



# CONFERENCE SUMMARY REPORT

Conference Date: 5-23-07  Eligibility  IEP Anticipated Reevaluation Date: 5-23-10

Special Education Eligibility (Primary) DD (Secondary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Placement Early Childhood Blended Program with all services in that setting

### Purpose of Conference

- Initial Evaluation  
  Reevaluation  
  Review of Existing Data  
  Manifestation Determination  
 Initial IEP  
 IEP review/revision  
 Transition  
 Termination of Placement  
 Graduation  
 Other \_\_\_\_\_

### STUDENT INFORMATION

Student Name (Last, First): <b>Lindsey , Joseph</b>	Birthdate: <b>9/3/2004</b>
Parent/Guardian Name: <b>David &amp; Ellen Lindsey</b>	Student ID#: <b>605185</b>
Street Address: <b>2016 E. Michigan</b>	Medicaid #:
City/State/ZIP: <b>Urbana, IL 61802</b>	Sex: <b>M</b>
Home Phone: <b>(217) 367-4714</b>	Grade: <b>P</b>
Work Phone:	Current Placement, if any:
Sp. Ed. Teacher/IEP Manager:	Resident District: <b>Urbana School District # 116</b>
Regular Education Teacher:	Home School: <b>Washington Early Childhood</b>
School of Placement: <b>Washington Early Childhood</b>	Serving District: <b>Urbana School District</b>
Language/Mode of Communication Used By Student: <b>English</b>	Language/Mode of Communication Used By Parent: <b>English</b>

### CONFERENCE PARTICIPANTS

Administrator: <input type="checkbox"/> EDC <input type="checkbox"/> IEP	School Psychologist: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Jennifer Powell</b>
LEA Rep: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Ruth Myers-Dunnum</b>	Social Worker: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Ruth Myers-Dunnum</b>
Parent: <input type="checkbox"/> EDC <input type="checkbox"/> IEP	Counselor: <input type="checkbox"/> EDC <input type="checkbox"/> IEP
Parent: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Ellen Lindsey</b>	Speech Pathologist: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Kathy Metcalf</b>
Guardian: <input type="checkbox"/> EDC <input type="checkbox"/> IEP	Nurse: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Betsy Smith,</b>
Foster Parent: <input type="checkbox"/> EDC <input type="checkbox"/> IEP	Occupational Therapist: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Dianne</b>
Surrogate Parent: <input type="checkbox"/> EDC <input type="checkbox"/> IEP	Physical Therapist: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Barry Chapman</b>
Student: <input type="checkbox"/> EDC <input type="checkbox"/> IEP	COTA: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Corinne Greist</b>
General Ed. Teacher: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Pat Manuel</b>	Speech Therapist: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Debbie Eastin</b>
Spec. Ed. Teacher: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Pat Manuel</b>	Child Dev. Spec.: <input checked="" type="checkbox"/> EDC <input checked="" type="checkbox"/> IEP <b>Angie Wolske</b>

If the parent(s) did not attend the IEP meeting, document the attempts to contact the parent(s) prior to the IEP meeting.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- Yes  N/A      Explanation of Procedural Safeguards was provided to the parent(s) with the notice of conference  
 Yes  N/A      Parent(s) given a copy of the Eligibility Determination Conference Report Mailed on: \_\_\_\_\_  
 Yes  N/A      Parent was given a copy of the IEP Mailed on: \_\_\_\_\_  
 Yes  N/A      Parent was given a copy of the district's behavioral interventions policies  
 Yes  N/A      Parent was given a copy of the district's behavioral intervention procedure (initial IEP only)

cc: Student's Temporary File  
Case Coordinator  
IEP Manager  
Parents

## ELIGIBILITY DOCUMENTATION OF EVALUATION RESULTS

(Complete after an initial evaluation, reevaluation, or review of an independent or outside evaluation.)

Considering all available evaluation data, record the team's analyses of the student's functioning levels. (Evaluation data can include: aptitude and achievement tests, parental input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.) Describe the observed strengths and/or deficits in the student's functioning in the following domains:

**Academic Performance** (Current or past academic functioning data pertinent to current educational performance including learning environment)

5-18-07 Jennifer Powell, School Psychologist:

Joey was referred for a play based assessment to gain more information regarding his skills and development since he will soon be turning 3 and exiting Early Intervention services. Joey is diagnosed with Down Syndrome and has been followed by Angie Wolske, Developmental Therapist at Carle, Ann Osterling, Speech and Language Therapist, Debi Bliss, Occupational Therapist and Barry Chapman, Physical Therapist. Parent concerns at this time include speech and language development. Joey currently is cared for in the home by his Grandmother while his parents are working.

**Pre academics:** Joey's pre academic skills were observed to be inconsistent at this time. Joey enjoyed pushing balls through the ball maze but was inconsistent in matching the colors without prompting. Mom indicated they are working on shapes and colors at home and some skills are beginning to emerge. Rote counting skills are not yet heard as most of Joey's communication is through signing at this time. Mom indicated that he is beginning to understand the concept of one. Joey was able to place shapes in a shape sorter when shown where to place them and also placed a circle and square in a form board without additional prompting. Joey would benefit from a structured language enriched preschool program to continue to develop her pre academic and play skills.

**Communicative Status** (Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance)

5-16-07Kathy Metcalf, Speech and Language Pathologist

Joseph Lindsey is an engaging boy close to three years old. He participated in a play assessment at the Washington Early Childhood program as a follow up to early intervention services.

**Pragmatic Language:** Joseph entered the room smiling and he appeared to be enthused to participate in most tasks asked of him. He used good eye contact and there were times when he showed interesting items to other people in his environment.

**Expressive Language:** During this play assessment, Joseph remained relatively quiet. For the most part, he attended to the toys that were introduced with eye contact and a smile, and then he stayed quiet as he played. He did not imitate any sounds that were encouraged. Mrs. Lindsey said that he says sounds more often at home than we heard today. He uses sign language to communicate. He used the sign for "more" with a verbal cue, and then on his own when he was asked, "what do you say?" His mother reported that he knows many animal signs.

**Receptive Language:** Joseph appeared to follow some of the suggestions that occurred naturally during play. His mother said that he loves books and listens to them as they are read aloud. He also points to pictures that are asked of him while looking at books. He did some pointing today, but his responses were inconsistent.

**Phonological Development:** While Joseph said several vowels, he did not use words often enough to assess speech sound development. Typically he says more utterances (vowels), but he was reluctant today.

**Oral Mechanism:** Mrs. Lindsey reported that Joseph occasionally puts non-food items into his mouth but it is not a concern. He was observed to have his tongue outside of his mouth some of the time, especially when he was working on motor tasks that needed concentration. Mom said that recently he has choked and coughed on pasta products and she is not certain why he reacts differently to that food. He eats most other foods with no difficulty.

**Strengths:** Joseph was willing to interact with many unfamiliar adults. He smiled often.

**Impressions:** Joseph demonstrated speech and language difficulties that warrant intervention in the form of speech therapy.

**General Intelligence** (Data regarding intellectual ability, how the child takes in information, understand information, and expresses information, including learning processes, student interview, and educational achievement)

5-18-07 Jennifer Powell, School Psychologist:

**Behavior:** Joey easily entered the play room with his Mother and responded well to the examiners. Joey presented as a very happy and social little boy. Joey was cooperative and interested in many of the toys presented. Joey smiled a lot and was very proud of his accomplishments. Joey's attention to task was good and he easily transitioned from one activity to another.

Name Joseph LindseyDate 5-23-07

Reasoning Skills and Play Skills: Observation during the play assessment indicated that Joey's reasoning skills are continuing to emerge at this time. When presented with a form board transportation puzzle, Joey took the shapes out but did not place them back in. When given a lock box, Joey placed the key after he was prompted with verbal and visual prompts. Joey enjoyed operating a toy CD player as he learned the sequence through verbal and visual prompts. He enjoyed switching the CD's and Mom indicated he really enjoys music. When presented with a pop up box Joey was able to complete it easily after it was modeled for him and he waved bye to the characters when he closed them. Mom reported that this is a toy Joey will stick with until he figures it out and it is now one of his favorite therapy toys. Joey's play skills were also observed to be continuing to emerge at this time. Joey did not readily participate in pretend play during this session. Joey initially picked up the tools and brought them to an examiner but did not imitate using them. Later on in the session, Joey imitated hammering on a puzzle. Joey also rolled a school bus on the carpet and took the people in and out. Joey pretended to feed a stuffed cat when prompted. When presented with a book, Joey pulled it onto his lap and turned the pages. Finally, Joey chose to play with a barn and enjoyed opening and closing the barn door and taking the animals out and putting them back in.

#### **Health** (Current or past medical difficulties affecting educational performance)

Mother's pregnancy with Joey was complicated. She was considered high-risk due to a previous miscarriage and a previous stillbirth. During the second trimester, mother was hospitalized twice for two weeks each time due to bleeding. She also suffered gestational diabetes. Delivery was at Carle Hospital in Urbana, was four weeks prior to due date and was by emergency c-section. Joey weighed 7 lbs, 3 oz, at birth. He was diagnosed with Down Syndrome shortly after birth. He was transferred to Childre's Hospital in St. Louis and spent seven weeks there in NICU. During his seven weeks in NICU, he had a total of seven surgeries to repair hear defects and esophageal problems.

While Joey was still in NICU in St. Louis, he was referred to Early Intervention and has received E I Services including occupational therapy, physical therapy, speech therapy, and developmental therapy on a regular basis since November, 2004.

Joey has a history of a couple of ear infections and seasonal allergies. His only recent doctor visits have been for colds and allergies. Aside from his first weeks of life, his only hospitalization was at the age of one year for only one day. He had inhaled vomit. He came home with a breathing nebulizer, but only used it for a short time.

Joey began walking at about 30 months of age. At this time, Joey presents as a healthy young child with developmental delays.  
----Ruth Myers-Dunnum, Social worker, 5/22/07

#### **Motor Abilities** (Fine and gross motor coordination difficulties, functional mobility, strength and endurance issues, or sensory needs affecting educational performance)

5/16/07 Dianne M Tennant-Rucker, Occupational Therapy

Report review: The EI occupational therapy report, dated 11-28-06, indicated some delays in visual-motor skills and discussed parent concerns regarding his ability to talk and use walking as a primary mode of mobility. Joseph now walks most of the time and mother feels that he is smart for his age. Occupational therapy services are currently provided on a monthly basis through EI. Joseph tends to revert to less mature grasp patterns. He enjoys playing with a variety of toys. The EI therapist noted difficulty with stability and control of his wrist for tasks such as dumping from containers and feeding himself with utensils. Continued occupational therapy consultation was recommended to encourage more refined fine motor skills was identified as a goal.

Observations: Joseph was eager to play with toys in the assessment room. He seemed to love taking things apart and putting them back together. He showed an interest for operating the different knobs to open up a pop-up toy including pulling, turning, pressing and sliding. He was able to open up and place pretend CD's in a CD player and press buttons, as well as turn the knob to play music. He showed good task persistence with puzzles and showed an interest in a variety of toys including books, shape sorters, puzzles and a ball maze. He tends to be short in stature and sometimes fell while carrying items when objects where in his way. Decreased stability was noted at his hips and low muscle tone could be observed and felt in his shoulders, wrists and hands.

Fine motor skills: Joseph initially began the assessment by playing with puzzles and using his right hand to place pieces in a shape sorter. He was able to independently place a circle and square by rotating and using trial and error to place the pieces. He was able to point and tap with his index finger and use a pincer grasp for a small objects. He generally used an open hand with fingers extended and used his palm for pressing. Grasp immaturity was observed, however mature grasp patterns were also observed. Low hand muscle tone and decreased hand arches is typical in children with Down's Syndrome. For crayon use, he used a pronated grasp and was able to imitate marks on paper. Block stacking did not seem to be a preferred activity.

Gross motor skills: Gross motor skills observed included getting up from the floor by pushing up on his knees, walking slowly with occasional falling, squatting, stooping to pick up objects and climbing into and out of a chair. He was able to go up stairs holding a rail in one hand and attempted going down stairs in the same manner, however he needed more support for safety. He tends to mark time, as he is short in stature but is

Name Joseph Lindsey Date 5-23-07

manner, however he needed more support for safety. He tends to mark time, as he is short in stature but is able to alternate feet going up. Mother reports that he loves a small slide at play group and will sit on a riding toy. He is not familiar with pedaling a tricycle and has not had much playground experience. He may need some support in a classroom chair to encourage good posture and to reach the table so added height might be needed to make sure the table is at an appropriate height.

**Self-help skills:** Joseph currently drinks from a cup as well as a bottle and uses a straw at home. He shows mixed hand use for using a spoon, fork and napkin and can use utensils for eating. He covers his mouth at times when he coughs and will try to use a tissue to blowing his nose. He enjoys playing in water and washing his hands. He can put his arm into and out of coat sleeves and remove his own shoes. He tends to dislike shoes although wore them during the assessment today. Mother notes that he eats a variety of foods but she has some concerns that he has choked on pasta and will need to be watched so that he does not stuff food and can manage foods presented at school. He enjoys wiping up messes. He had esophageal surgery.

**Sensory/Attending:** Joseph shows good attending skills. He uses his eyes well to watch toys and enjoys observing other children. He loves sitting and looking at books and will point at pictures. Imitation is beginning for simple games and activities and mother works on this at home. He tolerates playing with messy materials and loves to move his hands through a variety of media. He sometimes places things in his mouth and needs to be watched for safety, especially with crayons. Play skills have increased as of late and he enjoys placing items, dumping, repeating enjoyable activities and being around other children.

**Strengths:** Joseph is active and eager and enjoys exploring toys and is persistent with taking things apart and putting them together. He shows great pride in his accomplishments.

**Impressions:** Joseph has visual-motor and fine motor delays and needs to work on using two hands together, increasing motor imitation skills and tool use to advance his play skills. His walking is gaining in stability but he

**Social/Emotional Status** (Information regarding how the environment affects educational performance, life history, adaptive behavior, independent functioning, personal/social responsibility, cultural background, parent consultation, functional behavior analysis)

Joey is two year, eight months and is the only child in a two-parent household. Both parents work outside the home. Mother's aunt provides childcare in the family's home while parents are at work. Joey is an affectionate, happy, and incredible little boy who never meets a stranger. He has, in the past, had some biting behaviors when frustrated, but this has decreased significantly. Parents utilize several discipline strategies with Joey including talking to him, having him sit on the couch, and occasionally smacking his hand lightly. Joey loves his toy microphone and the telephone, he likes firetrucks, and his dinosaur toys. Parents are most concerned about Joey's speech development. He has a few words, but he communicates mostly by signs and gestures. Adaptive behavior skills appear commensurate with Joey's overall development. Toilet-training has not yet begun. He is able to take his pants off, and assists with other dressing tasks. He eats a variety of foods cut into small pieces or mashed, and he is able to drink from a sippy cup with some assistance. On weekends, he tends to be clingy to mom and protests when she leaves the room. Joey doesn't sleep well at night. He seems restless and he often cries, but is not rally awake. He has an irregular nap schedule. Joey attends two playgroups every week. Mother reports he enjoys being around other children.

----Ruth Myers-Dunnum, Social Worker, 5/22/07

**Hearing/Vision** (Auditory/Visual problems that would interfere with testing or educational performance. Date and results of last hearing and vision test)

5-16-07 K. Metcalf

Mrs. Lindsey reported that Joseph's hearing will be assessed at CASE in the summer of 2007.

Name Joseph Lindsey

Date \_\_\_\_\_

## ELIGIBILITY DETERMINATION

(Complete the following after an initial evaluation, reevaluation, review of an independent or outside evaluation.)

- The determinant factor for the student's suspected disability is:
- Yes  No lack of instruction in reading
  - Yes  No lack of instruction in math
  - Yes  No limited English proficiency

If any of the above answers are "yes," the student is not eligible for services under the IDEA. If all of the answers are "no," complete, as appropriate, the following boxes.

**SPECIFIC LEARNING DISABILITY** Complete only for students suspected of having a specific learning disability. Observation in a regular classroom setting by a team member other than the student's regular teacher is required; or for a preschool student an observation in an age appropriate environment.

Relevant behavior noted during the observation \_\_\_\_\_

Relation of behavior to the student's academic functioning \_\_\_\_\_

Educationally relevant medical findings, if any \_\_\_\_\_

Yes  No Student has documented average or above average ability

Yes  No A severe discrepancy exists between achievement and ability

**Check where discrepancy exists:**

Oral Expression     Listening Comprehension     Written Expression     Basic Reading Skills     Reading Comprehension

Math Calculation     Math Reasoning

Yes  No Student demonstrates a processing skill deficit which is \_\_\_\_\_

Yes  No The team has determined that the eligibility determination is not the result of a visual, hearing or motor disability; mental impairment; emotional disturbance; or environmental, cultural, or economic disadvantage.

Yes  No **All of the above criteria are met; therefore the student has a specific learning disability.**

Each team member must sign below to certify that the report reflects her/his conclusions. Any participant who disagrees with the team's decision must submit a separate statement presenting her/his conclusions.

Yes  No \_\_\_\_\_     Yes  No \_\_\_\_\_     Yes  No \_\_\_\_\_

Yes  No \_\_\_\_\_     Yes  No \_\_\_\_\_     Yes  No \_\_\_\_\_

Yes  No \_\_\_\_\_     Yes  No \_\_\_\_\_     Yes  No \_\_\_\_\_

### COMPLETE FOR ALL STUDENTS SUSPECTED OF HAVING A DISABILITY UNDER THE IDEA

DISABILITY (Step 1) Based on the team's analysis, identify the disability(s).	ADVERSE EFFECTS (Step 2) For each disability identified, describe the adverse effect on the student's educational performance.	EDUCATIONAL NEEDS (Step 3) State to what extent the disability requires special education and related services to address educational needs.	ELIGIBILITY (Step 4) Identify the disability(s) that require special education as determined in steps one through three.
Academic Performance	Readiness skills are below age level expectancy in verbal and nonverbal concepts	Pre academic skills	Developmental Delay
Communicative Status	Inability to effectively communicate needs, feelings or ideas.	Receptive language Expressive language	
Motor Abilities	Limited ability to participate in activities that require gross and fine motor skills without accommodations.	Fine motor Gross motor	

Student will not be eligible for special education at this time.

**IEP - PRESENT LEVELS OF EDUCATIONAL PERFORMANCE**  
**(Complete for all IEPs)**

**When completing this page, include all areas from the following list of domains that are impacted by the student's disability, this may include strengths/deficits identified in the most recent evaluation:**

ACADEMIC PERFORMANCE, SOCIAL/EMOTIONAL STATUS, INDEPENDENT FUNCTIONING, VOCATIONAL, MOTOR SKILLS, SPEECH & LANGUAGE/COMMUNICATION

**Student Strengths**

Joey is a very social boy who is willing to try new activities.

Joseph is active and eager and enjoys exploring toys and is persistent with taking things apart and putting them together. He shows great pride in his accomplishments.

**State how the disability affects the student's involvement and progress in the general curriculum; or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities.**

Joey exhibits delays in his pre academic skills, both in verbal and nonverbal concepts which may impact his classroom performance.

Joseph has visual-motor and fine motor delays and needs to work on using two hands together, increasing motor imitation skills and tool use to advance his play skills. His walking is gaining in stability but he will need assistance to gain strength and speed to stay up with his peers. Supervision for safety on stairs and uneven surfaces will be necessary.

**Parental Educational Concerns**

None noted

### IEP EDUCATIONAL ACCOMMODATIONS (Complete for initial IEP's and Annual Reviews)

Anyone responsible for implementing the educational accommodations, must be notified of her/his specific responsibilities.

**CONSIDERATION OF SPECIAL FACTORS:** Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. For any box checked "yes," the IEP must state the supplementary aids and/or services that will be provided. See Educational Services page.

- Yes  No
- Yes  No
- Yes  No  NA
- Yes  No  NA
- Yes  No  NA
- Yes  No  NA

- All students - communication needs.
- All students - assistive technology devices and services
- Blind/visually impaired - provision of Braille instruction
- Deaf/hard of hearing - language and communication needs
- Limited English proficiency - language needs
- Behavior - strategies, including positive behavioral interventions and supports to address behavior. This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms.

### LINGUISTIC AND CULTURAL ACCOMMODATIONS

- Yes  No  NA

The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. If yes, specify any needed accommodations.

- Yes  No  NA

Special education and related services will be provided in a language or mode of communication other than or in addition to English.

### STATE AND DISTRICT WIDE ASSESSMENTS

Student will:

- |   |  |
|---|--|
| <input type="checkbox"/> participate in the entire State assessment with no accommodations. | <input type="checkbox"/> participate in the district wide assessment with no accommodations.       |
| <input type="checkbox"/> participate in the entire State assessment with accommodations.    | <input type="checkbox"/> participate in the district wide assessment with accommodations.          |
| <input type="checkbox"/> participate in part(s) of State assessment with no accommodations. | <input type="checkbox"/> participate in part(s) of the district assessment with no accommodations. |
| <input type="checkbox"/> participate in part(s) of State assessment with accommodation.     | <input type="checkbox"/> participate in part(s) of the district assessment with accommodations.    |
| <input checked="" type="checkbox"/> NOT participate in the State assessment.                | <input checked="" type="checkbox"/> NOT participate in the district assessment.                    |

If the student is completing the assessment(s) with accommodations, specify the needed accommodations (i.e. extended time, alternate setting, auditory testing, use of calculator when applicable, etc.)

N/A

If the student will not participate in part or all of the assessment(s), specify why the assessment is not appropriate and document the alternate assessment to be given, including any needed accommodations.

Tests are not given at Early Childhood level

## IEP EDUCATIONAL SERVICES

Anyone responsible for implementing special education services must be notified of her/his specific responsibilities.

**Participation in Regular Education Classes and Other Education Related Settings** When completing this section, specify the extent the student will and will not participate with nondisabled students in regular education classes and settings. *The IEP must specify if the student will participate in regular physical education or specially designed physical education.*

**General Education - no supplementary aids**

Follows general education schedule with exceptions

**General Education - with supplementary aids, as specified in the "Supplementary Aids" section below**

Visual Assists for Communication

Special Education	Location	Initiation Date	Duration of Services	Amount of Services
Early Childhood Special Education	Early Childhood Classroom	9/4/07	9/3/08	680 minutes per week

Related Services	Location	Initiation Date	Duration of Services	Amount of Services
Occupational Therapy	Early Childhood Classroom	9/4/07	9/3/08	30 min direct per week 60 mins consult per
Speech/Language	Speech/Language Room	9/4/07	9/3/08	40 min direct per week
Classroom Assistant	Early Childhood Classroom	9/4/07	9/3/08	680 min per week
Shared Assistant	Early Childhood Classroom	9/4/07	9/3/08	750 minutes
Transportation	Community	9/4/07	9/3/08	daily
Physical Therapy	Early Childhood Classroom	9/4/07	9/3/08	30 min direct per week

**Supplementary Aids** (i.e. accommodations for daily work, tests, quizzes, environmental accommodations, moving from class to class, etc.)

Visual Aids

Provide an explanation of the extent, if any, to which the student will not participate with nondisabled students in regular education classes and activities.

The student will participate in general curriculum except during resource services.

## IEP SPECIAL EDUCATION PLACEMENT DETERMINATION

The placement shall be appropriate to the student's needs and least restrictive of the student's interaction with nondisabled children; based on the student's IEP and located as close as possible to the student's home; and unless the IEP requires some other arrangement, in the school he/she would attend if not disabled.

Educational Options Considered	Document any potentially harmful effect on the student, or the quality of services which he or she needs.	Placement Decision
1. A Regular classroom with special services of 20% or less outside of regular classroom	not enough service to meet the need of the student	Reject
2. Z Full-time general preschool program with all special services delivered in that setting	there are fewer language models in a blended classroom	Accept
3. J Full-time special education class in a public special education building	too restrictive for this student	Reject
4.		

Yes  No A special class, separate schooling, or removal from the regular education environment is required, because the nature or severity of the student's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

**\*AFTER DETERMINING THE STUDENT'S PLACEMENT, COMPLETE THE "PLACEMENT" SECTION ON PAGE ONE**

The District participates in the Medicaid Billing Program.



### IEP EDUCATIONAL SERVICES AND PLACEMENT DETERMINATION (Continued)

#### TRANSPORTATION Check all that apply

- Yes  No Special transportation is required to and from schools and/or between schools.  
 Yes  No Special equipment is required.

#### TRANSFER OF RIGHTS

- Yes  No Seventeen-year old student informed of her/his rights under the IDEA that will transfer to the student upon reaching age 18.

#### TRANSITION

- Yes  No Consideration of service needs, goals, and supports/services is required (by age 14). If yes, complete the "Transition Services" section of the IEP.

#### EXTENDED SCHOOL YEAR

- Yes  No Student meets criteria for Extended School Year services. If yes, the IEP must indicate the type and amount of services to be provided.

#### SUPPORTS FOR SCHOOL PERSONNEL

- Yes  No Program modifications or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with other students in educational activities. If yes, specify what modifications and/or supports are needed.

#### ADDITIONAL IEP INFORMATION:

Monitor and explore Joey's tolerance of different food textures, developing his ability to efficiently manage more complex food structures with eating utensils and chewing and swallowing foods safely.

In Fall, 2007, a physical therapy observation/evaluation will be completed in order to determine physical therapy goals and time needed.

Vision needs to be monitored after Joey begins school at Washington.

**IEP GOALS and BENCHMARKS/OBJECTIVES**

The goals or short term objectives/benchmarks shall meet the needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum.

PRESENT LEVEL OF PERFORMANCE (areas to be addressed as deficits in the areas of Academic Performance, Social/Emotional Status, Independent Functioning, Vocational, Motor Skills, Speech and Language/Communication.)

5-16-07Kathy Metcalf, SLP/ Joseph uses certain sign language to communicate wants and needs. He is quiet, and vocalizes with vowel sounds. He is inconsistent with pointing to pictures while looking at books, and he enjoys books.

Annual Goal Number 1

Goal Statement To increase functional communication through the use of a picture exchange communication system.

Title of Goal Implementers speech language therapist and classroom staff

Benchmark or Short-term Objective <u>Given opportunities to demonstrate preferred activities and items. Joseph will reach for items and exchange pictures of the item he wants with physical support.</u>			
Evaluation Criteria 71-80% accuracy	Evaluation Procedures Observational record	Schedule for Determining Achievement Quarterly	Extent Objective Met
Benchmark or Short-term Objective <u>Given opportunities to make requests or choices. Joseph will locate and exchange a picture with a communication partner in order to obtain that object or activity.</u>			
Evaluation Criteria 71-80% accuracy	Evaluation Procedures Observational record	Schedule for Determining Achievement Quarterly	Extent Objective Met

Annual Goal Number 2

Goal Statement To improve receptive vocabulary skills from inconsistent skills to consistently demonstrating that he understands.

Title of Goal Implementers speech and language therapist and classroom staff

Benchmark or Short-term Objective <u>Given opportunities to point to or pick up specific items within a thematic. Joseph will choose the item named with adult assistance.</u>			
Evaluation Criteria 71-80% accuracy	Evaluation Procedures Observational record	Schedule for Determining Achievement Quarterly	Extent Objective Met
Benchmark or Short-term Objective <u>Given opportunities to point to or pick up items named by and adult. Joseph will find the item accurately with no adult assistance.</u>			
Evaluation Criteria 71-80% accuracy	Evaluation Procedures Observational record	Schedule for Determining Achievement Quarterly	Extent Objective Met

Check the methods to be used to notify parents of the student's progress on annual goals and if sufficient progress is made to achieve the goals by the end of the IEP year:

- report cards   
  progress reports   
  parent conference   
  other \_\_\_\_\_

### IEP GOALS and BENCHMARKS/OBJECTIVES

The goals or short term objectives/benchmarks shall meet the needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum.

PRESENT LEVEL OF PERFORMANCE (areas to be addressed as deficits in the areas of Academic Performance, Social/Emotional Status, Independent Functioning, Vocational, Motor Skills, Speech and Language/Communication.)

**Academic:** Joey's pre academic skills were observed to be inconsistent at this time. Mom indicated that at home they are working on shapes and colors and these skills are beginning to emerge. Rote counting skills are not yet heard but he is beginning to understand the concept of one. Joey places a circle and square in a form board and is beginning to place ~~change in a shape order~~

Annual Goal Number 3

Goal Statement Joey will increase his color identification skills by matching and pointing to basic colors.

Title of Goal Implementers EC Team

Benchmark or Short-term Objective <u>Joey will match basic colors when given age appropriate activities</u>			
Evaluation Criteria <b>81-90% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective <u>Joey will point to basic colors when given age appropriate activities</u>			
Evaluation Criteria <b>81-90% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Annual Goal Number \_\_\_\_\_

Goal Statement \_\_\_\_\_

Title of Goal Implementers \_\_\_\_\_

Benchmark or Short-term Objective _____			
Evaluation Criteria	Evaluation Procedures	Schedule for Determining Achievement	Extent Objective Met

Benchmark or Short-term Objective _____			
Evaluation Criteria	Evaluation Procedures	Schedule for Determining Achievement	Extent Objective Met

Check the methods to be used to notify parents of the student's progress on annual goals and if sufficient progress is made to achieve the goals by the end of the IEP year:

- report cards   
  progress reports   
  parent conference   
  other \_\_\_\_\_

### IEP GOALS and BENCHMARKS/OBJECTIVES

The goals or short term objectives/benchmarks shall meet the needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum.

PRESENT LEVEL OF PERFORMANCE (areas to be addressed as deficits in the areas of Academic Performance, Social/Emotional Status, Independent Functioning, Vocational, Motor Skills, Speech and Language/Communication.)

**Adaptive:** Joey presents with adaptive behavior skills below age level. Mother reports he assists with dressing tasks, and is able to take his pants off independently.

**Annual Goal Number**   4  

**Goal Statement** Joey will increase his adaptive behavior skill level.

**Title of Goal Implementers** Classroom staff

Benchmark or Short-term Objective <u>During arrival/departure routines. Joey will observe classmates and cooperate with adults assisting him with coat and backpack tasks.</u>			
Evaluation Criteria <u>3 of 4 trials</u>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective <u>During arrival routine. Joseph will take off coat and backpack and place each in his cubby; at departure time, he will put on coat when presented to him in adapted manner with 1 verbal or visual prompt.</u>			
Evaluation Criteria <u>3 of 4 trials</u>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

**Annual Goal Number** 4,cont

**Goal Statement** Joey will increase his adaptive behavior skill level.

**Title of Goal Implementers** Classroom staff

Benchmark or Short-term Objective <u>During arrival/departure routines. Joey will become independent in these routines, taking off or putting on coat, and placing/retrieving backpack appropriately.</u>			
Evaluation Criteria <u>3 of 4 trials</u>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective _____ _____ _____			
Evaluation Criteria	Evaluation Procedures	Schedule for Determining Achievement	Extent Objective Met

Check the methods to be used to notify parents of the student's progress on annual goals and if sufficient progress is made to achieve the goals by the end of the IEP year:

- report cards   
  progress reports   
  parent conference   
  other \_\_\_\_\_

### IEP GOALS and BENCHMARKS/OBJECTIVES

The goals or short term objectives/benchmarks shall meet the needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum.

PRESENT LEVEL OF PERFORMANCE (areas to be addressed as deficits in the areas of Academic Performance, Social/Emotional Status, Independent Functioning, Vocational, Motor Skills, Speech and Language/Communication.)

Joey demonstrates adaptive behavior skills below age level. He still wears diapers, and toilet training has not begun.

Annual Goal Number 5

Goal Statement As part of classroom daily routine, Joey will participate in bathroom/drink times.

Title of Goal Implementers Classroom Staff

Benchmark or Short-term Objective <u>Joey will observe the classroom toileting/drink routine and attend to adult prompting for classmates.</u>			
Evaluation Criteria <u>3 of 4 trials</u>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective <u>During classroom daily routine, Joey will indicate the status of his diaper: dry, wet, or soiled with visual prompts. He will assist with diaper change by retrieving and carrying his diaper to changing table.</u>			
Evaluation Criteria <b>71-80% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Annual Goal Number \_\_\_\_\_

Goal Statement \_\_\_\_\_

Title of Goal Implementers \_\_\_\_\_

Benchmark or Short-term Objective _____			
Evaluation Criteria	Evaluation Procedures	Schedule for Determining Achievement	Extent Objective Met

Benchmark or Short-term Objective _____			
Evaluation Criteria	Evaluation Procedures	Schedule for Determining Achievement	Extent Objective Met

Check the methods to be used to notify parents of the student's progress on annual goals and if sufficient progress is made to achieve the goals by the end of the IEP year:

- report cards   
  progress reports   
  parent conference   
  other \_\_\_\_\_

### IEP GOALS and BENCHMARKS/OBJECTIVES

The goals or short term objectives/benchmarks shall meet the needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum.

PRESENT LEVEL OF PERFORMANCE (areas to be addressed as deficits in the areas of Academic Performance, Social/Emotional Status, Independent Functioning, Vocational, Motor Skills, Speech and Language/Communication.)

He was able to independently place a circle and square by rotating and using trial and error to place the pieces. He was able to point and tap with his index finger and use a pincer grasp for a small objects. He generally used an open hand with fingers extended and used his palm for pressing. Grasp immaturity was observed, however mature grasp patterns were also

Annual Goal Number 6

Goal Statement Joseph will use classroom toys and materials for art projects at the table as well as to increase classroom independence.

Title of Goal Implementers OT/classroom team

Benchmark or Short-term Objective <u>Joseph will imitate marks on paper vertically, horizontal and in a circular pattern.</u>			
Evaluation Criteria	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective <u>Joseph will stack blocks at the block center along side his peers to make a tower.</u>			
Evaluation Criteria <b>81-90% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Annual Goal Number \_\_\_\_\_

Goal Statement same

Title of Goal Implementers OT/classroom team

Benchmark or Short-term Objective <u>Joseph will perform a three sequence visual task to wash his hands before snack and after using messy materials.</u>			
Evaluation Criteria <b>81-90% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective <u>Joseph will imitate three movements during a group game or song.</u>			
Evaluation Criteria <b>71-80% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Check the methods to be used to notify parents of the student's progress on annual goals and if sufficient progress is made to achieve the goals by the end of the IEP year:

- report cards   
  progress reports   
  parent conference   
  other \_\_\_\_\_

Name Joseph Lindsey

Date 5-23-07

### IEP GOALS and BENCHMARKS/OBJECTIVES

The goals or short term objectives/benchmarks shall meet the needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum.

PRESENT LEVEL OF PERFORMANCE (areas to be addressed as deficits in the areas of Academic Performance, Social/Emotional Status, Independent Functioning, Vocational, Motor Skills, Speech and Language/Communication.)

**Joey demonstrates gross motor difficulties with mobility on uneven surfaces, stairs, etc. as well as balance problems and decreased stability when walking even on even surfaces.**

Annual Goal Number 7

Goal Statement Joey will improve mobility and independence in the school building so that he will be independent without needing physical assistance.

Title of Goal Implementers physical therapist and Classroom Staff

Benchmark or Short-term Objective <u>Joey will go up and down stairs using a rail with supervision and verbal cues when going in and out of the buiding to the bus.</u>			
Evaluation Criteria <b>71-80% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective <u>Joey will climb stairs and go down the slide safely and independently indoors and outdoors in the gym and on the playground.</u>			
Evaluation Criteria <b>71-80% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Annual Goal Number \_\_\_\_\_

Goal Statement \_\_\_\_\_

Title of Goal Implementers Physical Therapist and Classroom Staff

Benchmark or Short-term Objective <u>Joey will climb onto and attempt pedaling a tricycle in th gym.</u>			
Evaluation Criteria <b>71-80% accuracy</b>	Evaluation Procedures <b>Observational record</b>	Schedule for Determining Achievement <b>Quarterly</b>	Extent Objective Met

Benchmark or Short-term Objective _____			
Evaluation Criteria	Evaluation Procedures	Schedule for Determining Achievement	Extent Objective Met

Check the methods to be used to notify parents of the student's progress on annual goals and if sufficient progress is made to achieve the goals by the end of the IEP year:

- report cards     progress reports     parent conference     other \_\_\_\_\_