

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME: [REDACTED]	DISABILITY CLASSIFICATION: Autism
DATE OF BIRTH: [REDACTED] LOCAL ID #: [REDACTED]	
PROJECTED DATE IEP IS TO BE IMPLEMENTED: 04/07/2020	PROJECTED DATE OF ANNUAL REVIEW: 04/06/2021

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

[REDACTED] is a 6 year-old girl with a classification of autism. [REDACTED] participates in Standard Assessment.

Previous Individualized Education Program (IEP) completed (May 24, 2019): Provided Information about [REDACTED] Activities of Daily Living (ADL), Intellectual Functioning and Social Development previously reported and progress over the past year.

Based on recent assessments, [REDACTED] intellectual and academic skills are below her peers her age in community schools. This precludes her participation in the general education curriculum without modifications and accommodations. [REDACTED] will receive Specially Designed Instruction in all academic and vocational areas as needed.

[REDACTED] student work portfolio will also be used to assess her progress throughout the year.

[REDACTED] was also assessed through teacher observations and data folios.

Based on teacher observations and performance on assessments, [REDACTED] is currently performing on a Pre-K grade level for reading and a Pre-K grade level for math.

SPEECH: Citywide speech services communication profile and through analysis of her skills demonstrated during sessions. Formal speech-language assessments could not be administered due to the recent school closures due to New York State of Emergency crisis. Standardized test scores were not provided, though they cannot be solely used to determine the student's level of functioning, as these assessment tasks were not normed on students with disabilities, nor on students from culturally and linguistically diverse backgrounds. Therefore, results from assessment tasks should be used for comparison purposes only. Overall, [REDACTED] presents with below age-range receptive, expressive, and pragmatic language skills throughout all communicative environments, for functional and academic communicative purposes. Speech-language therapy is recommended to continue.

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

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PARENT PARTICIPATION IN IEP

parent was invited, attended and participated in the conference and transition planning.

ACTIVITIES OF DAILY LIVING

is a 6 year old student classified with autism. She is currently placed in an (8:1:1) class in a specialized school (D75).

According to classroom observations and her parent can perform the following activities of daily living (ADL) skills:

is able to sit in her seat and appropriately attend to the given task. During whole group instruction, she is attentive and actively participates in the learning through engaging with materials or answering questions using her AAC device. is capable of navigating the classroom environment independently, and knows where to find preferred or required objects, such as, crayons, blocks and glue. When working in centers will rotate and transition independently, when the timer beeps, with occasional reminders to check in or which center is next. She is able to unpack her belongings with prompting, put her folder and notebook in her mailbox, lunchbox in the bin and with some assistance hang her backpack and coat on the hook. is not toilet trained but will let you know when she needs to be changed and needs assistance with dressing and undressing. When is given a task she enjoys, she will attend to the task for an extended period of time with limited prompting. When she is finished with an activity, or no longer wants to participate, she will begin cleaning up. When is asked to participate in an activity she does not enjoy, or there is something she would rather be working on instead, she becomes frustrated and upset, and begins crying.

LEVEL OF INTELLECTUAL FUNCTIONING

participates in a curriculum based on alternate grade level indicators, New York State Standards and Career Development and Occupational Studies (CDOS) learning standards.

In class during reading, is able to identify her name, as well as Pre-Primer and primer sight-words. She knows her letters and is able to identify some simple words like cat. When listening to a story, is able to point and answer questions, but has difficulty recalling details.

In class during math, is able to identify numbers and count out with 1:1 correspondence a given number of objects. When working, with assistance, she is able to count out two sets of objects but has not yet mastered the concept of addition.

Based on the previous year's IEP, has mastered the goal of counting out objects when given a number within five.

ADAPTIVE BEHAVIOR

is assisted throughout the day by a Special Education Teacher as well as a classroom Paraprofessional and will be receiving a 1:1 Health paraprofessional for safety while walking, going up/down stairs, and sitting in seat. During the school day, utilizes a visual schedule to help her prepare for the activities of the day. She transitions well both during center time, from center to center, as well as throughout the school building for cluster classes or related services.

EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION

Based on level of cognitive ability, she will need consistent repetition and multiple opportunities to demonstrate acquired skills. It is projected that will meet her goals. Progress towards these goals will be measured weekly, and progress reports will be sent home

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coinciding with report card distribution throughout the year.

LEARNING STYLE

■■■■■ learns best in a well structured environment. She benefits from the use of visual and auditory techniques, hands-on activities, modeling, routine and repetition of tasks.

SPEECH: ■■■■■ is a non-verbal communicator who uses a dynamic display communication device, and gestures to communicate. She primarily communicates using gestures and 1-2 symbols on her device with visual/gestural cues, to exchange greetings, answer 'what' and 'who' questions, and make comments on actions/items. She is able to answer 'yes/no' questions related to desires (i.e. 'do you want this') and item labels (i.e. 'is this a toy'). Though regarding category concepts and object function, she has difficulty answering yes/no questions appropriately (Do we brush our hair with this? Is this an ocean animal?). ■■■■■ has been observed at times to use phrases with carrier phrases 'I want'/'I need', though she often requires verbal/gestural cues to 'use your big sentence', or visual/gestural cues (picture symbols "I want"/"I need" ___) to assist her with combining phrases. With regards to requesting and commenting, ■■■■■ is able to use and navigate her communication device well, though she continues to require cues to use phrases consistently, in order to effectively relay a message to her peers, teachers, or communicative partners. Receptively, ■■■■■ is able to understand a variety of 1-step directives using prepositional phrases (in/out/on/off), as noted by her ability to locate various items within her classroom and therapy environments. She is able to understand a variety of categorical concepts as noted by her ability to navigate pages on her communication device (pro-lo-quo app), through pointing to and labeling items when named, or when instructed to; "find the" + item/"show me the" + item". She is able to understand 'what' and 'who' questions, when provided with picture cues, or choices as shown on her device (i.e. 'what is the bear doing'- bear sleep, 'where is it?' – go bedroom), though she has difficulty responding to story comprehension questions without maximal encouragement or cues. Regarding her pragmatic language, ■■■■■ continues to present with difficulty responding to and initiating social greetings with peers and adults. When saying 'hi' to ■■■■■, she requires consistent verbal and gestural cues to relay 'hi' or 'good morning', even when provided with a song or encouraged to chorally respond. Therefore, initiating and responding to social greetings and questions will be targeted in therapy.

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

■■■■■ indicated she likes working in the science or art centers. She most frequently requests these centers when given a preference. During speech therapy sessions, ■■■■■ consistently requests for and works for baby doll play, doctor kits, play with dishes, Disney toys, Disney princesses, singing princess castle, and dress-up items.

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

Based on teacher observations, ■■■■■ should work on comprehension skills, to express the main idea and details of a particular topic.

Parent requested a reevaluation for a less restrictive environment (12:1:1 D75 program).

At the IEP meeting, parent expressed a concern regarding ■■■■■ communication device. She feels it is not user friendly as it is hard to navigate and it takes time away from having a conversation with Savannah.

■■■■■'s parents were offered workshops and resources throughout the school year to support and expand on the skills ■■■■■ is learning in school.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

SOCIAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

██████████ is very social and enjoys interacting both with other students and with staff. When greeting ██████████, she will say hello on her AAC device as well as participate in whole body listening, and answer questions during morning meeting, such as what did you have for breakfast? She enjoys participating in games and center-based learning activities with her classmates. ██████████ will work with with staff to participate in turn taking activities with her peers. When ██████████ is unhappy she is able to communicate most things using her communication device for example I want snack, I feel sick, or I need to be changed.

STUDENT STRENGTHS:

██████████ is able to communicate her needs to staff through her AAC device, but in the event she does not have it, will do so non-verbally.

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

At the IEP meeting, parent expressed a concern regarding appropriateness of current program for social progress.

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PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

As per letter from Dr. Nila Patel (2/11/20), [REDACTED] has hypotonia. She therefore has difficulty walking, navigating steps, and sitting without proper support.

PT: [REDACTED] ambulates with adult supervision. She wears bilateral Dynamic Ankle Foot Orthoses. [REDACTED] demonstrates bilateral flat feet and foot pronated. She had her braces in January, 2020. [REDACTED] demonstrates decreased balance skill, gross motor skills, and object manipulative skills. She ascends stairs using alternate foot pattern. She descends stairs using both feet on each step with both hands on rails. She presents low muscle tone all extremities and trunk. She throw a ball with short distance and not able to catch a ball from 5 feet. She likes to ride with an adaptive trike with assistance. She loves to sit on a swing. She compromises with walking on a treadmill for 2 minutes. She requires assistance for unpacking her backpack, hanging up a jacket, putting stuff away over her shoulder level.

OT: [REDACTED] is currently receiving Occupational Therapy related services 3x per week to provide support for the following areas of deficits: Fine motor skills and ability to manage classroom materials; visual motor skills; sensory processing skills; hand writing skills and ADL skills. During this school year [REDACTED] showed significant progress in activity participation and concentration, she continues to do well with following a 2-3 step table top tasks provided with verbal and visual cues to maintain engagement on the tasks. [REDACTED] is doing good with visual perception activities; she was able to match objects and put simple puzzles together given verbal and visual cues. [REDACTED] continued to have difficulty with fine motor skills; she requires assistance to orient scissors and paper when cutting; she needs assistance to maintain scissor grasp. She is not crossing mid line and she will switch to either hand in task. [REDACTED] is noted to have underdeveloped fine motor skills, she has difficulty in picking up small beads and lacing small objects together which indicates a poor pincer grasp during a threading and lacing tasks. [REDACTED] is tolerating hand writing and coloring activities given verbal encouragement; she is able to manipulate classroom materials crayons; pencil using a palmar grasp. [REDACTED] will benefit from Occupational Therapy support services to remediate areas of deficits for successful participation in classroom activities.

STUDENT STRENGTHS:

[REDACTED] is able to follow verbal and visual instructions and works with reward system

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

According to [REDACTED] doctor: [REDACTED] is a non-verbal child who is unable to communicate any danger, wants, needs or pain she may be experiencing. She suffers from Hypotonia and has difficulties walking, navigating steps, sitting without proper supports etc. She wears Orthotics on her ankles which require 1:1 support to ensure they are being worn correctly, do not become undone, are not causing pain or impairment to walk etc. She requires a 1:1 health paraprofessional in school due to safety concerns and high risk of injury.

Parent and physician requested a 1:1 health paraprofessional.

At the IEP meeting, parent agreed to recommended OT and PT goals.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

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MANAGEMENT NEEDS

██████████ requires a highly-structured program with added adult supervision and a low student ratio (8:1:1) with emphasis on functional academics, occupational/vocational training, ADL skills, and related services provided by a District 75 school/program. Savannah will be moving to a less restrictive environment (12:1:1) in September 2020.

At this time ██████████ requires:

12 month program

adapted physical education

assistive technology to support her communication needs

1:1 health paraprofessional due to difficulty walking, navigating steps, and sitting without proper support

According to ██████████ doctor: ██████████ is a non-verbal child who is unable to communicate any danger, wants, needs or pain she may be experiencing. She suffers from Hypotonia and has difficulties walking, navigating steps, sitting without proper supports etc. She wears Orthotics on her ankles which require 1:1 support to ensure they are being worn correctly, do not become undone, are not causing pain or impairment to walk etc. She requires a 1:1 health paraprofessional in school due to safety concerns and high risk of injury.

occupational therapy

physical therapy

Continue speech/language therapy 4 x 30: 1 (individual). Group mandate was recommended to increase socialization, though due to the recent Covid-19 pandemic and school closure, her mother requested that her mandate continue as individually, and mandate change will be re-visited upon the school's re-opening in the future.

SCHOOL FOOD MENU

██████████ is able to adhere to the School Food Menu provided to District 75 students.

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

The IEP Team is individualizing ██████████ educational program in the areas of cognitive, communicative, physical and social needs which effects her ability to process and retain information in the general education curriculum without supports. ██████████ requires a more structured learning environment with an emphasis on functional academics and vocational training to support her due to her evidenced deficits in English Language Arts (ELA), Math, communication skills, fine motor skills, gross motor skills, daily living skills and vocational skills which precludes her participation in general education at this time. She requires a highly specialized educational program that facilitates the acquisition, application and transfer of skills across natural environments. In addition to ██████████ academic needs, she requires direct instruction in such areas as vocational training, community safety and life skills planning.

STUDENT NAME: ██████████

NYC ID: ██████████

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? Yes No

Does the student need a behavioral intervention plan? No Yes

For a student with limited English proficiency, does she need a special education service to address her language needs as they relate to the IEP? Yes No Not Applicable

For a student who is blind or visually impaired, does she need instruction in Braille and the use of Braille? Yes No Not Applicable

Does the student need a particular device or service to address her communication needs? Yes No

In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode?

Yes No Not Applicable

Does the student need an assistive technology device and/or service? Yes No

If yes, does the Committee recommend that the device(s) be used in the student's home? Yes No

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

EDUCATION/TRAINING:

EMPLOYMENT:

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

MEASURABLE ANNUAL GOALS

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
classroom: [REDACTED] will listen to an age-appropriate story and answer 5 questions related to key details in the text, with the use of picture symbols.	4 out of 5 trials over two consecutive weeks	Data Collection	1 time per week

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classroom: [REDACTED] will sequence an event by pointing to the correct picture of what happens/ed in the beginning, middle, end in a field of three with no more than 2 verbal prompts.	4 out of 5 trials over two consecutive weeks	Data Collection	1 time per week

IEP PROGRESS REPORT

1st Progress report for this IEP

2nd Progress report for this IEP

3rd Progress report for this IEP

4th Progress report for this IEP

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classroom: [REDACTED] will solve simple addition problems by within ten with the use of manipulatives.	4 out of 5 trials over two consecutive weeks	Data Collection	1 time per week

ANNUAL GOALS	CRITERIA	METHOD	SCHEDULE
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WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	HOW PROGRESS WILL BE MEASURED	WHEN PROGRESS WILL BE MEASURED
Physical Therapy: [REDACTED] will participate stairs skill using alternate foot pattern with one hand on a rail.	for 5 times consecutively, 5/5 trials with verbal cues	Activity will be observed and session notes by the therapist.	1 time per week

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Physical Therapy: [REDACTED] will participate morning routine such as hanging a her jacket and backpack, and placing a note book in a tray.	for 5 times consecutively, 5/5 trials with prompts and verbal cues	Activity will be observed and session notes by the therapist.	1 time per week

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APE: During APE, [REDACTED] will participate in various physical activities, completing each activity station within one teaching period, with no more than 2 verbal or visual prompts per station.	_4_ out of _5_ trials	Class Activities Teacher/Provider Observations Check Lists	1 time per week
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occupational therapy: [REDACTED] will utilize and hold pencil/crayons using a tripod pincer grasp with verbal and visual cues 5 out of 5 times.	_5_ out of _5_ times over 6 consecutive sessions	Teacher/Provider Observations	1 time per week

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occupational therapy: [REDACTED] will maintain focus and activity engagement for 5-10 minutes given sensory inputs 90% of the time.	_90_ % Accuracy over 6 consecutive session	Teacher/Provider recorded Observations	1 time per week

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<p align="center">ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT</p>	<p align="center">CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED</p>	<p align="center">METHOD HOW PROGRESS WILL BE MEASURED</p>	<p align="center">SCHEDULE WHEN PROGRESS WILL BE MEASURED</p>
<p>SPEECH 1 of 3- [REDACTED] will take turns initiating and responding to social greetings and simple social questions, using her preferred mode of communication (AAC device or picture symbols), with 80% accuracy, given no more than 3 cues.</p>	<p align="center">80% accuracy</p>	<p>Teacher/Provider Observations</p>	<p align="center">1 time per week</p>

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<p>SPEECH 2 of 3: [REDACTED] will request and comment using 3-4 word phrases during stories and structured activities, with her communication device, given no more than 3 cues.</p>	<p align="center">80% accuracy</p>	<p>Teacher/Provider Observations</p>	<p align="center">1 time per week</p>

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SPEECH 3 of 3: [REDACTED] will answer yes/ no questions on her communication device regarding category concepts (i.e. Is an apple a fruit/Are cookies fruit?) and function of items (i.e. Does a butterfly fly? Do you wear a hat on your feet?).	80% accuracy	Teacher/Provider Observations	1 time per week

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

REPORTING PROGRESS TO PARENTS
Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents: 4 times per year: at the same time school report cards are issued

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM: Adapted Physical Education		2 time(s) per week	Period	Other Facility gymnasium	04/07/2020 08/14/2020
Special Class ELA	8:1+1 Language of Service: English	5 time(s) per week	Period	Special Education Classroom	04/07/2020 08/14/2020
Special Class Math	8:1+1 Language of Service: English	10 time(s) per week	Period	Special Education Classroom	04/07/2020 08/14/2020
Special Class Social Studies	8:1+1 Language of Service: English	5 time(s) per week	Period	Special Education Classroom	04/07/2020 08/14/2020

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

Special Class Sciences	8:1+1 Language of Service: English	3 time(s) per week	Period	Special Education Classroom	04/07/2020 08/14/2020
Special Class ELA	12:1+1 Language of Service: English	5 time(s) per week	Period	Special Education Classroom	09/09/2020
Special Class Math	12:1+1 Language of Service: English	10 time(s) per week	Period	Special Education Classroom	09/09/2020
Special Class Social Studies	12:1+1 Language of Service: English	5 time(s) per week	Period	Special Education Classroom	09/09/2020
Special Class Sciences	12:1+1 Language of Service: English	3 time(s) per week	Period	Special Education Classroom	09/09/2020
RELATED SERVICES:					
Occupational Therapy	Individual service Language of Service: English	3 time(s) per week	30 minutes	Separate Location across all school environment	04/07/2020
Parent Counseling and Training	group	3 times per year	50 minutes	school building	04/07/2020
Physical Therapy	Individual service Language of Service: English	3 time(s) per week	30 minutes	Separate Location therapy room, rest room, gym, hallway, classroom, and all school area	04/07/2020
Speech-Language Therapy	Individual service Language of Service: English	4 time(s) per week	30 minutes	Separate Location therapy room	04/07/2020
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
	Individual service	Daily	Full time		09/09/2020

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
Paraprofessional Health hypotonia; safety while walking/sitting					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES: Dynamic display speech generating device (SGD)	Individual service	Daily	not applicable	school and home	04/07/2020
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					
* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.					

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

12-MONTH SERVICE AND/OR PROGRAM - Student is eligible to receive special education services and/or program during July/August: No
 Yes
 If yes:
 Student will receive the same special education program/services as recommended above.
 OR
 Student will receive the following special education program/services:

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING / SERVICE DATE(S)

For a preschool student, reason(s) the child requires services during July and August:
 non preschool: In order to maintain academic and social skills, [REDACTED] requires continuous programming over 12 months. Data indicates [REDACTED] will regress if she does not continue academic, social, and communication skills, with related services.

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT.

TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input checked="" type="checkbox"/> NONE		

*Conditions — Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.

**Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).

COORDINATED SET OF TRANSITION ACTIVITIES		
NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
Instruction		
Related Services		
Community Experiences		
Development of Employment and Other Post-school Adult Living Objectives		
Acquisition of Daily Living Skills (if applicable)		
Functional Vocational Assessment (if applicable)		

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):
Not applicable as the student is not attending preschool.

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

Due to [REDACTED]'s cognitive, language and academic delays, she is unable to participate in a regular class at this time. [REDACTED] requires a special class in a specialized school with the support of related services.

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

[REDACTED]'s cognitive, developmental, and social needs preclude her participation in a regular physical education program at this time. She requires adapted physical education.

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:

No Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

- None.
- Student needs special transportation accommodations/services as follows:
 - Transportation from the closest safe curb location to school.
 - Other Accommodations – Limited Travel Time

Reason(s) why the student needs special transportation service and/or accommodations:

Limited Travel Time: not more than 60 min

[REDACTED] s cognitive, developmental and language delays require her to have transportation from the closest safe curb location to school and home and Limited Travel Time: not more than 60 min.

- Student needs transportation to and from special classes or programs at another site:

PLACEMENT RECOMMENDATION

NYC DOE Specialized School

SUMMARY

STUDENT INFORMATION

Student Name: [REDACTED]

NYC ID: [REDACTED]

DOB: [REDACTED]

Gender: Female

Parents Language(s) Spoken/Mode Communication: English

IEP INFORMATION

Date of IEP Meeting: 04/06/2020

IEP Amendment: Yes No

Reconvene of IEP Meeting: Yes No

INSTRUCTIONAL/FUNCTIONAL LEVELS

Occupational Therapy English
Parent Counseling and Training
Physical Therapy English
Speech-Language Therapy English

The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.

Does [REDACTED] have a Behavioral Intervention Plan? No

Recommended for Specialized Transportation: None Student needs specialized transportation

School Type: NYC DOE Specialized School

Medical Alert: The student has medical conditions and/or physical limitations which affect her learning, behavior and/or participation in school activities.

The student requires medical and/or health care treatment(s) or procedure(s) during the school day.

Accessibility:

Does the student need an accessible school building? No

Does the student have limited mobility? No

PROMOTION CRITERIA

CURRENT YEAR

Standard

Modified

NEXT YEAR

Standard

Modified

Parent Concerns:

OTHER OPTIONS CONSIDERED

Special Class in a specialized school 8:1+1
less restrictive speech mandate

Reason(s) for Rejection: Special Class in a specialized school 8:1+1 was considered but rejected at this time as parent feels a 12:1:1 is best for [REDACTED]'s progress.

Less restrictive speech mandate was recommended but parent did not agree at this time due to schools being closed and remote learning taking place. Parent wants to ensure no regression occurs before considering change in mandate.

STUDENT NAME: [REDACTED]

NYC ID: [REDACTED]

DATE OF IEP MEETING: 04/06/2020

ATTENDANCE PAGE

PLEASE NOTE THAT YOUR SIGNATURE REFLECTS YOUR PARTICIPATION AT THE CONFERENCE AND DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE INDIVIDUALIZED EDUCATION PROGRAM.

ROLE (INDICATE IF BILINGUAL)	NAME	SIGNATURE
Related Service Provider/Special Education Teacher (Participated by telephone)	Diane Trimarchi	
Parent/Legal Guardian (Participated by telephone)	[REDACTED]	[REDACTED]
District Representative (Participated by telephone)	Francesca Maresca	
OT (Participated by telephone)	Archie Asunto	
Speech Therapist (Participated by telephone)	Samantha Terra	
School Psychologist (Participated by telephone)	Francesca Maresca	