

Case Study #3
Child: Annie Smith
Special Education Services 3 through 5

Birth Date:	8/ 24/01
Date Referral Received:	9/21/06
Evaluations and Re-evaluations Birth to 3	7/27/06, 9/22/06 and 11/03/06
Evaluation and Assessment 3 through 5:	10/4/06, 10/18/06 and 12/20/06
Eligibility Determination and IEP	11/8/06
OSEP Child Outcome Summary Form (Entry):	1/5/07

Materials Included:

- Evaluation Report and IEP Cover Sheet
- Evaluation Report
- Determination of Eligibility for Special Education
- IEP (present level, special factors, annual goals, summary of services)
- OSEP Child Outcomes Summary Form Entry Status
- Child Dev. Tool for Observation and Planning, New Portage Guide: Birth to Six (age 4 and 5, age 5 and 6)

Purpose:

To provide child case study materials for a team to review and use to practice completing the Child Outcomes Summary Form for entry and exit.

Introduction:

Included in this case study is information regarding a real child enrolled in 3 to 5 services for children with disabilities in the state of Wisconsin. You will find relevant information included on forms typically used in Special Education e.g. Evaluation Report and IEP Cover Sheet, Evaluation Report, Determination of Eligibility, Individual Education Program (IEP), Ongoing Assessment Reports and OSEP Child Outcome Summary Form.

Process of Team Review and Practice:

1. Review and discuss prior evaluation reports, current evaluation reports and IEP
2. Complete a “blank” OSEP Child Outcome Summary Entry Form based on the information in the case study.
3. Compare the OSEP Child Outcome Summary Entry Form your team completed with the form completed by the Special Education Team.

Intent of Practice to Complete OSEP Child Outcomes Forms:

The intent of this practice is NOT to:

- determine ONE correct ranking on the OSEP Child Outcome Summary Form
- debate whether the child should receive Special Education services
- evaluate quality of the assessment and/or IEP

The intent of this practice is to:

- consider the information provided and complete the OSEP Child Outcomes Summary Form
- understand the process for determining child outcome ratings
- develop consistency with your team regarding how you will utilize information to come to consensus to determine child outcome ratings in each of the three child outcome areas.

EVALUATION REPORT AND IEP COVER SHEET

Form I-3 (Rev. 10/06)

Name of Student Annie Smith	DOB 8/24/2001	Sex Female	Grade PK
Parent or Legal Guardian Don and Betty Smith	Telephone (area/number) 910-754-6006		
District of Residence Wild River	Current District of Placement	Race/Ethnic (if parent chooses to identify)	
Address 809 21st Street Wild River, WI 98056	For students transferring between public agencies: IEP reviewed and adopted by _____ On _____		
	For students transferring between public agencies: Evaluation report reviewed and adopted by _____ On _____		

PURPOSE OF MEETING (*Check all that apply*):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Evaluation including determination of eligibility | <input checked="" type="checkbox"/> Initial or annual IEP development |
| <input type="checkbox"/> IEP review/revision | <input type="checkbox"/> Develop a statement of transition goals and services (<i>required for students age 14 and older, or younger if appropriate</i>) |
| <input checked="" type="checkbox"/> Placement | <input type="checkbox"/> Manifestation determination |
| <input type="checkbox"/> Alternate assessment | <input type="checkbox"/> Determine setting for services during disciplinary change in placement |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

If a purpose of this meeting is *IEP development, review, and/or revision* related to the academic, developmental and functional needs of the child, the IEP team considered the results of:

- | | | |
|-----------------------------------|---|---|
| Initial or most recent evaluation | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Statewide assessments | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| District-wide assessments | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |

Date of Meeting: 11/8/06

(month/day/year)

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:

Parent/Guardian Don and Betty Smith	Regular education teacher/title: Pam Hunt, Kdg. Teacher	Regular education teacher/title:
Student (if appropriate):	Special education teacher/title: Sara Post. ECSE	Special education teacher/title:
LEA Representative/Title: Marty Ruppert, Dir. Spec. Ed.	Other: Cora King, School Psyc.	Other: Patty Hughes, OT
Other:	Other: Carol Rose, SLP	Other:

If the parent did not attend or participate in the meeting by other means and did not agree to the time and place of the IEP team meeting, document 3 efforts to involve the parents:

EVALUATION REPORT
Form ER-1 (Rev. 10/06)

SCHOOL DISTRICT: Wild River, Wisconsin

Name of Student: Annie Smith **Date of Birth:** 8/21/01 **Age:** 5 yr. 3 mo.

TYPE OF EVALUATION: Initial Reevaluation

DATE ON WHICH ELIGIBILITY DETERMINATION WAS MADE 11/08/2006
(month/day/year)

THIS EVALUATION REPORT AND DETERMINATION OF ELIGIBILITY INCLUDES THE FOLLOWING (*check all that apply*)

- Information from review of existing data Additional documentation required when child is evaluated for a specific learning disability
- Information from assessments and other sources Documentation for determining Braille needs for a child with a visual impairment
- Determination of eligibility for special education

INFORMATION FROM REVIEW OF EXISTING DATA

A. Summary of previous evaluations:

Annie has a diagnosis of Autism Spectrum Disorder and Expressive and Receptive Language Disorder from Marshfield Clinic (St. Joseph's Hospital). She was diagnosed at the age of 3 and ½ years. She received outpatient services from the Autism Clinic associated with St. Joseph's Hospital. At the time of this report, Annie is receiving 20 hours per week of in-home intervention from Integrated Child Development Services. In addition, Annie is receiving 45 minutes of occupational therapy and 45 minutes of speech therapy weekly through Birth to 3 services.

Occupational Therapy Reports from St. Joseph's Hospital and Birth to 3 Services:

9/22/06 evaluation report and 11/03/06 re-evaluation report indicated: slightly delayed self-help skills, delayed fine motor and visual motor skills, decreased interaction and social skills, sensation seeking pattern of sensory processing, difficulty following verbal cues and difficulty maintaining attention for seated tasks and purposeful play. Evaluation documentation consisted of parent report, clinical observation of functional skills, Peabody Developmental Motor scales-2, Sensory Profile and the Pediatric Evaluation of disability Inventory. On the Peabody Dev. Motor scales, Annie was 40% delayed (2nd percentile) in the area of grasping (subtest); 36% delayed (5th percentile) in the area of visual-motor integration(subtest). Her fine motor Composite was in the 1st percentile. The Pediatric Evaluation of Disability Inventory yielded normative standard scores of 34.9 in the area of Self-Care Functional Skills and 47.3 in the area of Self-Care Caregiver Assistance. The Sensory Profile completed by Annie's mother indicated that Annie is showing "probable difference more than others" in sensation seeking (measures the child's interest in and pleasure with all types of sensation)

Speech Reports from St. Joseph's Hospital, Marshfield Autism Clinic and Birth to 3 Services:

7/27/06 evaluation report indicated that: Annie is using language for the purpose of joint attention much more often, using more pronouns, more concepts and a few more verbs to generate novel sentences to attempt to communicate her needs. Problem areas indicated: significantly lower than average MLU, limited use of verb tenses, limited use of subjects in sentences, difficulty with verbal sequencing for two+ step activities, difficulty

talking about what she has done or new ideas, difficulty with wh-questions about activities and narratives, difficulty engaging other in pretend play and lack of generative language in pretend play.

B. Information provided by parents:

Since receiving the diagnosis of Autism Spectrum Disorder and Expressive and Receptive Language Disorder, Annie's parents have worked to obtain services for her. They are very pleased with the progress she has made with Birth to 3 Services and Integrated Child Development Services and would now like to add the school component to help Annie prepare for kindergarten next fall. They noted that she currently attends Sunday School classes. Her father shared that Annie has some problems separating from the family. He stated that behavioral concerns have lessened a great deal, but continue to exist. Annie will at times refuse to engage with her therapists. Annie can dress herself and is toilet trained. She learns best through memory and repetition. She will try different foods and does not seem to be overly sensitive to smells or different textures. She enjoys movement and deep pressure activities and will seek out activities to meet these needs. Annie has good pre-readiness skills which include knowledge of colors, numbers, and counting and letter recognition. She is frightened of insects/bugs that fly, although this has gradually gotten better. Annie loves horses.

C. Previous interventions and the effects of those interventions:

Annie receives 20 hours per week of in-home therapy through Integrated Developmental Services. She also receives occupational and speech therapy for 45 minutes each per week from Birth to 3 Services through St Joseph's Hospital. Occupational and speech therapist reports indicate progress in the area of fine motor, social-emotional and speech/language however, needs continue to exist in each of these areas.

D. Current classroom-based, local or state assessments

Annie attends Sunday School once per week. Other than Sunday School, Annie does not attend classroom-based services within the community. She is not involved in local or state assessments.

E. Current classroom-based observations

Annie is not currently in a classroom setting. Therapy is delivered at her home and St. Joseph's Hospital Birth to 3 services.

F. Observations by teachers and related service providers

Occupational Therapy re-evaluation report dated 11/03/06 indicated that Annie had made "remarkable progress" in the past 10 weeks. She is willing to try almost all tasks even those that are more challenging if she can pick the order. Progress was noted in her ability to use tools for preschool skills however, Annie lacks precision and strength for her age in the area of fine motor manipulation. Speech reports indicate that Annie has made fantastic gains in her ability to use generative, flexible language to communicate with others about her immediate environment. Her behavior has improved significantly, although she continues to have tantrums during treatment sessions occasionally. Visual schedules/choices are used in both treatment sessions. Her speech therapist noted that she has good skills in structured activities, but has more difficulty outside of that structure.

INFORMATION FROM ASSESSMENTS AND OTHER SOURCES

If assessments or other evaluation materials were not administered in accordance with the instructions provided by the publisher or producer of the assessments describe the extent to which there were variations in administration from standard conditions such as qualifications of the evaluator or methods of assessment administration including the language or other mode of communication that was used in assessing the student. X N/A

DETERMINATION OF ELIGIBILITY FOR SPECIAL EDUCATION**A. This student meets the criteria for one or more of the following impairments:***Check all that apply:*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Autism | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional Behavior Disability | <input checked="" type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Specific Learning Disability
(complete ER-2, "Additional
documentation required for
specific learning disabilities") | <input type="checkbox"/> Visual Impairment (complete ER-3, "Determining")
Braille Needs") |
| <input type="checkbox"/> None found (complete C. below) | <input type="checkbox"/> Significant Developmental Delay (first consider
other areas as the primary disability) |

B. For each impairment identified, document how the student meets the criteria:**Autism: Primary Disability**

Evaluation: 3/13/2005 Marshfield Clinic, St Joseph's Hospital

Annie has a medical diagnosis of Autism Spectrum Disorder and Expressive and Receptive Language Disorder.

The Mullen Scales of Early Learning administered to Annie in February 2005 showed the following results:

AREA	T-Score
Visual Reception	20
Fine Motor	20
Receptive Language	<20
Expressive language	<20

Note: T-scores ranging from 40-60 represent average range for age

The Child Development Inventory was completed by Annie's parents in Feb. 2005. Annie's chronological age at the time was 3 years 6 months. The results are as follows:

AREA	AGE EQUIVALENT
Social	1 year 8 months
Self-Help	1 year 10 months
Gross Motor	2 years 5 months
Fine Motor	1 year 9 months
Expressive Language	1 year 7 months
Letters	3 years 9 months
Numbers	1 year 9 months

General Development 1 year 9 months

The Child Behavior Checklist (CBCL) yielded a significant score in the area of attention deficit and hyperactivity problems.

A diagnosis of Autism Spectrum Disorder and Expressive /Receptive language Disorder was made by Dr. Ben Black and Rose White, PhD/jh, Department of Neurophysiology 3/13/2005

Speech or Language Impairment: Secondary Disability

Evaluation 10/18/06

Expressive One-Word Picture Vocabulary Test

This test assesses a child's ability to name objects and groups of objects. Results were as follows:

Raw Score : 30 Standard Score: 71 Percentile Rank: 3

This test has a mean of 100 with a standard deviation of 15. Annie's standards score of 71 was over 1.75 standard deviations away from the mean on this test. If Annie did not know what the picture was she would often "make-up" a word to be able to give an answer.

Receptive One Word Picture Vocabulary Test

This test assesses a child's ability to point to the object, act, or group objects requested. Results were as follows:

Raw Score: 43 Standard Score: 84 Percentile Rank: 14

This test has a mean of 100 with a standard deviation of 15. Annie's standard score of 84 was just over one standard deviation away from the mean.

Clinical Evaluation of Language Fundamental-Preschool (CELF-Preschool)

This test assesses a child's receptive and expressive language skills. There are 6 subtests, 3 expressive and 3 receptive. Results were as follows:

	Raw Score	Standard Score	Percentile Rank
Linguistic Concepts	0	3	1
Basic Concepts	6	3	1
Sentence Structure	6	3	1
Receptive Score		50	1
Recalling Sentences in Context	1	3	1
Formulating Sentences	10	3	1
Word Structure	5	3	1
Expressive Language Score		50	1

Age Equivalent: 2 years 5 months

The mean for the subtests for the test is 10. Scores between 7-13 are considered to be within the average range. Annie had a standard score of 3 on each of the six subtests. The mean for the Receptive Language Score and Expressive Language Score is 100 with a standard deviation of 15. Annie's scores of 50 are over 2 standard deviations away from the mean.

C. Were impairments considered and rejected? Yes No

(If yes, document which one(s) and how the student did not meet the criteria)

D. By reason of the impairment(s) identified, does this student need or continue to need special education?

Yes No *(In order for the IEP team to determine that the student needs special education, the IEP team must answer "yes" to question 1 AND list needs under 2b and/or 3 below)*

 Yes

1. Does the student have needs that cannot be met in regular education as structured?
(If yes, list the needs below. Use reverse side or attach additional pages if needed)

Annie is a child diagnosed with Autism Spectrum Disorder. She has difficulty with receptive and expressive communication and social skills, fine motor and sensory needs which interfere with her ability to learn in regular education.

 No

(If no, there is no need for special education).

 Yes

2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology and/or delivery of instruction.)

If yes,

- a) List modifications that do not require special education. *(Use reverse side of page or attach additional pages if needed)*

Visual schedules help Annie to understand what is going to happen next or in the near future.

- b) List modifications that require special education. *(Use reverse side of page or attach additional pages if needed)*

Structured social experiences assist Annie to increase her social skills. Continued emphasis on using and building on her communications skills is necessary. Adults in her environment need to have an understanding of autism and how children with autism perceive their world.

 No

(If no, go to question 3).

 Yes

3. Are there additions or modification that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.)

(If yes, list below. Use reverse side of page or attach additional pages if needed)

General education modifications will not be sufficient to meet Annie's needs in the areas of social communication, fine motor and social-emotional development. She requires specially designed instruction and curriculum to meet her needs.

 No

**INDIVIDUALIZED EDUCATION PROGRAM: PRESENT LEVEL
OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
Form I-4 (Rev. 10/06)**

Name of Student: Annie Smith

Describe the student's strengths and the concerns of the parents about the student's education:

Annie's gross motor skills are definitely a strength for her. She enjoys playing with children her age. She has a desire to be involved in group activities. Annie has an excellent memory. Parents expressed concern that Annie may be overwhelmed by her busy schedule of interventions and therapies in addition to school. Annie's father is concerned that she sometimes has problems separating from her parents.

Describe the student's present level of academic achievement and functional performance including how the student's disability affects his or her involvement and progress in the general education curriculum. For preschool children, describe how the disability affects involvement in age-appropriate activities. (Note: Present level of performance must include information that corresponds with each annual goal)

Annie's pre-readiness skills include knowing colors, numbers, counting and letters. Annie is an effective communicator and has good basic language labeling skills. Her Mean Length of Utterance (MLU) is 3.5. Most children her age have a MLU of 5.0 to 7.0. Her language sample showed that she seldom uses verb tenses and has limited use of subjects in sentences. Her utterances are often echolalia and jargon-like in nature. She demonstrates some use of ambiguous language and some difficulty with word order in sentences. She does not talk about past and future events, tell stories, or participate in any type of pretend play. She is not asking "wh" questions

She takes care of her basic self-care on her own e.g. toileting except for wiping, feeding and putting on and taking off her clothes. She is learning to button and zip and to brush her teeth. Annie can cut with a knife with assistance and cut out a half circle with a scissors. Annie has limited strength in her hands which effects her precision and use of strength when working with pencils, chalk, crayons, pencils, scissors, and other items that she needs to grasp.

Annie, likes gross motor activities like tag and chase. During therapy sessions, she enjoys the trampoline and swing as well as being rolled in a barrel. She enjoys movement and deep pressure activities and will seek out activities to meet these needs.

Annie's preferred mode of learning is visual. Visuals are helpful to prepare Annie for what is going to happen next as well as to make some choices when the situation warrants. She learns best through memory and repetition. Annie becomes fixated on her reflection in the toaster as well as her reflection in the mirror. She often fixates on things and therefore does not complete what she started or move on to another activity.

Approximately, 4 of 10 times that Annie is interacting with a therapist in the home or at St. Joseph's Hospital, she refuses to become engaged in the activity and interact with the therapist. When she refuses to interact, the therapist says "You do not have to play, but you need to stay in the chair and watch." After 3 to 5 minutes, Annie will join the activity. This same type of technique is used when she refuses to leave the therapist's room when it is time to go. Annie's behavior is better when an activity is very structured. If the activity is unstructured, she has more tantrums and "melt-downs." Transitions from one activity to another are difficult for her as well as following directions.

Annie seldom engages in limited pretend play by herself. She loves horses so always chooses them for play. Annie is beginning to take a turn with the therapist and is beginning to allow a therapist to pretend play with her. Therapists have tried to engage other children into Annie's play. There has been no success at this time. Annie

is not interacting with peers or greeting others by name. Annie's parents report that she does not interact with other children during larger family gatherings. She usually stays by her parents and plays by herself.

Will the student be involved full-time in the general education curriculum or, for preschoolers, in age-appropriate activities? Yes No

(If no, describe the extent to which the student will not be involved full-time in the general curriculum or, for preschoolers, in age-appropriate activities)

The student will participate in an alternate or replacement curriculum that is aligned with alternate achievement standards in: *(check all that apply)*

Reading Math Language Arts Science Social Studies
 Other *(specify)*:

SPECIAL FACTORS After consideration for special factors (behavior, limited English proficiency, Braille needs, communication needs including deaf/hard of hearing, and assistive technology), is there a need in any of the areas?

Yes No *(If yes or student has a visual impairment, attach I-5, "Special Factors" page)*

**INDIVIDUALIZED EDUCATION PROGRAM
SPECIAL FACTORS
Form I-5 (Rev. 7/06)**

Note: For any need(s) identified below, there must be a statement of the service(s) to meet that need (including amount/frequency, location, and duration) on the "Program Summary" page (I-9).

Name of Student: Annie Smith

A. Does the student's behavior impede his/her learning or that of others? Yes No

(If yes, include the positive behavioral interventions, strategies, and supports to address that behavior)

Annie has a diagnosis of Autism Spectrum Disorder. Visual schedules and sequencing strips for task completion are necessary for her to benefit from her special education. Sensory activities should be integrated into her daily activities. Provide advanced warning for transitions and changes in her daily schedule. Provide structured intentional activities to encourage increased communication with peers.

B. Is the student an English Language Learner? Yes No

(If yes, include the language needs that relate to this IEP)

C. If visually impaired, does the student need instruction in Braille or the use of Braille?

Yes No Cannot be determined at this time

(If yes, include Braille needs; if no or cannot be determined, attach ER-3, "Determining Braille Needs" from the latest evaluation/reevaluation)

D. Does the student have communication needs that could impede his/her learning? Yes No

(If yes, include communication needs)

{If yes and the student is deaf or hard of hearing, identify the communication needs including (a) the student's language; (b) opportunities for direct communication with peers and professional personnel in the student's language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student's language and communicative mode}; Refer to IEP Present Level and Goal 1 of Annie's IEP

E. Does the student need assistive technology services or devices? Yes No

{If yes, specify particular device(s) and service(s)}

INDIVIDUALIZED EDUCATION PROGRAM**ANNUAL GOAL**

Form I-6 (Rev. 10/06)

Name of Student: Annie Smith

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. *(Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal)*

Upon review: Goal met Goal not met**Goal 1:**

Annie will increase her vocabulary and use language to initiate/engage in interaction with adults and peers 9 of 10 opportunities.

Short Term Objectives:

1. Annie will demonstrate comprehension of age appropriate concepts e.g. spatial, positional, quantity, temporal, quality 90% of the time.
2. Annie will ask/answer questions to gain and give information 90% of the time
3. Annie will greet familiar peers and adults by name 4 of 5 opportunities
4. Annie will express her wants and needs using words 90% of the time
5. Annie will follow 3 step directions without re-direction or adult assistance 3 of 5 opportunities.
6. Annie will recognize and verbalize a need for a "break" when she is over stimulated 9 of 10 opportunities.

Procedures for measuring the student's progress toward meeting the annual goal:

1. Anecdotal recording of adult and peer interaction at least twice per month
2. Charting of adult and peer interactions at least two days per week.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

(If yes, include benchmarks or short-term objectives for the student)

When will reports about the student's progress toward meeting the annual goal be provided to parents?

1. Home consultation visit once per month
2. Phone contact twice per month.
3. Parent/teacher conferences four times per year.

INDIVIDUALIZED EDUCATION PROGRAM**ANNUAL GOAL**

Form I-6 (Rev. 10/06)

Name of Student: Annie Smith

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. *(Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal)*

Upon review: Goal met Goal not met**Goal 2:**

Annie will increase her personal-social and self-regulations skills so that she will be able to participate with peers and adults in one-to-one and group settings.

Short Term Objectives:

1. Annie will transition without assistance from tasks and daily activities 8 of 10 opportunities
2. Annie will join in interactions with peers in play situations, in one-to-one and group settings 9 of 10 opportunities.
3. Annie will welcome peers and adults into her pretend play by responding appropriately to their attempts to join her play 9 of 10 times.
4. Annie will ask a peer to join her in an activity 80% of opportunities.
5. Annie will acknowledge an interaction initiated by others by giving an appropriate response, either verbal or non-verbal, 4 of 5 opportunities.

Procedures for measuring the student's progress toward meeting the annual goal:

1. Observation and charting of social behaviors and self-regulating behaviors.
2. Anecdotal recording of behaviors

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

(If yes, include benchmarks or short-term objectives for the student)

When will reports about the student's progress toward meeting the annual goal be provided to parents?

1. Home consultation visit once per month
2. Phone contact twice per month
3. Parent/ teacher conferences four times per year.

INDIVIDUALIZED EDUCATION PROGRAM**ANNUAL GOAL**

Form I-6 (Rev. 10/06)

Name of Student: Annie Smith

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. *(Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal)*

Upon review: Goal met Goal not met**Goal 3:**

Annie will increase strength in her hands so that she can grasp and control utensils/ objects 9 of 10 trials.

Short Term Objectives:

1. Annie will consistently use a mature tripod grasp on a writing utensil 4 of 5 opportunities.
2. Annie will imitate/copy prewriting strokes to include lines and shapes, 4 or 5 opportunities.
3. Annie will cut out basic shapes within ¼ inch of a bold line, 4 of 5 opportunities
4. Annie will independently draw a 6 part person upon verbal request, 4 of 5 opportunities

Procedures for measuring the student's progress toward meeting the annual goal:

1. Charting of fine motor activities
2. Collect work samples

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

*(If yes, include benchmarks or short-term objectives for the student)***When will reports about the student's progress toward meeting the annual goal be provided to parents?**

1. Home consultation visit once per month
2. Phone contact twice per month
3. Parent/teacher conferences four times per year.

INDIVIDUALIZED EDUCATION PROGRAM:

SUMMARY

Form I-9 (Rev. 10/06)

Name of Student: Annie Smith

Projected beginning and ending date(s) of IEP services & modifications 11/13/2006 to 11/12/2007
(month/day/year)

Physical education: Regular Specially designed

Vocational education: Regular Specially designed

Include a statement for each of I, II, III and IV below to allow the student (1) to advance appropriately toward attaining the annual goals; (2) to be involved and progress in the general education curriculum; (3) to be educated and participate with other students with and without disabilities to the extent appropriate, and (4) to participate in extracurricular and other nonacademic activities. Include frequency, location, & duration (if different from IEP beginning and ending dates).

<u>I. Special education</u>	<u>Frequency/ Amount</u>	<u>Location</u>	<u>Duration</u>
One-to-one and small group instruction for personal-social skills, language skills and fine motor skills	4 days per week, 2 and ½ hours per day	Special Education	Same as IEP
One-to-one and small group instruction for speech/language	40 min. per week	Special Education	Same as IEP

II. Related services needed to benefit from special education including frequency, location, and duration (if different from IEP beginning and ending dates).

None needed to benefit from special education

	<u>Freq / Amt</u>	<u>Location</u>	<u>Duration</u>
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> Audiology			
<input type="checkbox"/> Counseling			
<input type="checkbox"/> Educational Interpreting			
<input type="checkbox"/> Medical Services for Diagnosis and Evaluation			
X Occupational Therapy	40 minutes per week	Therapy room and/or classroom	Same as IEP
<input type="checkbox"/> Orientation and Mobility (VI only)			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Psychological Services			
<input type="checkbox"/> Recreation			
<input type="checkbox"/> Rehabilitation Counseling Services			
<input type="checkbox"/> School Health Services			
<input type="checkbox"/> School Nurse Services			
<input type="checkbox"/> School Social Work Services			
<input type="checkbox"/> Speech / Language			
X Transportation	Each School Day	Home to school and back	Same as IEP
<input type="checkbox"/> Other: specify			

III. <u>Supplementary aids and services</u> : aids, services, and other supports provided to or on behalf of the student in regular education or other educational settings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, describe)</i>	<u>Freq / Amt</u>	<u>Location</u>	<u>Duration</u>
1. Sensory input e.g. pressure, firm touch,	Available daily	SPED Classroom and therapy	Same as IEP
2. Visual schedules and sequencing strips for task completion	Available daily	SPED Classroom and therapy	Same as IEP
IV. <u>Program modifications or supports</u> for school personnel that will be provided. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe)</i> Home consultation with parents Spec. Ed. teacher, OT, Speech/Language Therapist	1 hr. once per month 30min. twice per month	Home SPED Classroom	Same as IEP

V. Participation in Regular Education Classes

- The student will participate full-time with non-disabled peers in regular education classes, or for preschoolers, in age-appropriate settings.
- The student will not participate full-time with non-disabled peers in regular education classes, or for preschoolers, in age-appropriate settings. *(If you have indicated a location other than regular education classes or age-appropriate settings in the case of a preschooler in I, II, or III above, you must check this box and explain why full-time participation with non-disabled peers is not appropriate.)*

Annie has significant needs in the areas of personal-social and language/communication. She requires specific adaptations and modifications to meet her needs. The adaptations and modifications that Annie requires require intensive special education interventions..

VI. Participation in Extracurricular and Nonacademic Activities

Will the student be able to participate in extracurricular and nonacademic activities with nondisabled students? Yes No
(If yes, include under I., II., III., and IV. any special education, related services, supplementary aids and services, and program modifications or supports necessary to assist the student. If no, describe the extent to which the student will not be involved in extracurricular and nonacademic activities with nondisabled students)

Child Outcome Summary Form (1 of 3)

Date: Month 1 Day 5 Year 2007

ENTRY DATE: 11/8/06	Check Appropriate Box Below	
EXIT DATE:	ENTRY DATA: X	EXIT DATA :

Child Information

Name: Annie Smith

HSRS number (for Birth to 3 Programs only):

Date of Birth: Month 8 Day 24 Year 20 01

Persons involved in summary rating decisions:

Name	Role	Name	Role
Sara	ECSE Teacher	Cora	School Psyc.
Carol	S/L Pathologist	Betty and Don	Parents
Patty	Occupational Therapist		

Family information on child functioning (check all that apply):

- Received in team meeting
 Incorporated into assessment(s)
 Collected separately
 Not included

Parent interview and New Portage Guide, Preschool

Identify supporting evidence for thinking about the child's functioning in the three outcome areas and closely related areas (as indicated by assessments and observations from individuals in close contact with the child).

Child Outcome Area	Dates	Sources of information	Summary of Relevant Results
I. POSITIVE SOCIAL-EMOTIONAL SKILLS (Including social relationships) <ul style="list-style-type: none"> Relating with adults Relating with other children Following rules related to groups or interacting with others (if older than 18 months) 	10/4/06 10/5/06 11/2 to 12/20/06 11/9 to 12/20/06	Parent interv. & obs. Record review Marshfield Clinic Neurology and Autism Clinic, Birth to 3 Teacher Observation Child Development Inventory New Portage Guide- Preschool	Information indicates Annie generally likes people however, does not always interact appropriately with peers. Needs some encouragement to relate needs/wants to peers. New situations and transitions can be difficult. Visuals are helpful. Does well in adult directed group activities. The CDI and Portage Guide along with parent input & obs. indicate that Annie is displaying social/emotional skills somewhat below the level of other children her age.
II. ACQUIRING AND USING KNOWLEDGE AND SKILLS (Including communication, language and early literacy) <ul style="list-style-type: none"> Thinking, reasoning, remembering, & problem solving Understanding symbols Understanding the physical & social worlds 	10/4/06 10/5/06 10/11- 18/06 10/25/06 11/9 to 12/20/06	Parent Interview Record review S/L evals. EOWPVT & ROWPVT CELF OT/PT Therapy obs. Teacher obs. New Portage Guide- Preschool	Parents note that Annie has made great gains in her speech since intervention has been initiated. Speech is generally intelligible and often speaks in three to four word sentences. Evaluation results indicate that receptive and expressive language needs continue. Answering questions, reasoning, problem solving and pragmatics are at a level below typical age peers.
III. TAKING APPROPRIATE ACTIONS TO MEET NEEDS <ul style="list-style-type: none"> Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting) Contributing to own health & safety (e.g., follows rules, assists with hand washing, avoids inedible objects) Getting from place to place (mobility) and using tools (e.g., forks, pencils, strings attached to objects) 	10/4-5/06 10/25/06 11/9 to 12/20/06 12/20/06	Parent Interview Record review Obs. during OT/PT Therapy sessions New Portage Guide- Preschool Teacher obs. and judgments.	Annie moves about her home and other environments with ease. She is independent in much of her personal care e.g. dressing, toileting, tooth brushing, feeding, etc. Self care tasks are often influenced by Annie's motivation at the time. Annie uses a scissors, pencil and eating utensils however, not with precision. Sources of information indicate that Annie's fine motor skills (strength and precision) are slightly below age level.

Child Outcome Summary Form (2 of 2)

Instructions: To what extent does this child show age-appropriate functioning, across a variety of settings and situations, in each outcome area? Check only ONE box in each column. Ratings should reflect the child's level of functioning using whatever assistive technology or special accommodations are present in the child's typical settings.

ECO Rating	Definition	I. POSITIVE SOCIAL-EMOTIONAL SKILLS (including social relationships) <ul style="list-style-type: none"> ● Relating with adults ● Relating with other children ● Following rules related to groups or interacting with others 	II. ACQUIRING AND USING KNOWLEDGE AND SKILLS (including communication, language, and early literacy) <ul style="list-style-type: none"> ● Thinking, reasoning, remembering, & problem solving including ● Understanding symbols ● Understanding the physical & social worlds 	III. TAKING APPROPRIATE ACTIONS TO MEET NEEDS <ul style="list-style-type: none"> ● Taking care of basic needs ● Contributing to own health & safety ● Getting from place to place (mobility) and using tools
Completely	Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this outcome area. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns may be substantial enough to suggest monitoring or possible additional support. Although age-appropriate, the child's functioning may border on not keeping pace with age expectations 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat	Child shows functioning expected for his or her age some of the time and/or in some situations . Child's functioning is a mix of age appropriate and not appropriate functioning. Functioning might be described as like that of a slightly younger child . 5	<input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
	Child shows some but not much age-appropriate functioning 4	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerging	Child does not yet show functioning expected of a child of his or her age in any situation. Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. Child shows these immediate foundational skills most or all of the time across settings and situations. Functioning might be described as like that of a younger child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's behaviors and skills include some immediate foundational skills but these are not displayed very often across settings and situations 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Yet	Child does not yet show functioning expected of a child his or her age in any situation. Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. Child's functioning might be described as like that of a much younger child . 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><i>Answer this question if the Child Outcome Summary Form has previously been completed for this child</i></p> <p>Has the child shown <u>any</u> new skills or behaviors related to each outcome area since the previous rating?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Describe progress:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Describe progress:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Describe progress:</p>
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