

**THIS IEP INCLUDES :**

- Transition
- Interim Service Plan

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

**CONFERENCE INFORMATION**

CSE Case# .....10-11111.....  
 Home District .....10..... Service District .....7.5.....  
 Date .....3/22/04.....  
 Type .....Annual Review.....

**STUDENT INFORMATION**

Name .Smith, John..... NYC ID# .111111111..... Date of Birth .12/29/96..... \*Age as of date of the conference.  
 Address .2356 University Avenue Apt. 3F..... Age\* .7.3.....  
 Phone .(718).863-5555..... English LAB ..... Year ..... Spanish LAB ..... Year ..... Grade .Ungraded.....  
 Language(s) Spoken/Mode of Communication .English; facial expressions; gestures; picture symbols.....  
 Primary Agency with whom student is involved: .Union Health Services.....  
 Name of Contact .Mary Jones..... Phone .(718).555-5555..... Agency Case # .....

**PARENT/GUARDIAN INFORMATION**

**Relationship to Student**

Name .Hannah and James Smith.....  
 Address .same as above.....  
 Phone (Home) ..... Phone (Work) .(212).555-2233..... 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: .....wears glasses; chopped soft foods; wears orthotics on both feet; wheelchair.....

**Summary Of Recommendations**

Eligibility  yes  no Twelve Month School year:  Yes  No

**Recommended Services**

Classification of Disability: .....  
 ..... Staffing Ratio  
 ..... 12:1:4

**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\*  Adapted Phys. Ed.\*  Bilingual Instruction
  - Related Services\*  Assistive Technology\*  Monolingual Services with ESL
  - Special Education Transportation -Comment .....porter service, mini bus, lift bus, air conditioned bus
- Students who are blind or visually impaired :  
 Braille instruction needed  Yes  No Language of Instruction .....  
 Mode of Communication .....



## 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:**

John is following the alternate curriculum. John communicates using vocalizations, eye gaze, facial expression and reaching for objects. He is given opportunities during the day to make choices, choosing between 2 objects or pictures. He needs to become more consistent in his attempts to communicate across all environments. He has had the opportunity to use augmentative/adaptive devices (1 or 2 single cell voice output devices). John responds to small group and individualized instruction when presented in a multi-modal approach. He appears to respond best using the visual mode when objects are brought within 12-18 inches of his eyes. John has definite preferences for activities, foods and people. John will initiate contact with other students by reaching out for them. John is left hand dominant and is beginning to use his right hand when in prone positions with weight bearing on his left side and supported on a wedge or bolster. He head control has improved when placed in his wheelchair and is the best position for establishing eye contact. John demonstrates a greater ability to interact.

Reading And Writing					Math				
Area	Date	Test/Evaluation	Score	Instructional Level	Area	Date	Test/Evaluation	Score	Instructional Level
Decoding	3/1-3/15	Teacher Observation		Alternate Performance Indicators	Computation	3/1-3/15	Teacher Observation		Alternate Performance Indicators
Reading Comprehension	3/1-3/15	Teacher Observation		Alternate Performance Indicators	Problem Solving	3/1-3/15	Teacher Observation		Alternate Performance Indicators
Listening Comprehension	3/1-3/15	Teacher Observation		Alternate Performance Indicators					
Writing	3/1-3/15	Teacher Observation		Alternate Performance Indicators					

### ACADEMIC MANAGEMENT NEEDS

( Environmental modifications and human/material resources )

John responds best when instruction is presented in small group (1 or 2 additional students) or individually. He should be positioned appropriately for each activity for optimal performance. Activities should be presented using a multi-modal approach. John requires meaningful repetitions of instruction across a variety of environments for material to be learned. Single cell voice output devices paired with objects and picture symbols need to be used during all activities. Materials and the educational environment must be modified and adapted to optimize John's learning. Staff needs to respond consistently to John's behaviors. They need to reinforce the use of a consistent communication system for John throughout the school day across all instructional environments. Strategies developed during Educational Vision Services training should be implemented across all learning environments.

# 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 :

John readily makes eye contact with familiar and new people....He demonstrates definite preferences for those adults and students with whom he wants to interact....John has learned to manipulate his environment and people in it by reaching in the direction of objects, classmates and staff and by reaching to activities in which he is involved....He uses his smile to get attention from staff and it appears to motivate adults to initiate contact with him. Some of these actions/reactions can be inappropriate to the situation....He will become rigid and cry uncontrollably and/or manipulate objects incorrectly. He needs to develop a series of more consistently appropriate reactions, both communicative and physical, to happenings in his environment....John needs to find a way to get attention from staff and classmates using his preferred mode of communication....Staff have introduced an augmentative communication device (a single cell voice output device) to be used one or two at a time....Currently, John does not appear to understand the use of the devices as a means to make his choices, wants and needs known....He will try to play with the device unless it is held directly in front of him by a staff member....At that point he will.....

## 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.

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## Social Emotional Management Needs

Environmental modifications and human/material resources

John requires consistent use of his communication system (single cell voice output devices) to reinforce development of his ability to make his wants and needs known....He needs to be able to make choices for preferred activities, food and the students and/or adults with whom to interact. Objects and people need to be placed within arm's reach so John can interact appropriately....Staff need to develop a consistent response to John's crying and throwing of objects....Strategies for improving John's use of his vision should be reinforced throughout the school day.....

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:

John has demonstrated increased use of his right arm and leg in interacting with the environment and participating in activities. While John is left hand dominant, he is beginning to use his right hand more effectively when in prone position with weight bearing on his left side and supported on a wedge or bolster. He will extend his arms to help maintain balance and control his body movement. When a staff member removes John's left arm from a jacket he will use the arm to pull the jacket from his right arm. He is developing greater head control while sitting in his wheelchair. John will cooperate with staff during activities of daily living. Using a well developed palmer grasp, John will hold a spoon during mealtimes with support at the elbow. He is beginning to bring the spoon in the direction of his mouth. John maintains lip closure with a straw for about 2-3 seconds when a staff member holds a juice box for him. John is beginning to bear weight on his lower extremities for short periods of time. He is currently using a supine stander only when he wears his orthotics. John's use of vision has improved over the last several months.

### 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.)

amino acid imbalance.....

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)

John requires the use of his wheelchair, a mat with wedges and/or bolsters and a supine stander in order to be positioned for instruction. Further investigation is required to determine additional positions that will allow John to learn optimally across all environments and activities. Activities need to be structured that will allow John to use his right arm more consistently. John needs to be given liquids frequently throughout the day as he has become dehydrated in the past. A juice box with a straw is a favored means of getting him to take liquids. Strategies developed during Educational Vision Services to assist John cope with vision issues should be implemented across all environments.

# ANNUAL GOALS AND SHORT-TERM OBJECTIVES

CSE Case# .10-1.1.1.1.1.....

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
John will demonstrate improved ability to drink liquids during mealtimes and other activities.	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. At all times, when presented with a juice box and straw held by an adult, and placed at his mouth, John will demonstrate lip closure and take 2 sips from the straw without spillage, 4/5 opportunities over a 2 week period.
2. At all times, when presented with a juice box and straw held by an adult, and placed at his mouth, John will demonstrate lip closure and take 5 sips from the straw without spillage, 4/5 opportunities over a 2 week period.
3. At all times, when presented with a juice box and straw held by an adult, and placed at his mouth, John will demonstrate lip closure while drinking the entire contents of the juice box, 4/5 opportunities over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will demonstrate improved fine motor skills as they relate to reaching for and grasping/holding familiar objects.	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 involving a preferred toy and positioned on a bolster or wedge, John will extend his left arm in the direction of the object, bring his fingers in contact with the object and sustain contact for 5 seconds, 4/5 opportunities over a 2 week period.
2. During a requested daily activity and positioned on a bolster/wedge or in a seated position, John will grasp a preferred object for at least 10 seconds (with an adult molding his fingers around the object and releasing), 4/5 opportunities over a 2 week period.
3. During daily activities, and positions optimally for instruction, John will reach out with his left arm and grasp and hold a preferred object or person's hand for at least 10-15 seconds, 4/5 opportunities over a 2 week period.

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

\*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

CSE Case# .10.1.1.1.1.1.....

There will be 3 reports of progress this school year.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will demonstrate improved ability to communicate his wants, needs and choices during daily activities/routines 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:

- During daily activities/routines, with 2 single cell voice output communication devices (with picture symbols) spaced 2 feet apart on his laptray, and in response to the question "What do you want?", John will choose between 2 preferred foods by activating the appropriate switch 4/5 opportunities over a 2 week period.
- During daily activities/routines, with 2 single cell voice output communication devices (with picture symbols) spaced 3-6 inches apart on his laptray, and in response to the question "What do you want to do?", John will choose between 2 familiar activities by activating the appropriate switch 4/5 opportunities over a 2 week period.
- During daily activities/routines, with a single cell voice output device placed within his reach on his laptray or adaptive equipment, John will request attention from adults in his environment by activating the message "come here" 4/5 opportunities over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will demonstrate improved ability to attend to familiar and novel tasks during daily routines/activities 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:

- During daily activities/routines involving an adult and 1 additional student, John will initiate and maintain eye contact with a speaker and/or object for at least 30 seconds, 4/5 opportunities over a 2 week period.
- During preferred daily activities/routines involving an adult and 1 additional student, John will attend to and participate in the activity for at least 2 minutes with 1 redirection to task 4/5 opportunities over a 2 week period.
- During daily activities/routines involving an adult and 2 additional students, John will attend to and participate in the activity for at least 5 minutes with 1 redirection, 4/5 opportunities over a 2 week period.

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

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# ANNUAL GOALS AND SHORT-TERM OBJECTIVES

CSE Case# .10-1.1.1.1.1.....

There will be 3 reports of progress this school year.

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ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will demonstrate increased shoulder strength and stability by weight bearing on hands while prone over a bolster for 3 minutes.	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: Occupational Therapy

1. During therapy sessions and daily activities, John will demonstrate increased shoulder strength and stability by weight bearing on hands while prone over a bolster for 1 minute, 4/5 opportunities over a 2 week period.
2. During therapy sessions and daily activities, John will demonstrate increased shoulder strength and stability by weight bearing on hands while prone over a bolster for 2 minutes, 4/5 opportunities over a 2 week period.
3. During therapy sessions and daily activities, John will demonstrate increased shoulder strength and stability by weight bearing on hands while prone over a bolster for 3 minutes, 4/5 opportunities over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will be able to reach for a desired toy/object while prone over a bolster or wedge.	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: Occupational Therapy

1. During therapy sessions and daily activities, John will be able to reach for a desired toy/object while prone over a bolster or wedge, 2/5 opportunities over a 2 week period.
2. During therapy sessions and daily activities, John will be able to reach for a desired toy/object while prone over a bolster or wedge, 3/5 opportunities over a 2 week period.
3. During therapy sessions and daily activities, John will be able to reach for a desired toy/object while prone over a bolster or wedge, 4/5 opportunities over a 2 week period.

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

CSE Case# .10-1.1.1.1.1.....

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
John will assume and maintain the quadruped position on the mat with support at the waist for 1 minute.	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: Physical Therapy

1. During therapy sessions and daily activities, John will assume and maintain the quadruped position on the mat with support at the waist for 30 seconds, 4/5 opportunities over a 2 week period.
2. During therapy sessions and daily activities, John will assume and maintain the quadruped position on the mat with support at the waist for 45 seconds, 4/5 opportunities over a 2 week period.
3. During therapy sessions and daily activities, John will assume and maintain the quadruped position on the mat with support at the waist for 1 minute, 4/5 opportunities over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will tolerate unsupported sitting position on a high mat with hips/knees at a 90 degree/90 degree angle with support at the chest level and neutral pelvic position for 1 minute.	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: Physical Therapy

1. During therapy sessions, John will tolerate unsupported sitting position on a high mat with hips/knees at above angles with support at the chest for 30 seconds, 4/5 opportunities over a 2 week period.
2. During therapy sessions, John will tolerate unsupported sitting position on a high mat with hips/knees at above angles with support at the chest and neutral pelvic position for 45 seconds, 4/5 opportunities over a 2 week period.
3. During therapy sessions, John will tolerate unsupported sitting position on a high mat with hips/kneew at above angles with support at the chest and neutral pelvic position for 1 minute, 4/5 opportunities over a 2 week period.

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

# 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
John will choose using black and white picutres.	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: Speech and Language

1. When presented with 2 photos of toys, John will take/touch photo of desired toy and take the toy 3 times per session for 3 consecutive sessions over a 2 week period.

2. When presented with 2 black and white pictures of toys, John will take/touch the picture of desired toy and then take that toy 3 times per session for 3 consecutive sessions over a 2 week period.

2. When presented with 2 black and white pictures of toys, Jphn will take/touch the picture of desired ty and then take that toy 5 times per session for 3 consecutive sessions over a 2 week period.

ANNUAL GOAL:	PROGRESS	Date Mon/Yr	1st	2nd	3rd	4th	5th	6th	7th	8th
John will vocalize to indicate desire for recurrence of an activity.	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: Speech and Language

1. Following oral stimulation and given adult model, John will imitate 2 sounds and lip-tongue movements 3 times per session, for 3 consecutive sessions over a 2 week period.

2. Following oral stimulation and given adult model, John will imitate 2 sounds and lip-tongue movements 3 times per session, for 3 consecutive sessions over a 2 week period.

3. Following oral stimulation and given adult model, John will vocalize to indicate the desire for recurrence of an activity 3 times per session, for 3 consecutive sessions over a 2 week period.

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

CSE Case# .10-1.1.1.1.1.....

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
John will focus on a task for 10 seconds 3 times per session for 3 sessions.	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: Educational Vision Services

1. During therapy sessions, John will focus on a task for 10 seconds, 1 opportunity/session for 3 consecutive sessions over a 2 week period.
2. During therapy sessions, John will focus on a task for 10 seconds, 2 opportunities/session for 3 consecutive sessions over a 2 week period.
3. During therapy sessions, John will focus on a task for 10 seconds, 3 opportunities/session for 3 consecutive sessions 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><b>METHODS OF MEASUREMENT</b></p> <ol style="list-style-type: none"> <li>1. Teacher Made Materials</li> <li>2. Standardized Test</li> <li>3. Class Activities</li> <li>4. Portfolio(s)</li> <li>5. Teacher/Provider Observations</li> <li>6. Performance Assessment Task</li> <li>7. Check Lists</li> <li>8. Verbal Explanation</li> <li>9. Other (Specify) _____</li> </ol>	<p><b>EXPLANATION OF CODING SYSTEM</b></p> <p><b>REPORT OF PROGRESS</b></p> <ol style="list-style-type: none"> <li>1. Not applicable during this grading period</li> <li>2. No progress made</li> <li>3. Little progress made</li> <li>4. Progress made; goal not yet met</li> <li>5. Goal met</li> </ol>	<p><b>PROGRESS TOWARD GOAL</b></p> <ol style="list-style-type: none"> <li>A. Anticipate meeting goal</li> <li>B. Do not anticipate meeting goal (Note reason)</li> <li>C. Goal met</li> </ol>	<p><b>REASONS FOR NOT MEETING GOAL</b></p> <ol style="list-style-type: none"> <li>1. More time needed</li> <li>2. Excessive absence or lateness</li> <li>3. Assignments not completed</li> <li>4. Other(Specify) _____</li> </ol>
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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 \_\_\_

# 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; facial expressions, gestures, picture symbols	All	12:1:4	Related Services; single cell voice output devices with picture symbols	John's significant cognitive, social emotional and physical/medical needs require the intensive support of a specialized school.

# 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: John's significant cognitive, social emotional and physical/medical needs require small group instruction and the support of a specialized school.

Special Class in a Community School: John requires staff and instructional support from a specialized school to address his needs.

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

John is following the alternate curriculum.

# 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.

John can participate in all activities with his mandated supports in place.

Status*	Related Service	Language of service	Location**	Session/week	Duration	Group size
C	Speech	English	Separate Location	2	30	1
C	Physical Therapy	English	Separate Location	2	30	1
C	Occupational Therapy	English	Separate Location	2	30	1
M	Educational Vision Services	English	Separate Location	1	30	1
C	Health (Skilled Nursing Services)	English	Separate Location	5	99+	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:

.....  
 .....  
 .....

Reason for participation in Alternative Assessment:

John is following an instructional program based on The Learning Standards..... and Alternate Performance Indicators for Students with Severe Disabilities.....

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

Teacher Observation, Data Collection, Student Datafolio, Videos.....  
 .....  
 .....

Promotion     Standard Criteria     Modified Criteria\*

**Promotion** \* Describe the modified promotion criteria

.....  
 .....  
 .....

# 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 .....