

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Donnie

DOB 10-10-01 SCHOOL YEAR 2005 - 2006 GRADE PK -

IEP INITIATION/DURATION DATES FROM AUGUST 10, 2005 TO MAY 20, 2006

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

Donnie is a four year old male who lives with his parents and two older brothers and one younger sister. He attends a preschool program at his church three mornings per week. He is reported by his teacher to interact well with his peers at preschool. His teacher indicated on her teacher checklist that he is more difficult to understand than the other children in his class and does not use sentences as long as those of the other children. His mother reports that his brothers tease him about his speech when she is not present and this often leads to him crying and withdrawing to another part of the house. He has a history of ear infections and has had two sets of tubes placed in his ears. The second set is still in place. He is reported to also have trouble with allergies and infrequent episodes of asthma. He is playing soccer for the first time this year through the church league. He is reported to be very competitive.

Sound production deficits adversely affect phonological awareness and his limited expressive skills restrict his participation in oral classroom activities and social interaction in the preschool environment.

Standardized testing revealed reduced vocabulary skills and shortened mean length of utterance. He cannot answer questions appropriately. His articulation errors are developmentally inappropriate for a child his age and cause his speech to be difficult to understand even with careful listening. He becomes easily frustrated when not understood.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Donnie

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	[]	[x]
• Does the student have limited English proficiency?	[]	[x]
• Does the student need instruction in Braille and the use of Braille?	[]	[x]
• Does the student have communication needs (deaf or hearing impaired only)?	[]	[x]
• Does the student need assistive technology devices and/or services?	[]	[x]
• Does the student require specially designed P.E.?	[]	[x]
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	[]	[x]
• Are transition services addressed in this IEP?	[]	[x]

TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? [] YES [x] NO
Does the student need accommodations or modifications for transportation? [] YES [x] NO

If yes, check any transportation accommodations/modifications that are needed.

- [] Bus driver is aware of student's behavioral and/or medical concerns
 - [] Wheelchair lift
 - [] Restraint system.
- Specify:

[] Other.
Specify:

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

- [] YES.
- [] YES, with supports. Describe:

[x] NO. Explanation must be provided:
Extracurricular activities are not provided for preschool children.

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every 9.0 weeks).

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Donnie

AREA: LANGUAGE

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

The results of The Preschool Language Scale – 4, conversational analysis, and speech – language checklist reveal that Donnie produces two-word utterances and cannot label many common objects (LL.P.5). Donnie expresses his wants and needs through one-word responses, pointing, and gesturing at home unless told to provide longer statements. He cannot ask or answer basic questions which limits his participation in preschool activities (LL.P.3).

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Donnie will verbally express himself by using four-to-five word sentences while asking/answering wh-questions 8/10 trials in structured conversational analysis (LL.P.4, LL.P.7).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|--|-------------------------------|
| 1. By the end of the first nine weeks, Donnie will answer “who” and “what” questions using stories and pictures as stimuli with 80% accuracy. | <u>Date of Mastery:</u> _____ |
| 2. By the end of the second nine weeks, Donnie will answer “where” and “when” questions using stories and pictures as stimuli with 80% accuracy. | <u>Date of Mastery:</u> _____ |
| 3. By the end of the third nine weeks, Donnie will ask “who” and “what” questions using books, pictures, and orally read stories as stimuli. | <u>Date of Mastery:</u> _____ |
| 4. By the end of the fourth nine weeks, Donnie will ask “where” and “when” questions using stories and pictures as stimuli with 80% accuracy. | <u>Date of Mastery:</u> _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Speech Therapy	2 times weekly	30 minutes	8/10/05 to 5/20/06	Resource room
Supplementary Aids and Services Preschool teacher will reinforce correct production of sounds	Daily	10 minutes	8/10/05 to 5/20/06	Preschool classroom
Program Modifications				
Accommodations Needed for Assessments				
Related Services				
Assistive Technology				
Support for Personnel				

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Donnie

AREA: ARTICULATION

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

According to the *Goldman-Fristoe Test of Articulation* and parent/preschool teacher speech-language checklist, Donnie has a weakness with the phonological process of final consonant deletion (LL.P.10). Donnie correctly produces 10 early developing phonemes (LL.P.10). Family and preschool personnel report that Donnie's sound production adversely affects his social interaction at school/home and also his participation in oral activities during circle time. (LL.P.10):

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Donnie will eliminate use of final consonant deletion by producing the target phonemes /p,m,n,k,g,d,ng,f/ in the final position with 90% accuracy in structured oral activities in his preschool classroom as measured by speech-language pathologist progress monitoring. (LL.P.10)

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment Teacher/Text Test Teacher Observation Grades
 Data Collection State Assessment(s) Work Samples
 Other: Articulation Test
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|--|-------------------------------|
| 1. By the end of the first nine weeks, Donnie will imitate the target phonemes at the word level with 80% accuracy. | <u>Date of Mastery:</u> _____ |
| 2. By the end of the second nine weeks, Donnie will produce the target phonemes at the spontaneous word level with 80% accuracy. | <u>Date of Mastery:</u> _____ |
| 3. By the end of the third nine weeks, Donnie will produce the target phonemes at the spontaneous phrase/sentence level with 80% accuracy. | <u>Date of Mastery:</u> _____ |
| 4. By the end of the fourth nine weeks, Donnie will produce the target phonemes in structured oral activities with 90% accuracy. | <u>Date of Mastery:</u> _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Speech Therapy	2 times weekly	30 minutes	8/10/05 to 5/20/06	Resource room
Supplementary Aids and Services Preschool teacher will reinforce correct production of sounds	Daily	10 minutes	8/10/05 to 5/20/06	Preschool classroom
Program Modifications				
Accommodations Needed for Assessments				
Related Services				
Assistive Technology				
Support for Personnel				

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Donnie

GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

YES	NO
[x]	[]
[x]	[]
[x]	[]
[x]	[]
[x]	[]
[x]	[]

- The strengths of the child?
- The concerns of the parents for enhancing the education of the child?
- The results of the initial or most recent evaluations of the child?
- As appropriate, the results of performance on any State or districtwide assessments?
- The academic, developmental, and functional needs of the child?
- The need for extended school year services?

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, justify:

Does this student receive all special education services with nondisabled peers? Yes No

If no, justify (justification may not be solely because of needed modifications in the general curriculum):

6-21 YEARS OF AGE

3-5 YEARS OF AGE

(Select one from the drop-down box.)

12 - At least 80% of Time Inside Early Childhood Program or Kindergarten

Secondary LRE (only if LRE above is Private School-Parent Placed)

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent at the IEP meeting?
 Yes No

Was a copy of the *Special Education Rights* given to parent at the IEP meeting?
 Yes No

If no, date sent to parent: _____

If no, date sent to parent: _____

Date copy of **amended** IEP provided/sent to parent _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent	*	5/20/05
Parent		
LEA Representative	*	5/20/05
Special Education Teacher	*	5/20/05
General Education Teacher	*	5/20/05
Student		
Career/Technical Education Rep		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date