

School District Name: [redacted] Public Schools  
School District Address: [redacted]  
School District Contact: [redacted]

### Administrative Data Sheet

#### Student Information:

Full Name: [redacted] LASID#: [redacted] SASID#: \_\_\_\_\_  
Birth Date: [redacted] Age (as of Meeting): 2 Sex:  Female  Male Grade/Level: PK  
Primary Language: English Language of Instruction: English  
Address: [redacted] Place of Birth: \_\_\_\_\_  
Telephone: [redacted]  
If 18 or older:  Acting on Own Behalf  Shared Decision-Making  Delegate Decision-Making  
 Court Appointed Guardian: \_\_\_\_\_

#### Parent/Guardian Information:

Name: [redacted] Relationship to Student: Mother  
Address: [redacted] Legal Guardian: Yes  
Telephone: [redacted] Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Primary Language: English  
email Address: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

#### Parent/Guardian Information:

Name: [redacted] Relationship to Student: Father  
Address: [redacted] Legal Guardian: Yes  
Telephone: [redacted] Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Primary Language: English  
email Address: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

#### Meeting Information:

Date of Meeting: 12/14/2012  
Type of Meeting:  Eligibility Determination: Initial Eligibility Evaluation  Placement  
 IEP Development: Initial IEP  Transition  
 Other: \_\_\_\_\_  
Next Scheduled Annual Review Meeting: [redacted]  
Next Scheduled Three Year Reevaluation Meeting: [redacted]

#### Assigned School Information: (Complete after a placement has been made.)

School Name: [redacted] Telephone: [redacted]  
Address: [redacted] Fax: \_\_\_\_\_  
Contact Person: [redacted] Telephone: [redacted]  
Role: Liaison  
Cost-Shared Placement:  No  Yes  
If yes, specify agency: \_\_\_\_\_

After a meeting, attach to an IEP, an IEP Amendment or Extended Evaluation Form.

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Parent and/or Student Concerns

*What concern(s) does the parent and/or student want to see addressed to enhance the student's education?*

As provided by \_\_\_\_\_ mother, her parents have the following concerns:

**"Use of left hand:** \_\_\_\_\_ limited use of her left hand is a major area of concern. She has made tremendous progress over the past year, but we think this will be on-going challenge for her throughout her schooling. Chloe really has to focus to use her left hand and be cued to use it.

**Ability to effectively get around her classroom and outdoor space:** \_\_\_\_\_ ability to safely and effectively move around her classroom and outside areas is another area of concern. \_\_\_\_\_ is able to walk and run effectively, but can have difficulty when it comes to climbing, pulling herself up on things and managing uneven surfaces. She has worked really hard this past year on managing stairs and is able to go up and down a flight of stairs with the use of the railing and some adult assistance, but is not yet at a point where she can manage them completely on her own. We think her vision (left field cut) and balance issues can also impact how she is able to move around and manage certain areas.

**Physical Activity:** In the realm of physical activity, we have concerns that she will have difficulties keeping up with her peers during things like recess time or sport activities. \_\_\_\_\_ is highly motivated by her peers and her older sibling to try everything they are doing which we think will serve her well. But we do envision there will be instances where things will need to be modified in order to allow \_\_\_\_\_ to fully participate.

**Vision:** \_\_\_\_\_ does have a left field cut (left homonymous hemianopia.) We discovered this early on and have tried to as much as possible present things on her left side and make her look to her left so she does not neglect that side. Once she is familiar with her surroundings, her vision does not seem to impact her ability to move around. When presented with a large or busy picture, she has learned to scan all parts of the picture but sometimes needs to be reminded to look to her left. We think this may become a larger issue as she transitions to a more typical classroom setting and we will need to be aware of where she is sitting and how information is presented to her so we can ensure she is able to effectively see everything.

**Flexibility:** Given her injuries, her overall flexibility in her left arm, hand, and foot is an area of concern. She has gone through periods where her muscles tighten up severely, and this seems to be triggered, in part, due to periods of growth. For example, last year her left foot was so tight she was not able to position her left foot in a normal walking position but instead walked on her left tippy-toes. This was corrected through a period of serial casting, followed by continued stretching and use of an ankle-foot-orthotic. Her left arm and shoulder also frequently appear very tight, and this has been area of focus for us at home and with her therapists.

**Cognitive:** While we have not noticed any cognitive delays with \_\_\_\_\_, we have concerns based on talking with other parents and doctors that, given her brain injury, she may encounter difficulty when she has to approach subjects where more complex reasoning is involved (e.g. higher level reading comprehension and math.) This is something we will continue to monitor and assess as she gets older.

**Social:** Lastly, while \_\_\_\_\_ is a very social almost 3 year old, we have noticed times during her development that she has been fearful and or aggressive towards other peers and it appears to be related in part due to her own awareness of her development delays. For example, she walked probably 4-8 months after most of her peers and we did notice during this time she was almost fearful of other children approaching her because we think she knew she couldn't just get up and walk away if needed. As she gets older, we would like her to be given opportunities to interact and build successful relationships with other children that allow her to learn to not be fearful of other children and to not be discouraged by any of her challenges."

# Individualized Education Program

IEP Dates [redacted] to [redacted]

Student: [redacted]

Grade: PK DOB: [redacted] LASID#: [redacted] SASID#: [redacted]

## Student Strengths and Key Evaluation Results Summary

*What are student's educational strengths, interest areas, significant personal attributes and personal accomplishments?*

*What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?*

Strengths: Social interactions, age appropriate expressive and receptive language skills, demonstration of age appropriate cognitive skills and following classroom routines. Age appropriate right-handed motor skills. Able to grasp items and throw using her right hand.

Weaknesses: Decreased bilateral skills, reduced body awareness, reduced attention span, delays in grasp and release with left hand, gross motor delays, delays in independent self-help skills and safety skills.

[redacted] has a left visual field cut in both eyes and left-side hemiparesis.

PT: The Miller Function and Participation Scales was used to evaluate [redacted]'s gross motor skills. Her overall score placed her in the low average range, primarily because of her ability to kick a ball. However, the individual subtest scores showed that she had challenges with balance, jumping, and ball skills. Some of these skills are just starting to emerge as [redacted] is not quite three.

[redacted] has a diagnosis of hemiparesis, which affects her left side. She has a visual field cut on the left side of each eye.

## Vision Statement

What is the vision for this student?

*Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interests, and should include desired outcomes in adult living, post-secondary and working environments.*

As provided by [redacted]'s mother: "We would like [redacted] to be able to participate in as many school activities as possible. She is a very social and highly motivated little girl. She wants to be able to do everything her peers are doing. She has been receiving therapy since the age of 6 months, at times fairly intensive, and she is used to working hard to learn something new. There are certain things she is learning how to do one handed or getting creative in other ways to avoid using her left hand, but there are going to be certain activities, which she will really need to incorporate both hands. Examples include using scissors to cut, putting and taking off clothing before or after outdoor time (e.g. coats, sweatshirts and shoes), independently eating a snack/meal and being able to open containers, holding a book and being able to turn the pages, and pulling caps off of markers or other objects. She has made tremendous progress over the past year in gaining increased use of her left hand and arm, working with her Early Intervention therapists and attending the constraint therapy camp this summer, so we are confident that with continued therapy her left hand and arm will grow stronger and stronger. My vision in the next year regarding her hand use is for her to be able to more frequently and spontaneously incorporate her left hand in the school activities mentioned above.

We would also like her to be able to successfully manage the toilet, independently pulling her pants up and down, using toilet paper to clean herself and washing her hands. We would like her to be able to walk up and down stairs independently with the assistance of a railing. We would like to see her participate in age appropriate gross motor activities like jumping over small objects with two feet, throwing and catching balls with two hands, safely & independently using a swing, climbing up and down playground equipment independently and participating in age appropriate games (e.g. baseball, soccer.) We think [redacted] would benefit most in environment where she is given ample opportunity to participate in group school activities while also receiving individualized instruction and therapy specifically to target her fine motor and gross motor challenges."

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Present Levels of Educational Performance A: General Curriculum

### Check all that apply.

- English Language Arts
- History and Social Sciences
- Science and Technology
- Mathematics
- Other Curriculum Area

### General curriculum area(s) affected by this student's disability(ies):

Consider the language, composition, literature (including reading) and media strands.

Consider the history, geography, economic and civics and government strands.

Consider the inquiry, domains of science, technology and science, technology and human affairs strand.

Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands.

Specify: All gross motor and fine motor output lessons and activities

### How does the disability(ies) affect progress in the curriculum area(s)?

\_\_\_\_\_ reduced left side awareness, motor control, strength, trunk strength in addition to weaknesses in bilateral use and grasping will affect her ability to participate in the typical preschool curriculum without support.

### What type(s) of accommodation, if any, is necessary for the student to make effective progress?

- Use of non-slip material for items at tabletop such as under lunch containers, to assist in stabilization of items
- Positioning to optimize hand use
- Use of adapted scissors or classroom tools as needed
- Visuals for dressing and self-help sequences
- Physical assistance for grasping and positioning classroom tools as needed
- Adult assistance for managing therapy and playground equipment for safety
- All school environments should be evaluated by a Certified Orientation and Mobility Specialist (COMS) for potential safety hazards in advance of the first day of school.
- \_\_\_\_\_ should be familiarized to any new school environment in advance of the first day of school.
- One to one travel supervision is recommended until \_\_\_\_\_ becomes familiar with her new school environment. Close supervision is recommended for all travel into unfamiliar environments such as on field trips or unfamiliar emergency evacuation routes.
- An in-service to Educational TEAM and specialists should be provided by the Teacher of the Visually Impaired (TVI) and the Orientation and Mobility Specialist (COMS) so that they may become familiar with \_\_\_\_\_s visual impairment and make appropriate accommodations for activities and safety.
- \_\_\_\_\_ should be protected from hard balls and hard projectiles of any type as she may not see approaching objects on her left side.
- All doors should remain fully open or fully closed as partially open doors are a hazard to visually impaired students
- Simple building accommodations should be maintained at the \_\_\_\_\_. The building accommodations are designed to visually highlight low contrast elevation changes and will benefit all travelers on the school campus.
- \_\_\_\_\_ may need extra time to interpret and process visual input/information.
- \_\_\_\_\_ has reduced depth perception and a slant board might be helpful.
- \_\_\_\_\_ should be given special seating to help maximize her vision.
- \_\_\_\_\_ may turn her head to the left to help her see items in her left peripheral field.
- The area \_\_\_\_\_ works in should be free of clutter or distraction to help her focus on the task.
- Gross motor skill acquisition should be facilitated through stretching programs and yoga

### What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?

\_\_\_\_\_ would benefit from a structured classroom setting that provides reduced distractions and opportunities for

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

small group instruction.

Chloe would benefit from occupational therapy to address weaknesses in left hand motor skills, motor control, functional skills, strength, and bilateral use.

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

**Content:**

Typical preschool curriculum will be presented with modifications and review as needed.

**Methodology/Delivery of Instruction:**

Small group instruction for occupational therapy  
Highly structured environment  
Reduced distractions especially when learning new skills  
Repeated practice of new skills

**Performance Criteria:**

Teacher and therapist observations, data collection, work samples and trimester progress reports.

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: [REDACTED]

Grade: PK DOB: [REDACTED] LASID#: [REDACTED] SASID#: [REDACTED]

## Present Levels of Educational Performance B: Other Educational Needs

Check all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adapted physical education              | <input type="checkbox"/> Assistive tech devices/ services | <input type="checkbox"/> Behavior  |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students)     | <input type="checkbox"/> Communication (deaf/hard of hearing students)                     |
| <input type="checkbox"/> Extra curriculum activities             | <input type="checkbox"/> Language needs (LEP students)    | <input type="checkbox"/> Nonacademic activities  |
| <input type="checkbox"/> Social/emotional needs                  | <input checked="" type="checkbox"/> Travel training       | <input type="checkbox"/> Skill development related to vocational preparation or experience |
- Other: Occupational Therapy, Physical Therapy, Vision Specialist and Orientation & Mobility Specialist

### Age-Specific Considerations

- For children ages 3 to 5 - participation in appropriate activities
- For students ages 14+ (or younger if appropriate) - student's course of study
- For students ages 16 (or younger if appropriate) to 22 -transition to post-school activities including community experiences, employment objectives, other post school adult living objectives and, if appropriate, daily living skills.

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

[REDACTED] reduced left side awareness, motor control, strength, trunk strength in addition to weaknesses in bilateral use and grasping will affect her ability to participate in the typical preschool curriculum without support.

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

- Use of non-slip material for items at tabletop such as under lunch containers, to assist in stabilization of items
- Positioning to optimize hand use
- Use of adapted scissors or classroom tools as needed
- Visuals for dressing and self-help sequences
- Physical assistance for grasping and positioning classroom tools as needed
- Adult assistance for managing therapy and playground equipment for safety
- All school environments should be evaluated by a Certified Orientation and Mobility Specialist (COMS) for potential safety hazards in advance of the first day of school.
- [REDACTED] should be familiarized to any new school environment in advance of the first day of school.
- One to one travel supervision is recommended until [REDACTED] becomes familiar with her new school environment. Close supervision is recommended for all travel into unfamiliar environments such as on field trips or unfamiliar emergency evacuation routes.
- An in-service to Educational TEAM and specialists should be provided by the Teacher of the Visually Impaired (TVI) and the Orientation and Mobility Specialist (COMS) so that they may become familiar with [REDACTED]'s visual impairment and make appropriate accommodations for activities and safety.
- [REDACTED] should be protected from hard balls and hard projectiles of any type as she may not see approaching objects on her left side.
- All doors should remain fully open or fully closed as partially open doors are a hazard to visually impaired students
- Simple building accommodations should be maintained at the [REDACTED]. The building accommodations are designed to visually highlight low contrast elevation changes and will benefit all travelers on the school campus.
- [REDACTED] may need extra time to interpret and process visual input/information.
- [REDACTED] has reduced depth perception and a slant board might be helpful.
- [REDACTED] should be given special seating to help maximize her vision.
- [REDACTED] may turn her head to the left to help her see items in her left peripheral field.
- The area [REDACTED] works in should be free of clutter or distraction to help her focus on the task.
- Gross motor skill acquisition should be facilitated through stretching programs and yoga



# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Goal #: 1	Specific Goal Focus: Occupational Therapy-Fine/Visual Motor, Self-help, Bilateral Skills
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**Current Performance Level:** What can the student currently do?

\_\_\_\_\_ has diagnoses including hemiparesis and vision loss. She demonstrates reduced skills in the following areas; bilateral integration skills, grasping & fine and visual motor skills. In addition, she shows weaknesses such as decreased sensory awareness, tactile awareness, and body awareness. She moved quickly from one activity to the next with reduced attention span noted.

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

\_\_\_\_\_ will improve her upper extremity strength and motor skills, bilateral use, and trunk strength to complete self-help and tabletop fine/visual motor tabletop activities as measured by the following benchmarks.

**How will we know that the student has reached this goal?**

Teacher Observations & Trimester Progress Reports

**Benchmark/Objectives:** What will the student need to do to complete this goal?

1. \_\_\_\_\_ will complete self-help tasks including taking on and off her coat, socks and shoes with fading adult assistance.
2. \_\_\_\_\_ will complete cutting tasks such as snipping paper and cutting paper in half, with assist for initial positioning and use of adapted scissors as needed, given verbal prompts.
3. \_\_\_\_\_ will complete bilateral tabletop fine and visual motor activities involving coloring within bold boundaries and removing marker caps as needed, applying glue to targets on paper, beads, pegs, placing items appropriately for art/craft projects given a visual model and moderate support in 3/4 opportunities.

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.



# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Goal #: 2	Specific Goal Focus: Inclusion
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### Current Performance Level: What can the student currently do?

The DIAL-4 was also given to assess the area of Concepts by the Student Support Teacher. \_\_\_\_\_ identified six out of eight body parts, and eight out of ten colors. For the task of rapid naming, which required \_\_\_\_\_ to name five common objects that were pictured in an array of twenty-five, \_\_\_\_\_ was able to name 12 in a given amount of time. \_\_\_\_\_ counted rote up to ten. She did not count backwards. \_\_\_\_\_ is not yet identifying numbers. When asked to count blocks, she was able to count 1 block. With an adult facilitating, \_\_\_\_\_ counted 3 blocks. For demonstration of concepts, \_\_\_\_\_ was able to identify open, biggest, shortest, full and sad. \_\_\_\_\_ identified a circle, square and triangle. When asked to imitate sorting by shape, \_\_\_\_\_ initially started to sort the circles, but then added all small shapes to the pile.

During a classroom observation, \_\_\_\_\_ demonstrated age appropriate interactive play skills, social skills, following classroom directions and peer/adult interactions. She had difficulty with independent playground use and functional self-help skills.

As reported by \_\_\_\_\_ mother and by therapists during assessment, \_\_\_\_\_ demonstrated reduced attention when involved in motor activities or visually overloaded spaces.

### Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

Given motor, vision and O&M accommodations and modifications, \_\_\_\_\_ will independently participate in all preschool activities.

### How will we know that the student has reached this goal?

Teacher Observations & Trimester Progress Reports

### Benchmark/Objectives: What will the student need to do to complete this goal?

Given therapist accommodations and modifications, \_\_\_\_\_ will explore all presented table top activities using two hands.

Given therapist accommodations and modifications, \_\_\_\_\_ will independently complete self-help skills such as dressing and undressing, toileting, hanging up her backpack, emptying her cubby and taking out/putting away her snack within the classroom using two hands.

Given therapist accommodations and modifications, \_\_\_\_\_ will attend to presented materials and maintain age appropriate attention during structured and unstructured activities.

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Goal #: 3	Specific Goal Focus: Motor
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**Current Performance Level:** What can the student currently do?

\_\_\_\_\_ has a diagnosis of left hemiparesis and hemianopsia. She wears a left articulating orthosis. Her gross motor skills were evaluated using the Miller Function and Participation Scales. Her overall score placed her in the low average range. She is able to kick a ball with her right foot without any fumbling. She places her arms appropriately to catch a ball but is not quite able to. She is able to throw a ball with her right arm a short distance but it is not sufficient enough to reach a peer or target. She demonstrates a decrease in balance on either foot. She is able to jump one or two times with both feet leaving the ground.

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

\_\_\_\_\_ balance will show improvement by being able to balance on one foot for five - eight seconds with close supervision as well as be able to maintain her balance when jumping up or forward and while navigating the playground. She will be able to catch and throw a playground ball to a peer a short distance (eight feet) with supervision and cues as needed. She will be able to go up/down three steps with close supervision and a railing as needed.

**How will we know that the student has reached this goal?**

Teacher Observations & Trimester Progress Reports

**Benchmark/Objectives:** What will the student need to do to complete this goal?

3. \_\_\_\_\_ will be able to balance on either foot five or more seconds with minimal assist and jump up and forward with minimal assist 3/5x. She will be able to go up/down three steps with minimal assist as needed.
2. \_\_\_\_\_ will be able to catch and throw a playground ball a distance of five or more feet 3/5x with minimal/moderate assist and cueing.
1. \_\_\_\_\_ will be able to balance on either foot for three seconds 3/5x with moderate assist and cueing.

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Goal #: 4	Specific Goal Focus: Orientation and Mobility
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**Current Performance Level:** What can the student currently do?

\_\_\_\_\_ is functioning as a visual traveler with familiar protected environments. She is able to visually detect elevation changes including those with low contrast properties within familiar environments.

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

\_\_\_\_\_ will improve her safe travel skills at the \_\_\_\_\_ Preschool indoors/outside.

**How will we know that the student has reached this goal?**

Teacher Observations & Trimester Progress Reports

**Benchmark/Objectives:** What will the student need to do to complete this goal?

\_\_\_\_\_ will travel within the classroom safely and effectively to the satisfaction of her COMS.

\_\_\_\_\_ will negotiate the playground environment safely and effectively to the satisfaction of her COMS.

\_\_\_\_\_ will negotiate all elevation changes at the Millennium School indoors and outside to the satisfaction of her COMS.

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: \_\_\_\_\_

Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Goal #: 5	Specific Goal Focus: Occupational Therapy
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**Current Performance Level:** What can the student currently do?

\_\_\_\_\_ is able to attempt to use her left upper extremity to assist in stabilizing items. She is reported to open her left hand voluntarily 50% of the time, but has difficulty coordinating grasping. She crosses midline for activities presented. She displays reduced active range of motion in her left fingers, thumb, elbow, and forearm. \_\_\_\_\_ has participated in constraint induced movement therapy and demonstrates emerging voluntary grasping skills. Her parents and Early Intervention providers have noted progress with this type of therapy and would like her to continue opportunities for use of constraint within the preschool setting.

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

With use of constraint induced movement therapy, \_\_\_\_\_ will increase use of her left arm and hand in order to increase participation and independence in play, self-care, and school activities.

**How will we know that the student has reached this goal?**

Trimester Progress Reports

**Benchmark/Objectives:** What will the student need to do to complete this goal?

1. \_\_\_\_\_ will place 15-20 1-2" beads and rings onto a dowel with verbal and physical prompting in 2/4 opportunities.
2. \_\_\_\_\_ will reach and cross midline using a pincer grasp and release presented items into a container with a verbal cue using her left hand.
3. \_\_\_\_\_ will pick up Mr. Potato Head pieces and place them accurately into play doh to make a face, using her left hand in 4/5 opportunities.
4. \_\_\_\_\_ will tolerate wearing her constraint for at least 30 minutes in 4/5 opportunities.

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: [REDACTED]

Grade: PK DOB: [REDACTED] LASID#: [REDACTED] SASID#: [REDACTED]

## Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle:  5 day cycle  6 day cycle  10 day cycle  Other:

### A. Consultation (Indirect Services to School Personnel and Parents)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/ Per Cycle	Start Date	End Date
All	Consultation	Student Support Staff	1 X 15 SST, SLP, PT, OT, O&M and VS	01/03/2013	01/02/2014

### B. Special Education and Related Services in General Education Classroom (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/ Per Cycle	Start Date	End Date
1	Occupational Therapy	Occupational Therapy Staff	1 X 30	01/03/2013	01/02/2014
All	Student Support Services	Student Support Staff	1 X 150	01/03/2013	01/02/2014
All	Student Support Services	Student Support Staff	4 X 244	01/03/2013	01/02/2014

### C. Special Education and Related Services in Other Settings (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/ Per Cycle	Start Date	End Date
1	Occupational Therapy	OT Staff	2 X 30 1 group, i individual	01/03/2013	01/02/2014
3	Gross Motor	Physical Therapist	2 X 45	01/03/2013	01/02/2014
4	Mobility/Orientation	O & M	1 X 60 Up to 10 hrs within the school year	01/03/2013	01/02/2014
All	Extended School Year	ESY Staff	4 X 240	07/08/2013	08/08/2013

# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: [REDACTED]

Grade: PK DOB: [REDACTED] LASID#: [REDACTED] SASID#:    

## Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP5 -- Service Delivery, Section C.)

No  Yes If yes, why is removal considered critical to the student's program?

Chloe will be removed from the classroom to participate in weekly occupational therapy and physical therapy sessions. She will also be removed for classroom and classroom familiarization.

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550:"... removal of children with disabilities from the regular educational environment occurs only when the nature or severity is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (Emphasis added.)

## Schedule Modification

SHORTER: Does this student require a shorter school day or shorter school year?

No  Yes -- shorter day  Yes -- shorter year If yes, answer the questions below.

LONGER: Does this student require a longer school day or longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

No  Yes -- longer day  Yes -- longer year If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended?

If a longer day or year is recommended, how will the school district coordinate services across program components?

Due to [REDACTED] overall needs, she requires a full-day program to increase opportunities to participate within a classroom setting by practicing learned skills taught within multiple therapy and training sessions. Chloe will attend the ESY program to maintain her motor, visual and travel training skills.

## Transportation Services

Does the student require transportation as a result of the disability(ies)?

No Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

Yes Special transportation will be provided in the following manner:

on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:

Age appropriate car seat with help on and off the van.

on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

After the Team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.



# Individualized Education Program

IEP Dates 01/03/2013 to 01/02/2014

Student: [REDACTED]

Grade: PK DOB: [REDACTED] LASID#: [REDACTED] SASID#:    

## Additional Information

- Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.

Anticipated Graduation Date: 06/02/2028

Statement of Interagency Responsibilities or Needed Linkages:

Transfer of Rights Discussed: (at least one year before age of majority):  Yes  No  N/A

Chapter 688 Referral:  Recommended  Not Recommended  N/A

- Document efforts to obtain participation if a parent and/or student did not attend meeting or provide input.

- Record other relevant IEP information not previously stated.

Constraint induced movement therapy guidelines will be outlined in [REDACTED] Health Care Plan.

## Response Section

### School Assurance

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

[REDACTED]  
Signature and Role of LEA Representative

10/21/12  
Date

\_\_\_\_\_  
Date

### Parent Options/Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

- I accept the IEP as developed.  I reject the IEP as developed.  
 I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I request a meeting to discuss the rejected IEP or rejected portion(s).

\_\_\_\_\_  
Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*

\_\_\_\_\_  
Date

*\*Required signature once a student reaches 18 unless there is a court appointed guardian.*

**Parent Comment:** I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



School District Name: Westford Public Schools  
 School District Address: 23 Depot Street Westford, MA 01886  
 School District Contact: Nichole Cailler, Team Chairperson, 978-692-5560 ext. 2132

Student: \_\_\_\_\_ Grade: PK DOB: \_\_\_\_\_ LASID#: \_\_\_\_\_ SASID#: \_\_\_\_\_

## Special Education Placement Consent Form - PL1: 3-5 year olds

IEP Dates 01/03/2013 to 01/02/2014

Team Recommended Special Educational Placements	
The Team identified that the majority of the IEP services will be provided in a program in the home for a child who is 3 to 5 years of age.	<input type="checkbox"/> Home
The Team identified that the majority of the IEP services will be provided in a clinician's office for a child who is 3 to 5 years of age.	<input type="checkbox"/> Service provider location
The Team identified that some or all IEP services will be provided in the inclusive early childhood program the child is already attending.	<input type="checkbox"/> IEP services in the inclusive early childhood program
The Team identified that the child should attend an inclusive early childhood program in order to receive some or all IEP services.	<input checked="" type="checkbox"/> Inclusive early childhood program
The Team identified that the child should receive IEP services in a program serving only young children with disabilities.	<input type="checkbox"/> Substantially separate program
	<input type="checkbox"/> Public or private day program
The Team identified that the child should attend a special education program in a residential school that only serves children with disabilities.	<input type="checkbox"/> Residential school

Location(s) for Service Provision and Dates: 12/14/2012 to 12/13/2013: \_\_\_\_\_ preschool 12/12 - 12/13

### Placement Consent Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.

- I consent to the placement.
- I refuse the placement.
- I request a meeting to discuss the refused placement.

\_\_\_\_\_  
Signature of Parent, Guardian, Educational Surrogate Parent Date

### Other Authority Required Placements Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited and consent is not required.

The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	<input type="checkbox"/>	The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/>	The Department of Public Health has placed the child in the Massachusetts Hospital School.
A medical doctor has determined that the student must be served in a home setting.	<input type="checkbox"/>	Home-based Program
A medical doctor has determined that the student must be served in a hospital setting.	<input type="checkbox"/>	Hospital-based Program