Figure 1–5 *Sample Educational Evaluation*

Educational Evaluation

Name: Ivan West	School: Main Street Middle
Date of birth: 7/27/87	Date of evaluation: 12/12/01
Age: 14–5 years	Grade: 7th

Reason for Evaluation

Ivan was referred due to concern regarding his poor academic progress. His academic levels were assessed in order to determine whether he is eligible for special education and/or related services.

Background Information

Ivan had transferred to this district in October of this school year. He had been referred to the Multidisciplinary Team (MDT) while in his previous school district due to academic delays. He was evaluated, but he was not classified at that time. This school year, Ivan has continued to experience academic difficulties. His first marking period grades were a C in English, Science, and Social Studies, and a D in Reading and Math. His English and Social Studies teachers had indicated that he displayed an active interest in class yet his general performance was relatively poor. Ivan had been referred to the Pupil Assistance Committee (PAC) in October of 1997. The PAC suggested that a reading inventory be completed and results indicated below-average performance; therefore, an MDT referral was recommended.

Testing Observations

Ivan was a willing and cooperative participant throughout the testing session. He feels that he is beginning to adjust to school this year but admitted that he did better academically in his previous school, explaining that in his previous school, "I did good there . . . they gave notes and would explain." Ivan identified his best subject as social studies and his most difficult subject as reading. He admits to having difficulties with reading and math, especially doing homework assignments in these subjects. He denies having any attentional or behavioral problems. His extracurricular activity is playing basketball at school, but he has no other involvements. His speech and language were adequate for testing and for conversational purposes, and he worked at a moderate pace. Ivan does not wear prescriptive glasses, and he seems to have adequate auditory acuity. He is right-handed and holds his pencil in an adequate pencil grip.

Classroom Observations

Ivan was observed during his math class period. He sits at a desk in the middle of the room. The teacher was giving the students a quick review before a test to be administered during the period. Ivan cleared his desk as his teacher, Mrs. Jones, discussed the key points the students were to know. Ivan laid his head down on his desk as he listened to the questions and answers that were given. Ivan seemed to work steadily and was attentive throughout the period. Mrs. Jones reported that Ivan has inconsistent scores and his math skills are weak.

Evaluation Measures

Woodcock-Johnson Tests of Achievement—Revised
Woodcock-Johnson Tests of Cognitive Ability—Revised
Developmental Tests of Visual Motor Integration
Classroom Observation
Teacher Interview
Record Review

Test Results and Conclusions

Broad reading skills are in the low-average range as his overall reading ability is comparable to the beginning fifth-grade level. This places Ivan at the 16th percentile, since he achieved a

standard score of 85. His word identification skills are in the low-average range because his sight vocabulary is equivalent to the latter fifth-grade level. His word attack skills are just within average limits, as demonstrated by his ability to phonetically and structurally analyze words at the mid-fourth-grade level. Comprehension skills are within low-average norms. Ivan is able to study a short passage with a word missing and then determine a word appropriate to the context of the passage at the mid-fourth-grade level.

Broad mathematical ability is in the low-average range because Ivan's overall math skills are developed to the mid-sixth-grade level. Ivan functions at the 22nd percentile; he achieved a standard score of 88 when compared to his chronological age peers. His ability to solve written equations is just within the average range, comparable to the beginning seventh-grade level. He is able to solve addition and subtraction equations requiring regrouping, and he can solve multiplication and division equations with up to two-digit multipliers and divisors. Ivan is able to add and subtract but not multiply or divide fractions with like denominators or decimal numbers. He has not learned to convert improper fractions to mixed numbers. When presented with a series of word problems that are read orally by the evaluator, Ivan functions in the low-average range. He is able to recognize the procedure to be followed, identify the relevant data, and then perform relatively simple calculation at the mid-fifth-grade level.

Broad written language skills are just within average limits because Ivan functions at the beginning sixth-grade level, within the 25th percentile, with a standard score of 90. His ability to take oral dictation is in the low-average range, as demonstrated by his written response to a variety of questions involving spelling, capitalization, punctuation, and word usage. Specific errors were noted in spelling ("anually" for annually and "fiffty one" for fifty-one), in punctuation (failure to separate city and state with a comma) and in word usage (one ox, two oxes). His ability to write sentences in response to specific pictures is within the average range, comparable to the mid-sixth-grade level. This subtest evaluates written expressive skills but does not penalize for errors in basic mechanics of writing, such as spelling or punctuation.

Broad knowledge of general knowledge is within the low-average limits. Ivan's basic fund of general information in science, social studies, and humanities is developed to the mid-fourth-grade level overall; he functions at the 10th percentile since he achieved a standard score of 81. The science subtest measures Ivan's knowledge in various areas of the biological and physical sciences and demonstrates that he functions at the beginning sixth-grade level, placing him at the 28th percentile. The social studies subtest measures Ivan's knowledge of history, government, economics, and other aspects of social studies; he functions at the mid-fifth-grade level with a percentile ranking of 14. The humanities subtest measures his knowledge in various areas of art, music, and literature and indicates that he is able to answer questions in this area at the beginning second-grade level since he achieved a percentile ranking of 4.

Visual motor integration is below average norms since Ivan's ability to reproduce a series of geometric designs is comparable to the mid-10-year level. Ivan scored within the 18th percentile with a standard score of 86 as he is able to accurately reproduce up to 18 of the 24 designs presented. Errors were due mainly to difficulty with integration, spatial relations, and figure-ground.

Summary

Ivan is a 14-year, 5-month old, seventh-grade-level student. Test results indicate that his academic skills are mostly within the low-average range. His broad reading skills are within the beginning fifth-grade level, his broad written language and mathematical ability is comparable to the beginning to mid-fifth-grade level and his general knowledge is equivalent to the mid-fourth-grade level. Visual motor integration is below average. All recommendations regarding Ivan's placement and program will be made by the full MDT after all interviews, assessments, and observations have been completed.

The *neurologist* is a medical doctor specializing in the study of the nervous system and its diseases. This specialist is not a standard member of the MDT, but is called on to evaluate students who are suspected of having central nervous system dysfunction. The neurological evaluation consists of a medical and developmental history and physiological testing that includes (a) cerebral functions (level of consciousness, intelligence, language usage, orientation and emotional status), (b) cranial nerves (general speech, hearing and vision, facial muscle movement, and pupilar reflexes), (c) cerebellar functions (rapid alternating movements, heel-to-toe, finger-to-nose-to-finger, and standing with eyes opened and then closed), (d) motor functioning (muscle size and tone, reflexes and coordination), and (e) sensory nerves (superficial pain senses and tactile sense).

The *psychiatrist* is a medical doctor who specializes in the diagnosis and treatment of psychiatric disorders. The psychiatrist is not a standard member of the MDT, but may evaluate students who are experiencing mental, emotional, or social adjustment problems. The students' emotional and mental health status is determined mainly through a clinical interview with students and their parents. The psychiatrist relies on the American Psychiatric Association's DSM-IV, which provides extensive diagnostic guidelines including explicit criteria for diagnosis.

The *occupational therapist* may be called on to evaluate students who are experiencing fine motor problems. They evaluate upper extremities, fine motor abilities (handwriting), self-help skills (such as buttoning, lacing, and feeding skills) and handwriting.

The *physical therapist* is also not a regular member of the team, but evaluates students who experience difficulties in gross motor functioning. This specialist assesses the lower extremities and large muscles, specifically gait, strength, agility, and range of motion. They also evaluate gross motor functioning as it relates to self-help skills, living skills, and job-related skills necessary for the optimum achievement of students.

The *parents* are not members of the MDT, yet according to IDEA-97, the parents' role has increasingly been stressed in all aspects of the classification, placement, and programming of students. This recent legislation mandates that parents be actively involved in the evaluation and decision-making process and specifies that parents have the right to participate fully in their child's educational program (Osborne, 1996; Rothstein, 1999). Parental involvement may include the following: (a) requesting an MDT evaluation; (b) providing input in the evaluation process, such as reporting their child's strengths and weaknesses; (c) supplying the MDT with input from independent professional sources (e.g., private medical, psychological, or therapeutic evaluations or consultation reports); (d) being involved in the eligibility and placement decision-making process; (e) participating in writing program goals and objectives; (f) taking an active part in the instructional program; (g) monitoring progress; (h) seeking the services of an advocate when parents are unsure of special education policy and procedures, are uncomfortable interacting with school personnel, or are concerned that the school district is not acting in their child's best interest; and (i) proceeding with due process.

Classification Eligibility

The MDT, the referring teacher, and the parent(s) discuss the evaluation results and determine whether the student is eligible for classification. The decision will be made based on the information obtained during the evaluation process, specifically, test score data, information by teachers and parents, observations, and so forth. If it is determined that the student is not eligible for classification, then he or she remains in the general education classroom. The teacher can confer with the intervention and referral team (IRT) to get further information and suggestions on how to modify students' programs to address the problem areas. In cases when students are determined to be eligible for classification, a classification conference written report is completed (see Figure 1–6 for a sample

Figure 1–6 *Sample Classification Conference Report*

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Classification Conference Report

Name: Mary Brown
School: Washington School
Classification: Specific Learning Disability

Date of Birth: 1/27/93
Grade: 3rd
Recommended Placement: Resource Center w/ mainstreaming

Dates

Referral: 3/30/2001
Classification: 5/12/2001
Program Implementation: 5/30/2001

IEP Conference: 5/12/2001
Annual Review: on or before 5/11/2002

Classification Team Identification

Multi Disciplinary Team	Evaluator	Evaluation Date
Psychologist	Barbara McDonald	4/30/2001
Social Worker	Joan Gallagher	4/20/2001
Educational Diagnostician	Helen McGann	4/24/2001
Speech/Language Therapist	Stuart Smith	4/29/2001

The members of the Multidisciplinary Team, the teacher, and the parent(s) met jointly and determined the pupil to be eligible for special education programming and/or related services.

	Signature	Date
Psychologist		
Social Worker		
Educational Diagnostician		
Teacher		
Parent(s)		
Other (Speech/Language Therapist)		

classification conference report). This report documents the eligibility decision and serves as the signed parental permission verifying consent. Copies are distributed to the parents and placed in students' confidential files.

Classification Criteria

Teachers play a key role in deciding whether students are eligible to receive special services. They must be knowledgeable about the classification process, including the standards used to report standardized test results (see Chapter 2) and the interpretation of test results. The teacher also needs to understand the criteria for each classification category in order to contribute to the eligibility decision. The specific criteria for each classification category are as follows:

Autism. A student with autism has a pervasive developmental disability that significantly affects verbal and nonverbal communication and social interaction that adversely affects a student's educational performance. Characteristics of autism are generally manifested by the age of 3. Other characteristics often associated with autism include engaging in repetitive activities and stereotyped movements, resistance to change in the environment or during daily routines, and an unusual response to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily due to a serious emotional disturbance.

Deaf-Blindness. A student with deaf-blindness exhibits concomitant visual and hearing impairments that together cause such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness. A student who is deaf has a hearing loss so severe that with or without amplification the child is unable to process language through hearing. The condition adversely affects the child's educational performance.

Hearing Impairment. A student has a hearing impairment, whether permanent or fluctuating, if it adversely affects the child's educational performance but is not included under the definition of deafness.

Mental Retardation. A student with mental retardation functions significantly below average in intellectual functioning, concurrently with deficits in adapted behavior that are manifested during the development period. The child's educational performance is adversely affected.

Multiple Disabilities: a student with multiple disabilities (e.g., mental retardation-blindness, mental retardation-orthopedic impairment), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. This term does not include deaf-blindness.

Orthopedic Impairment. A student with a severe orthopedic impairment that adversely affects educational performance. The term includes impairments

caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., bone tuberculosis, poliomyelitis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impairment. A student with a health impairment has limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, cancer, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects the child's educational performance.

Serious Emotional Disturbance. A student with a serious emotional disturbance exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers/teachers
- An inappropriate type of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems

This category includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

Specific Learning Disability. A student with a specific learning disability exhibits a disorder in one or more of the basic psychology processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This category includes such conditions as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. It does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

Speech or Language Impairment. A student with a speech or language impairment has a communication disorder such as stuttering, articulation problems, a language impairment, or a voice impairment that adversely affects the child's educational performance.

Traumatic Brain Injury. A student with traumatic brain injury has an acquired injury to the brain that was caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affect a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract

thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Visual Impairment Including Blindness. A student has an impairment in vision if, even with correction, it adversely affects the child's educational performance. The term includes both partial sight and blindness.

Eligible for Preschool Services. A student from age 3 years until they are chronologically eligible for kindergarten in their school district is considered to be eligible for the preschool special education when there is evidence of a developmental delay of 25 percent or more in one of the following areas:

- Cognitive development
- Communication
- Physical development
- Social or emotional development
- Adaptive development

SECTION 3: THE PLACEMENT AND SERVICE DETERMINATION PROCESS

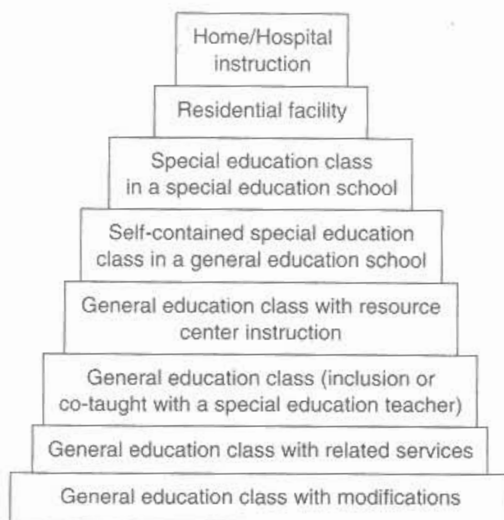
Placement Determination

One of the final steps in the classification process is to determine the appropriate placement and special education services for the classified student. There is a continuum of educational placements, ranging from the highly integrated setting of the general education classroom to the highly segregated setting of the home or hospital (see Figure 1–7 for a list of optional special education placements). Placement decisions, made by the MDT, are based on the students' individual needs, skills, and abilities. Public Law 94–142 mandates that students with disabilities are to be placed in the **least restrictive environment (LRE),** which means that students with disabilities must participate in general education to the extent that their educational needs can be met. The LRE concept requires that students be placed in programs as much as possible with their non-disabled peers. The LRE does not necessarily mean an inclusion class; it could require a residential placement for a student with severe disabilities. Although many school districts use special education class placements, even for students with relatively mild disabilities, placement of students in this type of class is becoming less common as schools become more inclusive (U.S. Department of Education, 1996).

Optional Placements

The teacher needs to be familiar with the range of program options in order to participate in the placement decision. Awareness of the description of each

Figure 1–7 *Educational Placement Options*



type of setting is also important in reconsidering placement options at the annual review or triennial reevaluation meeting, when consideration should be given to ensuring that the student's placement continues to be most appropriate and least restrictive. An example of this is the student classified as having an emotional disturbance who has been placed in a self-contained special education class but, since making considerable improvement in self control, may be ready to be moved to a less restrictive placement, such as an inclusion class.

General education class with modification (e.g., 504 accommodation plan). Students are placed in a fully integrated general education program with accommodations or supports. Students' educational programs may be adapted to some extent, and the general education teacher is responsible for designing and delivering the students' instructional program, which may include adaptive devices and alternative instructional strategies. This placement is considered the least restrictive of the optional placements available for classified students.

General education class with related services. Students are placed in a mainstreamed program for all subjects and school activities. **Related services** (see following descriptions) are scheduled according to the prescribed times and types of sessions in the Individualized Education Plan (IEP).

General education class (inclusion or co-taught with a special education teacher). Students are enrolled in general education classes and have the assistance of a special education teacher who shares teaching

responsibilities with the general education teacher. Both classified and nonclassified students benefit from extra attention and support, as needed. The special education teacher can modify curriculum and instructional materials, can adapt instructional strategies and teacher-made tests, design and help to implement behavior management programs, and promote effective interaction between teachers to monitor progress.

General education class with resource center instruction. Students are placed in general education classes but receive individualized instruction from a special education teacher, either while in the general education class or by reporting to a **resource center** for instruction for at least one period. Resource center instruction is individualized to address students' specific needs in the designated subject area(s). Instruction in a resource center can be either supplemental or replacement. When students are scheduled to receive supplemental instruction in a particular subject (e.g., reading), they receive their primary (reading) instruction in the general education class with additional remedial (reading) instruction in the resource center. When students are scheduled to receive replacement instruction, they receive their primary (e.g., reading) instruction in the resource center.

Self-contained special education class in a general education school. Students are placed in a school (often a neighborhood school) where they attend a special education class in a school with mainly general education classes. Special education students may receive all of their academic instruction in exclusively special education classes, but they often are included in general education classes for related arts subjects (art, music, library, and physical education) and in nonacademic activities (lunch, recess, bus travel), and during extracurricular school activities (field trips, assemblies, athletic activities, school clubs).

Special education class in a special education school. Students are placed in a school that is exclusively for students with disabilities. Students in these settings do not have the opportunity to be mainstreamed or attend activities during the school day with general education students. This is a more restrictive placement that is generally reserved for students who have moderate to severe cognitive, emotional, social, and/or physical disabilities.

Residential facility. Students live at the school facility where they attend an educational program. In these facilities, students receive 24-hour supervision and comprehensive medical and psychological services, as needed. This is a very restrictive option, reserved for students who have more severe cognitive, emotional, social, and/or physical disabilities.

Home/hospital program. Students reside and receive academic instruction in their home, in a group home, or in a hospital setting, generally due to serious and/or chronic physical or mental illnesses, injury, or as a temporary placement due to a situation in which students have put themselves or others in jeopardy (e.g., hitting other students, starting fires,

etc.). While out of school, students receive instruction from a certified special education teacher or through distance learning. This is considered the most restrictive placement since the student is isolated from other students. Whenever possible, this is intended to be a short-term placement.

Related Services

Assessment results may indicate the need for specific therapy or auxiliary services in order to remediate an area of deficiency or to provide students with compensatory supports in order to function appropriately in the school setting. Students may be scheduled for special education placement with related services, or they may be included in general education classes and require related services to supplement their mainstreamed programs. In order to participate in placement and programming decisions, the referring teacher needs to be aware of the range and description of the related services available to the classified student. The following are examples of related services:

Speech and language therapy is provided by the speech and language therapist, either on an individualized, a small-group, or a whole-class basis (in a special education program) or on a consultation basis to teachers and parents. Therapy may be provided for articulation, fluency, voice, auditory processing, or receptive language disorders.

Counseling services are provided by the guidance counselor, school psychologist, or social worker on an individual or group basis. Counseling generally deals with social skills, self-control, coping and adjustment problems. Issue groups commonly focus on stresses that students need support in dealing with, including divorce and separation, grief support, drug and alcohol dependency, and so forth.

Physical therapy is provided by the physical therapist on a one-to-one or small-group basis. Therapists help students strengthen muscles, improve posture, and increase motor function and range. They also consult with teachers, write prescriptive remedial programs for the student; suggest specific remedial activities; recommend adaptive equipment and methods for adapting materials, and monitor student progress and program implementation.

Occupational therapy is provided by the occupational therapist, by working directly with students or by consulting with teachers. Therapy focuses on improving, developing, or restoring functions impaired or destroyed due to injury, illness, or deprivation. The therapist can recommend techniques to use in the classroom and ways to modify the academic environment or assignments, by suggesting specific adaptations or by helping to attain any special equipment needed for the students.

Rehabilitative counseling is provided by qualified personnel who work with individuals or groups on issues related to career planning and placement,

employment preparation, development of independent living skills, and connection with community services.

Transportation is provided as a home-to-school-to home commuting service. Vehicles may be modified to include adaptive equipment such as ramps, lifts, specialized car seats, and harnesses. Special assistants may be required to accompany students with medical or behavioral issues to and from their educational program each day.

Special nursing assistance is provided by a school nurse for medically fragile students who require physical or medical care (e.g., catheterization, tracheotomy services such as suctioning and ventilator checks, ambubag administrations, and blood pressure monitoring). These assistants may accompany the student throughout the day, or they may just periodically monitor students' medical status.

Adaptive physical education is provided by the physical education teacher, who may work with an individual student or a whole class of special education students. These teachers provide adaptive physical educational activities.

Interpreters are specialists in sign language. **Interpreters** accompany students who are deaf or hearing impaired to classes and related activities to assist in interpersonal communication.

Assistive Technology Services and Devices

IDEA-97 added a requirement that assistive technology devices and services need to be included in the IEP, when necessary, to ensure that students receive a free and appropriate education (FAPE) or to maintain them in the LRE through the provision of supplementary aids and services. When writing the IEP, a determination must be made as to whether students with disabilities, regardless of category, need assistive technology devices and services.

An **assistive technology device** is any item, piece of equipment, or product system—whether acquired commercially off the shelf, modified, or customized—that is used to increase, maintain, or improve the functional capabilities of children with disabilities (IDEA Regulations, 1990). **Assistive technology service** is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device (IDEA Regulations, 1990; RESNA, 1992). This term includes (a) the evaluation of the needs of a child with a disability including functional assessment of the child in their customary environment; (b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by [children] with disabilities; (c) selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing of assistive technology devices; (d) coordinating and using other therapies, interventions, or services with assistive technology devices; (e) training or technical assistance for a [child] with disabilities or, where appropriate, the family of a [child] with disabilities; and (f) training or technical assistance for professionals (IDEA Regulations, 1990). Figure 1–8 is a list of assistive devices and services.

Figure 1–8 *Assistive Devices and Services*

Service	Definition
Positioning	Providing assistance in body positioning and appropriate equipment so students can participate in schoolwork (e.g., sidelying frames, crawling assists)
Computer access	Providing students with specialized equipment access that enables them to access computers (e.g., alternative input, output, and electronic communication devices)
Mobility	Specialized equipment that allows students to move around the school building and participate in student activities (e.g., walkers, wheelchairs, electronic image sensors)
Computer-based instruction	Specialized software that allows enhanced instruction and enhanced participation in activities (e.g., software for writing, spelling, reading, calculation, reasoning)
Physical education, recreation, and leisure	Technological equipment that enables the student with disabilities to participate in recreational leisure activities (e.g., drawing software painting with head wand, interactive laser disks, computer games, beeping balls or goalposts, adapted swimming and exercise equipment)
Environmental control	Equipment that allows students some control over their environment (e.g., remote control switches, adapted swimming and exercise equipment)
Augmentative communication	Communication devices (e.g., symbol systems, communication boards/electronic communication, speech synthesizers)
Assistive listening	Alternative means of getting verbal information (e.g., hearing aids, text telephones, closed-caption TV)
Visual aids	Methods for assisting with vision needs (e.g., optional or electronic magnifying devices, low-vision aids, large-print books, Braille materials)
Self-care	Assistance with self-care activities like feeding, dressing, and toileting (e.g., robotics, electric feeders, adapted utensils)

SECTION 4: IEP DEVELOPMENT AND EVALUATION PROCESS

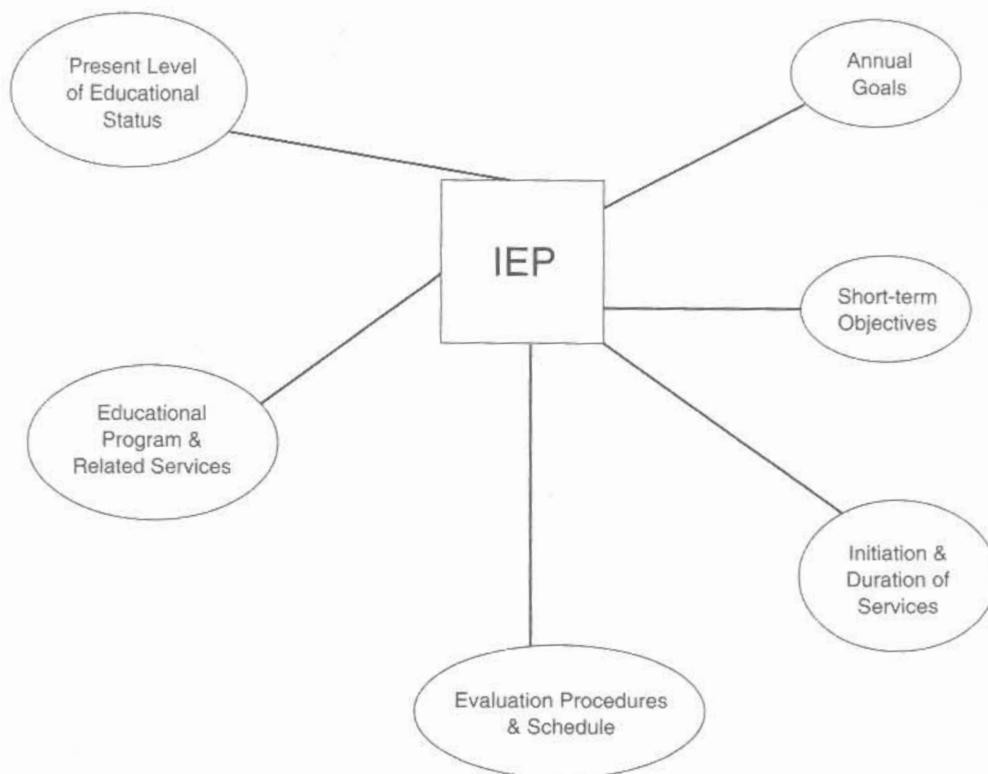
Development of the Individualized Education Plan

The MDT evaluations will result in standardized test scores that provide data about students' standard score performance, their percentile rankings, their age and grade equivalencies on achievement tests, and their intelligence scores. Much of the diagnostic information can be provided by the classroom teacher, who observes the student on a daily basis and can report on classroom performance, attention, behavior, social skills, and so forth. Once all formal and informal test data is reviewed and discussed and a determination is made that the student is eligible for classification and special services, the Individualized Education Plan (IEP) must be written. The development of the IEP is one of the final steps in the evaluation process and outlines the plan that facilitates individual instruction. In order to write prescriptive goals and objectives to remediate the deficits the student is experiencing, it is necessary to use evaluation results as well as teacher, parent, and student input to determine which particular skills have been acquired and which skills are deficient and in need of remediation. Six components have been required in each classified student's IEP since the passing of the Education for all Handicapped Children's Act (P.L. 94–142) in 1976 (see Figure 1–9).

There are two additional age specific types of education plans. The Individualized Transition Plan (ITP) was added by IDEA in 1990. This plan describes the strategies and services to be structured into the educational program that prepares students to leave school with the skills required to facilitate transition into a post-secondary academic or vocational-training program, into a job or the armed forces, or into a sheltered workshop. A transition plan must be added to the IEP of all students with disabilities who are 14 years and older. The range of abilities and disabilities varies among students with special needs, therefore, students' post high school plans must be individualized. A student with mild learning disabilities may plan to attend college, therefore, the transition plan might include improving independent work-study skills, developing planning and time management skills, and learning to self-advocate. A student who is more severely disabled may be placed in a sheltered workshop program following secondary school, therefore, the transition plan would include vocational training and the development of functional self-help skills with a life-skills curriculum. See Chapter 11 for assessment procedures for transition planning.

Another amendment to the original Public Law 94–142, the Educational for All Handicapped Children's Act Amendments of 1986 or (P.L. 99–457), extended the rights of children with disabilities from birth to 5 years of age. This act also mandated a refocus in the standard IEP used with students from preschool through the elementary- and secondary-school years that would meet the needs of infants and toddlers (birth through age 2) with disabilities and their families. This early intervention document is referred to as the Individualized Family Service Plan (IFSP).

Figure 1–9 *Components of an IEP*



The IEP, ITP and the IFSP require that the written plan be developed by the multidisciplinary team (MDT), including the student (when appropriate) and the parents, and, according to IDEA-97, at least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment). The plan is based on a multidisciplinary assessment of students' unique needs. It must include relevant information about the student, such as the educational placement, expected outcomes, the curriculum, teacher and staff responsibilities, the specific program, service schedule, and methods and timelines of measuring success (Mercer & Mercer, 2001). See Chapter 11 for a description of the assessment requirement of an IFSP.

Assessment Information Required in the IEP

In order to ensure that critical issues are addressed in the development of the IEP, the teacher needs to understand how to include assessment results in each component. (See figure 1–10.)

Figure 1–10 *Sample IEP*

Individualized Education Plan

Name: Ed Smith
School: Main Street Elementary
Primary Language: English
Program Timeline: 9/5/2001 to 6/16/2002

Date of Birth: 4/10/92
Grade: 4th
Date of Meeting: 6/15/2001
Review Date: 6/10/2002

Present Level of Performance

Ed is currently in the fourth-grade resource center program. His overall academic progress has been good. *Reading:* Overall functioning at the beginning third-grade level with weaknesses noted in comprehension (answering inferential questions and drawing conclusions), vocabulary and decoding skills. *Math:* Overall functioning at the mid-fourth-grade level. He grasps concepts easily; mistakes are generally calculation errors, multi-step and word problems. *Language Arts:* Overall functioning at the mid-third-grade level. Ed does not apply skills learned into his daily writing; he has difficulty constructing sequentially organized paragraphs. *Cognitive Functioning:* Trouble retaining newly learned skills, especially in language arts; requires visual and auditory approach; difficulty formulating concepts; math is an area of strength; reading/language arts are poorly developed. *Personal/Social Development:* Quiet and cooperative child; willing to work with teacher; tardiness to school somewhat improved; frequently late or missing assignments; needs to work on organization skills; monitoring of homework is needed. *Physical/Health Status:* Due to recurring kidney infections, may need to go to the bathroom frequently.

Educational Program/Schedule of Services

Regular Education	Special Education	Related Arts Subjects
Science	Reading	Art
Social Studies	Language Arts	Music
	Math (In-class support)	Physical Education

Related Services/ Schedule of Services/Duration of Services

Times per Week	1x	2x	3x	4x	5x	Minutes per week	Duration From	Duration To
Occupational therapy								
Physical therapy								
Speech therapy		Sm.				60	9/5/01	6/15/02
Counseling	Ind.					30	9/6/01	6/16/02
Adaptive P.E.								
Transportation (daily to and from school)							9/5/01	6/15/02
Other								

Ind.—Denotes individual sessions Sm.—Denotes small group Lg.—Denotes large group

Rationale for Placement and Services

It is determined by the Multidisciplinary Team that Ed's educational needs can be best met in a resource center program. He requires individualized instruction to ameliorate deficient skills, specifically, reading and written language. Placement in a general education class for mathematics (with in-class support) and related arts subjects. The use of a computer, tape recorder, test and assignment modifications, and a notetaker should help Ed function optimally in the general education classroom. Ed's self-concept and social skills should benefit from interaction with his general education peers. Speech and language therapy will assist him in improving his articulation skills and in developing his expressive language

skills. Counseling sessions will provide Ed with social skill support necessary to improve his peer interactions.

ANNUAL GOAL

Ed will improve overall reading skills from the beginning third-grade level to the beginning fourth-grade level.

OBJECTIVES

After reading a passage at the appropriate level, the student:

1. States six important facts.
2. Arranges five events in correct sequence.
3. Orally explains the main idea.
4. Orally explains at least one logical conclusion that can be drawn from the text.

TYPE OF EVALUATION

Curriculum-based measurement
Work samples
Oral responses

EVALUATOR Teacher

ANNUAL GOAL

Ed will improve overall language arts skills from the mid-third-grade to the mid-fourth-grade level.

OBJECTIVES

1. Correctly capitalizes family names and middle initials of people when writing dictated sentences.
2. Correctly writes the apostrophe in contractions possessives, and plurals of words in dictated sentences.

TYPE OF EVALUATION

Curriculum-based measurement
Portfolio review

EVALUATOR Teacher

ADAPTIVE DEVICES and MODIFICATIONS

Ed will be provided with a computer and a tape recorder. Arrangements will be made for Ed to have a notetaker in his mainstreamed classes. He will be given test modifications, including extended time to take tests, he will be tested in a quiet room with minimal to no distractions, and he will have access to a computer and a word processing program for use in testing situations.

LANGUAGE OF INSTRUCTION ENGLISH

IEP PARTICIPANTS

Committee Participants Signature(s)		Relationship/Role
Mrs. Andrea Smith	________	Parent ________
Mr. Harry Smith	________	Parent ________
Mr. John Byrd	________	Teacher ________
Ms. Ann Bate	________	Speech Therapist ________
Mr. Sam Masters	________	Counselor ________
Dr. Pat Smith	________	Case Manager ________

If parent(s) were not members of the committee, please indicate:

I (We) agree with the Individual Education Program ________

I (We) disagree with the Individual Education Program ________

____
Parents/Guardian signature

Present Level of Performance (PLOP). The **present level of performance (PLOP)** summarizes students' current level of progress in the following areas: (a) educational performance; (b) learning patterns, strengths and weaknesses; (c) social/emotional adjustment; (d) adaptive/self-help functioning; (e) behavioral functioning; (f) communication skills; (g) relevant medical information; and (h) relevant cultural-family issues. The PLOP should be written in a clear, comprehensive yet succinct manner. It needs to contain pertinent information, giving the teacher a precise summary of how the student functions, so that a comparison can be made from one year to the next and planning and programming can be accomplished.

Annual Goals. Goals are broad, annually based instructional plans projected approximately one year in advance of where the student is currently functioning. At least one goal needs to be developed for each subject area in which the student will receive special education or related services. Goals are often stated to define students' current grade-level performance in a particular subject and to project how far they will progress during the upcoming school year. Goals need to be written in measurable, observable terms.

Joan's mathematical calculation skills will improve from the beginning third-grade level to the beginning fourth-grade level.

Objectives. **Short-term objectives** are a series of sequentially based, very specific, individual skills that need to be mastered in order to attain the broader annual goal. Objectives are sub-skills listed in order of progression, forming a task analysis of competencies needed to be mastered. Objectives must contain a performance expectation that is written in observable, measurable terms, so that it can be clearly established whether the student has mastered the objective.

Joan will be able to add three 2-digit numbers, regrouping ones.
Joan will be able to add three 2-digit numbers, regrouping ones and tens.
Joan will be able to subtract a 3-digit number from a 3-digit number, with no regrouping.

The teacher will monitor progress toward mastery of goals and objectives throughout the school year using informal assessment, such as curriculum-based measurement and performance assessment (see subject chapters for details regarding administration and scoring of these types of assessment).

Educational Program and Related Services. This component of the IEP includes a schedule of the amount of time and the subjects for which the student is placed in general education, as well as the time and subjects that will involve special education. If students are not going to participate full time in general education programs, the IEP must include a statement justifying why special services are warranted. The types and schedule of

related services must also be documented (refer to the description of related services on pages 37 to 39). The statement of services must also include information about the supports and accommodations to be provided, so that students can progress in the general education program (see pages 40 and 41). Besides identifying the services to be provided, the IEP must identify the individuals responsible for providing these services.

Initiation and Duration of Services. The IEP document must include the time schedule for all special services. This time schedule must specify when the services will begin, and the frequency and the duration of each service. The specific dates (i.e., September 10, 2001, through June 15, 2002) and the specific type and amount of service must be clearly stated.

Joan will receive individual speech therapy, scheduled two times per week for one-half-hour sessions.

Evaluative procedures and schedule. When writing the IEP, it is necessary to determine how and when the student's progress in attaining the goals and objectives will be measured. The measures used to assess progress may include standardized testing, curriculum-based measurement, criterion-referenced assessment, observation, work samples, and so on. The type of evaluative measure used depends on the type of skill or activity being assessed. The law requires only an annual evaluation to determine whether the annual goals are being achieved, although more frequent evaluation of the student's progress in meeting the prescribed goals and objectives is highly recommended. When the teacher monitors progress on a regular basis, adjustments can be made in the student's program as needed.

Coordinating Assessment Results in IEP Development and Monitoring

When students have disabilities that affect academic or behavioral functioning, their IEP, a legal document that has mandatory evaluation components, should reflect the areas in need of individualized instruction and progress monitoring. The IEP goals and objectives should relate directly to the instruction received. Evaluation is necessary to collect and document data on students' progress and performance.

Evaluation procedures to assess progress can be either formative or summative. **Formative evaluation** is ongoing. Students' achievement is monitored continuously throughout the instructional period so teachers can modify and adjust their instruction. When the assessment process is ongoing and tied directly to instruction, teachers will be aware when students need additional practice, more instructional time, a change in strategy, or a modification in instructional materials. **Summative evaluation** is a final assessment of progress, administered at the end of a period of instruction, such as a term, semester, or year. This type of

assessment determines how many skills or concepts a student has learned and retained over an extended period of time.

Students who receive special education services must have their progress closely monitored and regularly reported to parents. The data-based decision-making procedures, such as the assessment methods described in Section 3 of this chapter, provide teachers with tools to implement and monitor effective instructional programs and students' present level of performance.

Informal assessment methods are well suited to coordinate instructional progress to educational goals and objectives. Teachers can identify students' competencies and deficiencies noted on curriculum-based, portfolio or performance assessments, use task analysis and error analysis to break down individual skills needed to solve specific problems, and list these skills in hierarchial order of instructional need. Grade and subject, specific scope, and sequence lists that identify expected competencies can be matched directly to students' particular strengths and weaknesses. Teachers can develop skill checklists based directly on students' study and work skills, their disposition toward the subject area, and the instructional curriculum. Each skill or concept that is identified as emerging or as not mastered is converted directly into an instructional objective. Graphs can be used to track progress.

The IEP Connection

What is lacking in many assessment programs is the linkage between assessment and curriculum. This connection integrates children's developmental needs with program goals and activities and completes the instructional cycle, which includes assessing development, setting individual and program goals, and planning and implementing curricular activities (Catron & Allen, 1999, p. 158).

Working with the assessment results, the IEP/IFSP goals and objectives can be developed. According to Davis, Kilgo, & Gamel-McCormick (1998), the steps to be followed in the process of developing goal and objective outcomes are as follows:

1. Begin by identifying skills that are partially acquired or that are demonstrated in some contexts but not others.
2. Identify skills that will permit the child to participate in routine daily activities within the natural environment and, therefore, increase the opportunities for interaction with peers.
3. Determine skills that would be instrumental in accomplishing the greatest number of other skills or functional tasks.
4. Identify skills that the child is highly motivated to learn and/or that the family wants him to learn.
5. *Select skills that will increase participation in future environments. (p. 112)*

SECTION 5: THE PROGRAM REVIEW PROCESS

Evaluation of Progress

Federal and state laws have mandated that program effectiveness be closely monitored. The **program review process** is a monitoring system in place to ensure that students' educational programs remain appropriate, that their goals and objectives are being met, and that procedures exist for resolving disputes between parents and the school district (Friend & Bursuck, 1999). As in any instructional program, assessment should be ongoing. Students with disabilities need their prescriptive educational programs to be closely monitored so that adjustments can be made, if needed, in a timely manner. Although legislative mandates require a formal review only once each year (the annual review), when teachers use a test-teach-test approach, they can determine whether students are making sufficient progress to meet the projected goals written in the IEP. Students with disabilities frequently need modifications and adjustments in standard curricular or instructional procedures. They may need more individualized attention, more reinforcement, more adaptations, special equipment, adjustments in the way that mastery is assessed (test modifications), and more structure or flexibility.

Experienced teachers may become quite accurate in projecting how far students will progress in a year. Also they may be adept at selecting just the right materials and methods for the student so that progress is steady and goals are attained. However, many teachers feel that predicting how far students will progress in a year is, at best, an "educated guess." Teachers may find that a student makes adequate progress for a period of time and then begins to plateau. When assessment procedures, such as curriculum-based assessment probes, are used on a regular basis, adjustments in the student's instructional program can be made before precious learning time is lost so that progress can continue. At times, the projected goal may be too low. Students may respond very well to the individualized program designed in their IEP and need their goals raised and their program made more challenging. Although ongoing assessment is optimal and recommended, only a yearly review is mandatory.

The Annual Review

The annual review process is the initial phase in the program evaluation process. On or before the 1-year anniversary date of the original classification, an annual review must be completed for each classified student. The purpose of the annual review is to ensure students' placements and IEP instructional programs are updated at least annually. Parents must be informed in writing and invited to the annual review meeting, but they are not required to attend. The school district is required to send parents a copy of the IEP developed at the meeting. The student is encouraged (when appropriate) to participate in devel-