning preferences & effective classroom strategies/ interventions
- “ Specific 1-1 assistance described if applicable
- “ Description of how academic skills affect functional performance within the child’s current and future living environments; what is the impact on “activities of daily living”

PLAAFP & Goals/ Objectives cont.

- .. Impact of disability on progress in general education; comparison to same age peer performance
- .. Goals align to assessment data in present levels with only one skill per goal
- .. Measurable terms used and condition of goal stated (ex. given statement)
- .. Level of mastery and the number of times (degree) for performance criteria indicated
- .. Adaptive behavior goal written

Section 7 – Specially Designed Instruction

- .. Unique, direct instructional description; matches to goals/ objectives
- .. Separate box for different location of services
- .. Frequency written as *weekly or monthly*
- .. Modifications – extended standards identified
- .. Accommodations – specific time listed if “extra time”
- .. 1-1 para assistance indicated in “support for school personnel” if applicable; duplicate under “related services” for EMIS
- .. Consider health notes if applicable under “support for medical needs”

Section 8 – Transportation – in most cases, check with district representatives

- .. Box marked “yes” for {does child need transportation to and from services?} if transported out of district or to work site experiences

Section 9 – Nonacademic and Extracurricular Activities

- .. Use a statement similar to: “The student” has the same opportunity to be informed and participate in school related activities as typical students (non-disabled peers)

Section 10 – General Factors

- .. Boxes should be marked DURING IEP MEETING

Section 11 – Least Restrictive Environment

- .. Any service (academic, behavioral, related services) provided outside of the general education setting is supported by a justification statement
- .. Related Services MUST include statement as well as intervention specialist

Section 12 – Statewide and Districtwide Testing

- .. AA Participation Decision Making Tool completed for alternate assessment
- .. District and statewide testing accommodations identified, as appropriate

Section 13 – Exemptions

- .. Age appropriate sections completed
- .. ACT exemption for 11th graders completed with justification statement

Section 14 – Meeting Participants

- .. Signatures obtained BEFORE or DURING meeting

Section 15 – Signatures

- .. A Guide to Parent Rights offered to parents and indicated on IEP
- .. Guardianship booklet shared by the student’s 17th birthday
- .. PR-01 provided to parent BEFORE new IEP is implemented

Section 16 – Children with Visual Impairments – if applicable

May-June

COMPLETED	
	Turn in any receipts for purchase order reimbursements by your last day of school.
	Please turn in any updated IEP/ETR and EMIS forms to <i>WCESC – ATTN: Sena Hildebrand or email shildebrand@wcesc.org or Fax: 419-354-1146.</i>
	Check email daily!
	<i>May attendance due to the WCESC on or before May 31 – ATTN: Sena Hildebrand or email shildebrand@wcesc.org or Fax: 419-354-1146. (If students attend in June, please send June’s attendance on the last day of school in June.)</i>
	Turn in next year’s supply list to your supervisor .
	In File Maker Pro complete transcripts for all High School Students.
	Send files of students who have withdrawn to Home School District and Penta (if appropriate). Prepare files for students moving to another teacher for next year and give to next year’s teacher or to supervisor. Secure all other files in a locked cabinet.
	Report card/quarterly progress reports due. <i>Remember to send a copy to Parents and Home School District.</i>
	Double check tentative roster from supervisor for spelling of students’ names and grade levels.
	Turn in laptop and iPad to WCESC by designated date.
	Close room for end of year by securing all loose items and wrapping items needing to be protected—remember, all items will be removed during summer for waxing of floors.

(√) Check Tasks as they have been completed.