

# INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly Preschooler

DOB 10/10/2001 SCHOOL YEAR 2005 - 2006 GRADE PK -         

IEP INITIATION/DURATION DATES FROM 8/10/2005 TO 5/20/2006

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

## STUDENT PROFILE

Polly is a four-year old female who lives with her mother and one older sister. She has Down Syndrome and developmental delays. Polly had open-heart surgery at age 18 months and tubes placed in her ears at age two. Allergies and frequent episodes of asthma have caused excessive absences which contributed to her developmental delays. Developmental milestones, including speech and walking, were reported to have occurred later than other children her age. This is her first year to attend a preschool class. She is enrolled five mornings per week in a program at an elementary school that includes children with and without disabilities. Polly is reported by her teacher to inconsistently interact with her peers. Her teacher indicated on the *Natural Environment Survey* that she does not take turns or cooperate in group activities. She frequently refuses to follow classroom directions and routines. The teacher also reported that Polly is more difficult to understand than the other children in her class and does not use phrases longer than one-to-two word utterances. She has difficulty manipulating toys due to gross and fine motor delays. She is able to follow an instruction of giving one item to the teacher, but does not follow multiple part directions regarding numbers. The *Family Focus Interview* indicates that Polly is difficult to understand and has trouble expressing her wants and needs.

Motor delays adversely affect Polly's participation in group activities in the classroom and on the playground. Limited receptive and expressive language skills cause difficulty in making her wants and needs known and restrict her participation in oral classroom activities and social interaction in the preschool environment. Standardized testing revealed reduced vocabulary skills and shortened mean length of utterance.

**INDIVIDUALIZED EDUCATION PROGRAM**

**STUDENT'S NAME:** Polly

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**SPECIAL INSTRUCTIONAL FACTORS**

<b>Items checked "YES" will be addressed in this IEP:</b>	<b>YES</b>	<b>NO</b>
• 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:

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[ ] Other.

Specify:

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**NONACADEMIC and EXTRACURRICULAR ACTIVITIES**

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

[ ] YES.

[x] YES, with supports. Describe: LEA will provide personnel to accompany Polly on field trips.

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[ ] NO. Explanation must be provided:

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**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:** Polly

**AREA:** Language/Literacy

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

The results of the Brigance indicate that Polly has an expressive vocabulary of at least 25 words and uses basic noun-verb phrases. Receptive vocabulary testing revealed that she cannot label common objects (LL.P.5). Polly expresses her wants and needs on a limited basis through one or two word requests, pointing and/or gesturing at home and at school (LL.P.3). Her limited verbalizations adversely affect her ability to communicate with peers and adults in her natural environment (LL.P.6).

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

By May 2006, Polly will verbally express herself by using three-to-four word sentences to indicate wants and needs on 8/10 trials (LL.P.3,5,6,7).

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

- Curriculum Based Assessment   
  Teacher/Text Test   
  Teacher Observation   
  Grades  
 Data Collection   
  State Assessment(s)   
  Work Samples  
 Other: Early Learning Progress Profile (ELPP)  
 Other: \_\_\_\_\_

**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)
<b>Special Education</b> Early childhood special education (ECSE) teacher will provide small group instruction.	3 times weekly	60 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Supplementary Aids and Services</b> Preschool teacher will introduce and reinforce new vocabulary.	Daily	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Program Modifications</b>			_____	
<b>Accommodations Needed for Assessments</b>				
<b>Related Services</b> Speech-language pathologist will consult with the ECSE and preschool teachers.	Monthly	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Assistive Technology</b>			_____	
<b>Support for Personnel</b>				

## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** Polly

**AREA:** Math

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

According to the Brigance, Polly will give one item when requested to do so (M.P.1). She does not demonstrate an understanding of number concepts beyond one (M.P.1,2). Polly's lack of understanding of number concepts and mathematical vocabulary limits her progress in individual and group activities in her natural environment (M.P.1,2).

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

By May 2006, Polly will count to five and appropriately respond to a request for up to three items from a group of five with 90% accuracy (M.P.1,2).

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

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

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                        |
|----|------------------------|
| 1. | Date of Mastery: _____ |
| 2. | Date of Mastery: _____ |
| 3. | Date of Mastery: _____ |
| 4. | 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)
<b>Special Education</b> ECSE teacher will provide small group instruction.	3 times weekly	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Supplementary Aids and Services</b>				
<b>Program Modifications</b>				
<b>Accommodations Needed for Assessments</b>				
<b>Related Services</b>				
<b>Assistive Technology</b>				
<b>Support for Personnel</b>				

## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** Polly

**AREA:** Physical Development (Gross)

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

According to teacher and parent observations, Polly is able to walk independently, but has difficulty with motor activities, including gross motor skills such as walking, running, and climbing (PD.P.1). Her delayed motor development adversely impacts her ability to keep up with her peers when walking in a group or playing on the playground (PD.P.1).

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

By May 2006, Polly will walk at the same pace as her peers (PD.P.1) 100% of the time.

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

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

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                               |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <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)
<b>Special Education</b> ECSE teacher will incorporate instructions provided by OT and PT.	3 times weekly	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Supplementary Aids and Services</b> Preschool teacher will incorporate instructions provided by OT and PT.	Daily	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Program Modifications</b>				
<b>Accommodations Needed for Assessments</b>				
<b>Related Services</b> OT and PT will consult with ECSE and preschool teacher.	Weekly	30 min.	8/10/05 to 5/20/06 _____ _____	Preschool classroom Playground
<b>Assistive Technology</b>				
<b>Support for Personnel</b>				

## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** Polly

**AREA:** Physical Development (Fine)

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

According to teacher and parent observations, Polly is able to grasp small objects in her hands (PD.P.2), but has fine motor delays that impact her ability to stack blocks, string beads, and put rings on a ring stack (PD.P.2,3).

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

By May 2006, Polly will stack blocks, string beads, and place rings on a ring stack with 90% accuracy (PD.P.2,3).

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

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

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                               |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <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)
<b>Special Education</b> ECSE teacher will incorporate instructions provided by OT and PT.	3 times weekly	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Supplementary Aids and Services</b> Preschool teacher will incorporate instructions provided by OT and PT.	Daily	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Program Modifications</b>				
<b>Accommodations Needed for Assessments</b>				
<b>Related Services</b> OT and PT will consult with ECSE and preschool teacher.	Weekly	30 min.	8/10/2005 to 5/20/2006 _____	Preschool classroom Playground
<b>Assistive Technology</b>				
<b>Support for Personnel</b>				

# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:**     Polly    

**AREA:**     Social/Emotional    

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

According to the Brigance, Polly is beginning to interact with her peers (S/E.P.6). The *Natural Environment Survey* indicated that Polly has difficulty with turn taking, sharing, and cooperating in group/classroom activities (S/E. P.7,11). Her limited social skills affect her interaction with peers in the natural environment (S/E. P. 6,7,11).

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

By May 2006, Polly will demonstrate cooperative play skills by taking turns and sharing 8/10 times (S/E. P.7,11).

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

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

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                                       |
|----|---------------------------------------|
| 1. | <u>    Date of Mastery:    </u> _____ |
| 2. | <u>    Date of Mastery:    </u> _____ |
| 3. | <u>    Date of Mastery:    </u> _____ |
| 4. | <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)
<b>Special Education</b> ECSE teacher will provide small group instruction.	3 times weekly	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
<b>Supplementary Aids and Services</b>				
<b>Program Modifications</b>				
<b>Accommodations Needed for Assessments</b>				
<b>Related Services</b>			_____	
<b>Assistive Technology</b>			_____	
<b>Support for Personnel</b>				

**INDIVIDUALIZED EDUCATION PROGRAM**

STUDENT'S NAME: Polly

**GENERAL FACTORS**

<b>HAS THE IEP TEAM CONSIDERED:</b>	<b>YES</b>	<b>NO</b>
• 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? [X] Yes [ ] No

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

[ ] **6-21 YEARS OF AGE**

[X] **3-5 YEARS OF AGE**

(Select one from the drop-down box.)

12-At least 80% of Time Inside Regular 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?  
[X] Yes    [ ] No

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

<b>Position</b>	<b>Signature</b>	<b>Date</b>
Parent	*	4/26/2005
Parent	*	4/26/2005
LEA Representative	*	4/26/2005
Special Education Teacher	*	4/26/2005
General Education Teacher	*	4/26/2005
Student		
Career/Technical Education Rep		
Other Agency Representative		
Occupational Therapist	*	4/26/2005
Physical Therapist	*	4/26/2005
Speech/Language Pathologist	*	4/26/2005

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

<b>Position</b>	<b>Name</b>	<b>Date</b>