

North Central Ohio ESC, Marion Campus  
333 E.Center Street  
Marion, OH 43302  
Phone: 740-387-6625  
Fax: 740-383-4804

## Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School District Residency:

School District of Service:

ETR reviewed on: \_\_\_\_\_ and was Accepted/ Not accepted (circle one).  
Date

If accepted, the next Reevaluation date is: \_\_\_\_\_  
Date

If not accepted, an MFE must be initiated within 10 days of receipt of an out of state/district MFE.

IEP was reviewed on: \_\_\_\_\_ and was Accepted/ Not accepted (circle one).  
Date

If accepted, the next IEP review date is: \_\_\_\_\_  
Date

If not accepted, an IEP must be initiated within 10 days of receipt of an out of state/district IEP.

Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date

This completed guideline form must become part of the student's cumulative special education file.