

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Mary

DOB 10/01/91 SCHOOL YEAR 2005 - 2006 GRADE 9 -

IEP INITIATION/DURATION DATES FROM 8/10/05 TO 5/30/06

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

STUDENT PROFILE

Mary is a 9th grade student who participates in all core academic classes. She has maintained above average grades through-out her school years. Mary has had a long-term stuttering problem since she was a preschool student. She has moved several times during her school years and is currently attending the sixth school since kindergarten. She has received speech therapy since third grade. Her mother reports that Mary frequently stutters when talking to her and also when talking to her sister and brother. She had heard Mary talking to the family dog without stuttering. She sings in the church youth choir and does not stutter when singing, having once sung a solo. Her mother also indicated that Mary does not stutter as much when talking with her elderly grandparents and enjoys staying with them on many weekends. Her mother also said that Mary does not interact with children in the neighborhood after several episodes of their making fun of her speech. She tends to stay by herself except for church choir activities. She has not tried out for choir at school because she does not want to talk to the choral director.

Mary does not participate in oral class activities due to her stuttering problem. She does not orally answer questions even when teachers call on her. Last year, her English teacher allowed her to do a written book report instead of an oral presentation.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Mary

EXIT OPTIONS

| | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Alabama High School Diploma with Advanced Academic Endorsement | <input type="checkbox"/> Alabama Occupational Diploma | Anticipated Date of Exit: |
| <input checked="" type="checkbox"/> Alabama High School Diploma | <input type="checkbox"/> Graduation Certificate | <u>5</u> <u>2009</u> |
| | <input type="checkbox"/> Other _____ | Month Year |

PROGRAM CREDIT TO BE EARNED

| For each course taken, indicate program credit to be earned. | ENGLISH | MATH | SCIENCE | SOCIAL STUDIES | | | | |
|--|---------|------|---------|----------------|--|--|--|--|
| Alabama High School Diploma with Advanced Academic Endorsement | | | | | | | | |
| Alabama High School Diploma | 1 | 1 | 1 | 1 | | | | |
| Alabama Occupational Diploma | | | | | | | | |
| Graduation Certificate | | | | | | | | |

TRANSITION

(Beginning not later than the first IEP to be in effect when the student is 16 and updated annually thereafter)

Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals: *(Check all that apply.)*)

Student Interview
 Student survey
 Work samples
 Vocational Assessment
 Interest Inventory
 Parent Interview
 Other: _____

Transition Goals

Postsecondary Education/Employment Goal:

If **Other** is selected, specify:

Community/Independent Living Goal:

If **Other** is selected, specify:

Transition Services (Based on this student's strengths, preferences, and interests the following coordinated transition services will be addressed this year.)

| | | |
|---|---|---|
| <input type="checkbox"/> Vocational Evaluation (VE) | <input type="checkbox"/> Personal Management (PM) | <input type="checkbox"/> Community Participation (CP) |
| <input type="checkbox"/> Employment Development (ED) | <input type="checkbox"/> Transportation (T) | <input type="checkbox"/> Medical (M) |
| <input type="checkbox"/> Postsecondary Education (PE) | <input type="checkbox"/> Living Arrangements (LA) | <input type="checkbox"/> Linkages to Agencies (L) |
| <input type="checkbox"/> Financial Management (FM) | <input type="checkbox"/> Advocacy/Guardianship (AG) | <input type="checkbox"/> Other _____ |

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Mary

AREA: Fluency

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Results from state assessments indicate that Mary displays strengths in math computation and reading comprehension (R.9.1). She will not participate in oral classroom activities that require her to demonstrate her comprehension in front of the class (R.8.2). She exhibits prolongations and repetitions of consonant sounds, facial tension (jaw jerking and hard eye blinks), and avoidance of speaking situations. In the therapy room, Mary demonstrated 70% fluency during a 15 minute structured conversational task.

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

By May 2006, Mary will discuss the impact of the setting, mood and point of view of characters in specific reading selections with 80% fluency in the general education setting (R.8.2).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

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

DATE OF MASTERY: _____

BENCHMARKS:

1. By the end of first nine weeks, Mary will demonstrate 80% fluency in a structured therapy activity in the resource room. Date of Mastery: _____
2. By the end of the second nine weeks, Mary will demonstrate 85% fluency during an open ended conversational task in the resource room. Date of Mastery: _____
3. By the end of the third nine weeks, Mary will verbally answer comprehension questions in the general education classroom with 80% fluency. Date of Mastery: _____
4. By the end of the fourth nine weeks, Mary will demonstrate 80% fluency while making an oral classroom presentation Date of Mastery: _____

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 in resource room by SLP. | 1 time per week | 30 min | 8/10/05 to 5/30/06 | Speech therapy room |
| Consultation by SLP with English classroom teacher. | 1 time per week | 10 min | 8/10/05 to 5/30/06 | English classroom |
| Supplementary Aids and Services | | | | |
| Program Modifications | | | | |
| Accommodations Needed for Assessments | | | | |
| Related Services | | | | |
| Assistive Technology | | | | |
| Support for Personnel | | | | |

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Mary

GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

- | | YES | NO |
|--|------------|-----------|
| • The strengths of the child? | [X] | [] |
| • The concerns of the parents for enhancing the education of the child? | [X] | [] |
| • The results of the initial or most recent evaluations of the child? | [X] | [] |
| • As appropriate, the results of performance on any State or districtwide assessments? | [X] | [] |
| • The academic, developmental, and functional needs of the child? | [X] | [] |
| • The need for extended school year services? | [X] | [] |

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? [X] Yes [] No

If no, justify:

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

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

The severity of her stuttering requires individualized therapy sessions.

[X] 6-21 YEARS OF AGE

[] 3-5 YEARS OF AGE

(Select one from the drop-down box.)

02-99%-80% of the day inside Gen Ed Environment

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?

[X] Yes [] No

If no, date sent to parent: _____

Was a copy of the *Special Education Rights* given to parent at the IEP meeting?

[X] Yes [] No

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 | * | 4/25/05 |
| Parent | | |
| LEA Representative | * | 4/25/05 |
| Special Education Teacher | * | 4/25/05 |
| General Education Teacher | * | 4/25/05 |
| Student | * | 4/25/05 |
| Career/Technical Education Rep | | |
| Other Agency Representative | | |
| | | |
| | | |

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

| Position | Name | Date |
|-----------------|-------------|-------------|
| | | |
| | | |