

THIS IEP INCLUDES :

- Transition
- Interim Service Plan

**NEW YORK CITY
DEPARTMENT OF EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM**

CONFERENCE INFORMATION

CSE Case#10-66666.....
 Home District10..... Service District7.5.....
 Date9/23/2003.....
 TypeAnnual Review.....

STUDENT INFORMATION

Name Adams, James..... NYC ID# 66666666..... Date of Birth 9/1/95..... *Age as of date of the conference. Gender Male.....
 Address 2356 University Avenue Apt 3F..... Age* 8.0.....
 Phone (718) 123-4567..... English LAB Year Spanish LAB Year Grade Ungraded.....
 Language(s) Spoken/Mode of Communication English.....
 Primary Agency with whom student is involved: Morris Heights Mental Health Center.....
 Name of Contact Judy Jones..... Phone (718) 333-3333..... Agency Case #

PARENT/GUARDIAN INFORMATION

Relationship to Student

Name Jonathan and Jane Adams.....
 Address same as above.....
 Phone (Home) same as above..... Phone (Work) (212) 666-6666..... Interpreter Required Yes No
 Preferred Language / Mode of Communication: English.....

SPECIAL MEDICAL/PHYSICAL ALERTS

(Refer to Health & Physical Development Page for additional details)

The student has medical conditions and/or physical limitations which affect his/her learning behavior and/or participation in school activities
 The student requires medication and/or health care treatment(s) or procedure(s) during the school day.
 Other alerts:

Summary Of Recommendations

Eligibility yes no Twelve Month School year: Yes No

Recommended Services

Classification of Disability:

Staffing Ratio

8:1:1

Recommended Services - Twelve Month School Year

same as above..... Staffing Ratio

Other Recommendations (Check all that apply)

*Details are provided in relevant sections of IEP.

- Program Accessibility*
- Related Services*
- Special Education Transportation -Comment mini bus
- Adapted Phys. Ed.*
- Assistive Technology*
- Bilingual Instruction
- Monolingual Services with ESL

Students who are blind or visually Impaired :

Students who are deaf or hard of hearing:

Braille instruction needed Yes No

Language of Instruction

Mode of Communication

CONFERENCE INFORMATION

Referral type: Initial Annual Review
 Triennial Requested Review

Conference type: EPC Annual Review
 CSE Review CPSE Review

Attendance at Conference

Please note that your signature reflects your participation at the conference and does not necessarily indicate agreement with the Individualized Education Program.

Signature/Title	Role (Indicate if Bilingual)	Signature/Title	Role (Indicate if Bilingual)
Jonathan Adams	Parent/Legal Guardian	Jane Adams	Parent/Legal Guardian
Sybil Andrews, AP	District Representative	Amy Jones	Special Education Teacher or Related Service Provider
	General Education Teacher	Tom Jones	Parent Member (CPSE/CSE) Speech Therapist Other
	Student	Jonathan Cummings	Occupational Therapist Other
	Education Evaluator	Andrew Smith	Guidance Counselor Other
	School Psychologist		Other
	Social Worker		

Use an asterisk (*) to signify the participant who interprets the instructional implications of evaluation results.
Use the letter (T) to signify participation by teleconference.

Conference Results

Initiate Service Modify Service Change Program / Service Category No Change

Indicate Modifications From: Standard Promotion Criteria To: Modified Promotion Criteria.....
From: APE to PE.....

Initiation, Duration, and Review of IEP

Projected Date of Initiation of IEP: 10/7/2003..... Projected Date Of Review of IEP: 9/23/2004.....
Duration of Services: 1 year.....

Contacts with Parent / Guardian

Date Notice of Meeting Sent: 9/9/2003.....

Date of Follow-up (if any): 9/18/2003..... Type of Follow-up

Letter Telephone

Letter Telephone

Date IEP and Notice of Recommendation

Given To Parent:

Sent To Parent : 9/23/2003.....

ACADEMIC PERFORMANCE AND LEARNING CHARACTERISTICS

Describe the student's present levels of academic achievement, language development, cognitive development and learning style in English and the other than English language for LEP students. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

PRESENT PERFORMANCE:

James is following the general education curriculum with accommodations..... James is beginning to identify some basic sight words, learning new words daily..... He needs to improve his ability to read them in context, in sentences and in paragraphs..... James can retell a 2 paragraph story in his own words and participates in a small group in creating charts and diagrams that record characters and events.. He is not an active participant in these groups..... James has difficulty listening to information and processing it while in a group. He has difficulty in remembering all the details..... and the sequence of events..... James enjoys identifying rhyming words..... James tries to use crayons and thick pencils to write, however he finds... this activity extremely frustrating due to his poor manual dexterity, especially in his dominant right hand..... James needs to not only develop an alternative method of communicating information, but also to develop the fine motor skills necessary for writing..... James has the ability to verbally share experiences..... While James can demonstrate an understanding of what is read to him, he cannot ask the questions necessary to clarify.....

Reading And Writing					Math				
Area	Date	Test/Evaluation	Score	Instructional Level	Area	Date	Test/Evaluation	Score	Instructional Level
Decoding	9/15/03	ECLAS Kit		Kindergarten	Computation	9/10-/15	class tests		First Grade
Reading Comprehension	9/15/03	ECLAS Kit		Kindergarten	Problem Solving	9/10-9/15	class tests		First Grade
Listening Comprehension	9/15/03	ECLAS Kit		Kindergarten					
Writing	9/15/03	ECLAS Kit		Kindergarten					

ACADEMIC MANAGEMENT NEEDS

(Environmental modifications and human/material resources)

James requires the coordinated efforts of classroom staff, Speech and Language, Counseling and Occupational Therapy providers to plan..... activities to reinforce skill development in all areas across all environments..... James needs to have the consistent implementation of a behavior... intervention plan by all staff across all environments.. In addition, James requires the continuation of in-school tutoring and access to a peer..... tutoring program for continuation of academic and social interventions.....

Social/Emotional Performance

Describe the student's strengths and weaknesses in the area of social and emotional development in English and the other than English language for LEP students. Consider the degree and quality of the student's relationships with peers and adults, feelings about self and social adjustment to school and community environments. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

Present Performance :

James will participate in group activities only with an adult present. However, his poor attention span (less than 1 minute without redirection) and impulsive behaviors preclude his ability to actively take part in all aspects of the group work and benefit from instruction and appropriate socialization opportunities. James has a fear of failing and has not had opportunities to be successful during instructional and socialization experiences. James' self concept is poor and impacts on his ability to remain on task. When faced with a frustrating experience or a perceived slight from other students, James acts out, yelling and screaming, hitting out at students near him and trying to run out of the room. It is very difficult for James to discuss his feelings of frustration and how he feels about his work.

Behavior And The Instructional Process

Describe the present levels of support including personnel responsible for providing behavioral support.

- Behavior is age appropriate
- Behavior does not seriously interfere with instruction AND
- Can be addressed by General Education OR
- Can be addressed by special education teacher
- Behavior seriously interferes with instruction and requires additional adult support.
- Behavior requires highly intensive supervision.

Counseling.....
Behavior Intervention Plan.....
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Social Emotional Management Needs

Environmental modifications and human/material resources

James requires a behavior intervention plan that is consistently implemented by all staff working with him. He needs to have opportunities for success in social and instructional experiences and an understanding of the appropriate behaviors across all environments.

A behavior intervention plan has been developed. Yes No

Health And Physical Development

Describe the student's health and physical development including the degree or quality of the student's motor and sensory development, health, vitality and physical skills or limitations which pertain to the learning process, behavior and participation in physical education or other school activities. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

Present Health Status And Physical Development:

James has no significant health/physical issues that impact on his ability to participate in an instructional program. However, James' fine motor skills are below age expectancy and require intervention from an occupational therapist to assist in developing and reinforcing those skills required for writing.....

Medical/Health Care Needs

During the school day, the student requires :

Oral medication Yes No

(If yes, functionally describe the condition for which medication is required.)

Treatment(s) or other health procedure(s) Yes No

(If yes, functionally describe the condition for which treatments(s) or procedure(s) are required.)

Health as a related service Yes No

(If yes, specify in related service recommendations.)

Physical Needs

The student: does does not have mobility limitations

(If yes, functionally describe the limitation(s).)

Accessible program yes no

Adaptive physical education if yes indicate staffing ratio: yes no

Assistive technology device(s) yes no

Assistive technology service(s) yes no

(If assistive technology device(s) or service(s) are required, specify in management needs)

Health/Physical Management Needs

(Environment modifications, human/material resources or specialized equipment)

James requires the intervention of an occupational therapist to assist in developing and reinforcing those skills required for writing. These skills must be practiced across all appropriate activities and environments.....

ANNUAL GOALS AND SHORT-TERM OBJECTIVES

CSE Case# .10-66666.....

There will be 3 reports of progress this school year.

1st 2nd 3rd 4th 5th 6th 7th 8th

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
James will demonstrate improved self concept skills.	Methods of Measurement		<input type="checkbox"/>							
	Report of Progress		<input type="checkbox"/>							
	Progress Toward Annual Goal		<input type="checkbox"/>							
	Reasons for not Meeting Annual Goal		<input type="checkbox"/>							

SHORT-TERM OBJECTIVES: Other:

1. After completing 3 daily activities and/or routines, James will complete a self-evaluation checklist with a happy face and sad face indicating good and bad by circling the correct option in response to the question "How do you think you did?" 4/5 opportunities over a 2 week period.
2. After completing all daily activities and/or routines with a "good" self-evaluation result, James will verbally give 2 reasons why he felt good about his performance 4/5 opportunities over a 2 week period.
3. After completing all daily activities and/or routines with a "bad" self-evaluation result, James will discuss why he was upset about his performance and offer 1 suggestion of what he could do differently, 4/5 opportunities over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
James will demonstrate improvement in his ability to read and use new words in sentences and paragraphs.	Methods of Measurement		<input type="checkbox"/>							
	Report of Progress		<input type="checkbox"/>							
	Progress Toward Annual Goal		<input type="checkbox"/>							
	Reasons for not Meeting Annual Goal		<input type="checkbox"/>							

SHORT-TERM OBJECTIVES: Other:

1. Across all instructional areas, when given a list of 5 new words from which to choose and using a built up pencil, James will write a sentence using 1-2 of the new words, 4/5 opportunities over a 2 week period.
2. Across all instructional areas, James will share an experience with the class by writing, with a built up pencil, 2-3 sentences pertaining to the experience, 4/5 opportunities over a 2 week period.
3. Across all instructional areas while in a group of 2-3 students, James will write a paragraph of 3-5 sentences, using a built up pencil, retelling a 2 page story, presented orally and using at least 3 new words from the story, indicating the correct sequence of events, 4/5 opportunities over a 2 week period.

<p>METHODS OF MEASUREMENT</p> <ol style="list-style-type: none"> 1. Teacher Made Materials 2. Standardized Test 3. Class Activities 4. Portfolio(s) 5. Teacher/Provider Observations 6. Performance Assessment Task 7. Check Lists 8. Verbal Explanation 9. Other (Specify) _____ 	<p>EXPLANATION OF CODING SYSTEM</p> <p>REPORT OF PROGRESS</p> <ol style="list-style-type: none"> 1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; goal not yet met 5. Goal met 	<p>PROGRESS TOWARD GOAL</p> <ol style="list-style-type: none"> A. Anticipate meeting goal B. Do not anticipate meeting goal (Note reason) C. Goal met 	<p>REASONS FOR NOT MEETING GOAL</p> <ol style="list-style-type: none"> 1. More time needed 2. Excessive absence or lateness 3. Assignments not completed 4. Other(Specify) _____
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*While a review of your child's educational program occurs every year please be advised that you have a right to request a review of your child's program at any time.

The student's performance is approaching his/her promotion criteria as set forth on page 9 of the IEP:
 For students who are not anticipated to meet their annual goals and/or promotion criteria: We recommend that the IEP Team be reconvened:

1st	2nd	3rd	4th	5th	6th	7th	8th
<input type="checkbox"/>							
<input type="checkbox"/>							

Use a Y (Yes) or N (No) in the appropriate column.

Copy For : CSE ___ PARENT ___ SCHOOL ___ STUDENT ___ OTHER ___

ANNUAL GOALS AND SHORT-TERM OBJECTIVES

There will be **3** reports of progress this school year.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
James will demonstrate improvement in measuring skills across all content areas.	Methods of Measurement		<input type="checkbox"/>							
	Report of Progress		<input type="checkbox"/>							
	Progress Toward Annual Goal		<input type="checkbox"/>							
	Reasons for not Meeting Annual Goal		<input type="checkbox"/>							

SHORT-TERM OBJECTIVES: Other:

1. During daily activities, James will use a 12" ruler to correctly measure the sides of a square, triangle and rectangle with sides measuring no more than 12" and record the measurement on a chart, 4/5 opportunities over a 2 week period.
2. During daily activities, James will determine the weight (up to 1 pound) of 5 classroom objects placed on a balance scale and record the weights in ounces in his notebook, 4/5 opportunities over a 2 week period.
3. During daily activities, James will construct a bar graph of temperatures recorded in his classroom (in the morning and afternoon) over 10 consecutive days during a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
James will demonstrate increased time on task across all environments.	Methods of Measurement		<input type="checkbox"/>							
	Report of Progress		<input type="checkbox"/>							
	Progress Toward Annual Goal		<input type="checkbox"/>							
	Reasons for not Meeting Annual Goal		<input type="checkbox"/>							

SHORT-TERM OBJECTIVES: Other:

1. During a preferred activity/routine, while working on an individualized activity, James will remain on task for 5 minutes with one redirection, 4/5 opportunities over a 2 week period.
2. During an assigned familiar activity/routine, while in a group of 2-3 students, James will remain on task for 10 minutes with one redirection, 4/5 opportunities over a 2 week period.
3. During an assigned novel activity/routine, in a group of 2-3 students, James will remain on task for 15 minutes, 4/5 opportunities over a 2 week period.

METHODS OF MEASUREMENT	EXPLANATION OF CODING SYSTEM	PROGRESS TOWARD GOAL	REASONS FOR NOT MEETING GOAL
<ol style="list-style-type: none"> 1. Teacher Made Materials 2. Standardized Test 3. Class Activities 4. Portfolio(s) 5. Teacher/Provider Observations 6. Performance Assessment Task 7. Check Lists 8. Verbal Explanation 9. Other (Specify) _____ 	<ol style="list-style-type: none"> 1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; goal not yet met 5. Goal met 	<ol style="list-style-type: none"> A. Anticipate meeting goal B. Do not anticipate meeting goal (Note reason) C. Goal met 	<ol style="list-style-type: none"> 1. More time needed 2. Excessive absence or lateness 3. Assignments not completed 4. Other(Specify) _____

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1st	2nd	3rd	4th	5th	6th	7th	8th
<input type="checkbox"/>							
<input type="checkbox"/>							

Use a Y (Yes) or N (No) in the appropriate column.

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ANNUAL GOALS AND SHORT-TERM OBJECTIVES

There will be **3** reports of progress this school year.

1st 2nd 3rd 4th 5th 6th 7th 8th

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
James will improve auditory processing skills as they relate to listening to and following directions across all environments.	Methods of Measurement		<input type="checkbox"/>							
	Report of Progress		<input type="checkbox"/>							
	Progress Toward Annual Goal		<input type="checkbox"/>							
	Reasons for not Meeting Annual Goal		<input type="checkbox"/>							

SHORT-TERM OBJECTIVES: Other:

1. During an individualized activity, James will follow directions involving 2-3 steps presented orally, 4/5 opportunities over a 2 week period.
2. During daily activities/routines in a group of 2-3 students, James will follow directions involving 2-3 steps presented orally, 4/5 opportunities over a 2 week period.
3. During daily activities/routines in a group of 2-3 students, James will follow directions involving 3-5 steps presented orally demonstrating correct sequence, 4/5 opportunities over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
	Methods of Measurement		<input type="checkbox"/>							
	Report of Progress		<input type="checkbox"/>							
	Progress Toward Annual Goal		<input type="checkbox"/>							
	Reasons for not Meeting Annual Goal		<input type="checkbox"/>							

SHORT-TERM OBJECTIVES: Other:

<p>METHODS OF MEASUREMENT</p> <ol style="list-style-type: none"> 1. Teacher Made Materials 2. Standardized Test 3. Class Activities 4. Portfolio(s) 5. Teacher/Provider Observations 6. Performance Assessment Task 7. Check Lists 8. Verbal Explanation 9. Other (Specify) _____ 	<p>EXPLANATION OF CODING SYSTEM</p> <p>REPORT OF PROGRESS</p> <ol style="list-style-type: none"> 1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; goal not yet met 5. Goal met 	<p>PROGRESS TOWARD GOAL</p> <ol style="list-style-type: none"> A. Anticipate meeting goal B. Do not anticipate meeting goal (Note reason) C. Goal met 	<p>REASONS FOR NOT MEETING GOAL</p> <ol style="list-style-type: none"> 1. More time needed 2. Excessive absence or lateness 3. Assignments not completed 4. Other(Specify) _____
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<input type="checkbox"/>							
<input type="checkbox"/>							

Use a Y (Yes) or N (No) in the appropriate column.

Copy For : CSE ___ PARENT ___ SCHOOL ___ STUDENT ___ OTHER ___

SCHOOL ENVIRONMENT AND SERVICE RECOMMENDATIONS

GENERAL EDUCATION ENVIRONMENT

Area of Instruction	Language(s) or Communication mode	Periods per week	Supplementary Aids and Service	Program Modifications and Supports for School Personnel

SPECIAL CLASS ENVIRONMENT

Area of Instruction	Language(s) or Communication mode	Periods per week	Special Class and Staffing Ratio	Supports	Reasons for Non-Participation in General Education Environment
All	English	All	8:1:1	Related Services Behavior Intervention Plan In School Tutoring Program Peer-tutoring	James requires the intensive supports of a specialized school to deal with the significant behavioral needs impacting on his progress in the general education curriculum.

OTHER PROGRAMS/SERVICES CONSIDERED AND REASONS FOR REJECTION

Provide an explanation of the programs/services considered and the reason for rejection. Specify why the student cannot achieve the goals of his/her IEP within a general education program with the assistance of supplementary aids and services.

General Education with Related Services: James' significant academic and behavioral needs require the intensive support of staff trained in modifying and adapting instruction in a small group setting.

General Education with Special Education Teacher Support Services: James' significant behavioral needs and inability to process information and interact appropriately in large groups and social situations require a small group setting.

Special Class in a Community School: James' significant needs require the intensive supports of a specialized school.

Second language instruction: If the student is exempt from second language instruction, explain why:

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.....
.....

PARTICIPATION IN SCHOOL ACTIVITIES, RELATED SERVICE RECOMMENDATIONS AND PARTICIPATIONS IN ASSESSMENTS

PARTICIPATION IN SCHOOL ACTIVITIES

If the student cannot participate in lunch, assemblies, trips and/or other school activities with non-disabled students, indicate the activity and reason(s) for non-participation. James may participate in all activities with the exception of Physical Education where the mandated class staffing ratio MUST be maintained due to the intensity of supports required.

Status*	Related Service	Language of service	Location**	Session/week	Duration	Group size
C	Counseling	English	Separate Location	1	30	1
C	Counseling	English	Separate Location	1	30	3
C	Speech	English	Separate Location	1	30	1
C	Speech	English	Separate Location	1	30	3
C	Occupational Therapy	English	Separate Location	2	30	1

* Indicates status of recommendation: Initiate; Continue; Modify; or Terminate

** Indicate whether service is provided outside the general education classroom

PARTICIPATION IN ASSESSMENTS

The student WILL PARTICIPATE in state and local assessments. The student will participate in Alternative Assessment.

Without Accommodations With Accommodations

Describe accommodations, if any that will be used consistently throughout the student's educational program:

Extended Time: Double Time.....
 Separate Location.....
 Directions Read Aloud (1 Repetition).....

Reason for participation in Alternative Assessment:

.....

In addition to Alternative Assessment, describe how the student will be assessed:

.....

Promotion Standard Criteria Modified Criteria*

Promotion * Describe the modified promotion criteria

James will be held to modified promotion criteria for promotion from grade 3. Promotion decision will be based on the use of multiple criteria including achievement of designated performance standards as evidenced by his work, teacher observations, assessments/grades and attendance. James is currently achieving 60% of the elements of the Kgn ELA standards and 20% of the elements of the Grade 1 Math standards. He must achieve 75% of the elements of the Grade 1 ELA standards and 90% of the elements of the Grade 1 Math standards.

Transition

LONG TERM ADULT OUTCOMES

(Beginning at age 14 or younger if appropriate, state long term outcomes based on the student's preferences, needs and interests.)

Community Integration:

Post-Secondary Placement

Independent Living

Employment:

Diploma Objective

Regents Diploma

Advanced Regents Diploma

Local Diploma

IEP Diploma

Expected High School Completion Date Credits Earned As Of Date

Transition Services

(Required for students 15 years of age and older.)

Instructional Activities

Responsible Party: Parent School Student Agency Fall Spring Summer

Community Integration

Responsible Party: Parent School Student Agency Fall Spring Summer

Post High School

Responsible Party: Parent School Student Agency Fall Spring Summer

Independent Living

Responsible Party: Parent School Student Agency Fall Spring Summer

Acquisition of Daily Living Skills Functional Vocational Assessment Needed Not Needed

Responsible Party: Parent School Student Agency