

# Adams County/Ohio Valley School District

141 Lloyd Road  
West Union, OH 45693-9237  
Phone 937-544-5586

## Annual/Initial IEP Checklist

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Meeting Date \_\_\_\_\_ Effective dates of ETR \_\_\_\_\_

Effective dates of IEP \_\_\_\_\_

Please initial, sign, and date to indicate that you have received the following information as applicable to your child:

- "A Guide to Parent Rights in Special Education: Special Education Procedural Safeguards Notice." This guide serves as the procedural safeguard notice and explains your child's right to a "free and appropriate education" (FAPE) for a child with a quality disability under special education law. This information also outlines how you can work with your local school district and other public agencies to determine whether your child has a disability. This document replaces "Whose Idea is This?".

Please initial \_\_\_\_\_ I have received "A Guide to Parent Rights in Special Education".

- Scholarship Programs are available through the Ohio Department of Education for Students identified with a disability. Parents shall receive notice of these programs applicable to their child's age and eligibility criteria each time the school district:
  - Complete an initial or reevaluation for a child with a disability, or
  - Undertakes the development, review, or revision of the child's IEP Document

### Jon Peterson Special Needs Scholarship Program

Children who are eligible to attend kindergarten through 12th grade, have been identified as a child with a disability and who have a current IEP are eligible to apply.

Please initial \_\_\_\_\_ I have received the Jon Peterson Special Needs Scholarship Program Fact Sheet and Comparison Document

### Ohio Autism Scholarship Program

Children between the ages of three and twenty two, have been identified by their district of residence as a child with autism, and have a current IEP with that district are eligible to apply.

Please initial \_\_\_\_\_ I have received the Ohio Autism Scholarship Program fact sheet.

**Parent**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_