

General Student Information

HOMEBASED SCHOOL: [REDACTED]

OTHER SCHOOL:

IEP TYPE: Regular - Review

INDIVIDUAL EVALUATION / WAIVER DATE: 4/16/2015

Primary / Other	Exceptionality	Detail(s)
Primary	Other Health Impairments	
Other	Orthopedic Impairment	

IEP Participants	Name	IEP Participants	Name
ODR	[REDACTED]	Regular Education Teacher	[REDACTED]
Special Education Teacher	[REDACTED]	Physical Therapist	[REDACTED]
Occupational Therapist	[REDACTED]	Adapted PE Teacher	[REDACTED]
Qualified School Social Worker	[REDACTED]	Parent	[REDACTED]
School Nurse	[REDACTED]	School Counselor	[REDACTED]
Other	[REDACTED]		

Include strengths; parental concerns; evaluation results; academic, developmental, and functional needs; statewide assessment results; progress or lack of expected progress in general education curriculum; and consideration of special factors: behavior, language needs for limited English proficient, instruction in and use of braille, communication needs, assistive technology devices and services, and health needs.

General Information about the Student: [REDACTED] is currently a 2nd grade student at [REDACTED] has a diagnosis of Duchenne Muscular Dystrophy. Due to his condition, [REDACTED] has some limitations on his activities. He cannot jump, especially on a trampoline. He can climb up stairs holding the railing but cannot come down. He can slide down the slide. He should not hang from playground equipment. He should not engage in repetitive motion activities such as getting up and down from the floor in a short amount of time. He should be positioned in the classroom so he is not expected to look up to see what is going on or (Continued on Addendum Pages...)

Strengths: [REDACTED] strengths include: reading fluency, written expression and currently, he is able to perform most physical activities with modifications.

Parent Concerns: [REDACTED] does not have any concerns at this time. *J*

Evaluation / Reevaluation Results: According to the multidisciplinary reevaluation dated April 16, 2015, [REDACTED] qualifies for special education services with the exceptionality of Other Health Impairment and a secondary exceptionality of Orthopedic Impairment. The diagnosed impairments are as follows: Medical diagnosis of Duchenne Muscular Dystrophy, which impacts his emotional functioning, attention and his neuromuscular functioning. The additional services needed are: school counseling, Catholic Charities counseling, physical therapy, occupational therapy, adapted physical education.

Academic, Developmental, and Functional Needs: [REDACTED] functional needs are in the areas of social interaction with teachers and peers, strategies to handle frustration with academic demands, and improve/preserve motor skills

Statewide Assessment Results: Due to age and grade level of [REDACTED] there are no statewide assessments applicable at this time.

Progress or lack of expected progress in general education curriculum: [REDACTED] is currently meeting all grade level expectations at this time.

General Student Information (continued)

Consideration of Special Factors

Behavior: Due to a need to a need to improve social interaction with teachers and peers and to learn strategies to control frustration without becoming abusive in his language or behaviors, [REDACTED] has a behavior plan with a tracking chart and receives counseling through Catholic Charities.

Limited English Proficient: NA

Communication Needs of Child: NA

Instruction in and use of Braille: NA

Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page

Pencil grip, word processor and slanted writing surface will be used if writing becomes fatiguing.

Health needs - IHP needs to be attached to IEP

[REDACTED] is diagnosed with Duchenne muscular dystrophy. [REDACTED] is on the following meds.: [REDACTED] All meds. are given at home. [REDACTED] also takes [REDACTED]

After consideration by the IEP team, there are no special factors that need to be addressed at this time

Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Graduation Plan: aligns with the transition plan and has been updated annually Educational/Career Plan for LAA1 Students: aligns with the transition plan and has been updated annually

Educational Needs: Academic/Cognitive Behavior Communication Motor Self-Help Social

Instructional Plan #1

EDUCATIONAL NEED AREA: Behavior

CONTENT AREA:

- ESY Instruction
- Targeted for Secondary Transition

Present Level of Academic Achievement and Functional Performance

[REDACTED] currently exhibits argumentative behaviors, disrespectful responses (physical gestures, mocking behavior, ugly comments), tantrums and damaging property (throwing things, forcefully pushing chairs/objects) approximately 3 times per week when corrected or redirected.

Measurable Academic / Functional Goal

[REDACTED] will show appropriate verbal and non-verbal behavior to teachers and adults when corrected or redirected 80% of documented days for 4 consecutive weeks by May 2016.

Method of Measurement: Charting

Additional Methods of Measurement:

Date Achieved:

REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT (LAA1)
MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)

No objectives have been entered.

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special Education Teacher
- Parent
- Speech/Language Pathologist
- Regular Education Teacher
- Student
- Adapted Physical Educator
- Other Related Service Providers (List)
- Other (List)

Paraprofessional

Instructional Plan #2

EDUCATIONAL NEED AREA: Motor

CONTENT AREA: Fine Motor

- ESY Instruction
- Targeted for Secondary Transition

Present Level of Academic Achievement and Functional Performance

[REDACTED] is able to complete 100% of fine motor activities at the level that would be expected of his age. He is able to complete 100% of the activities in his second grade classroom. [REDACTED] has a diagnosis of Duchene Muscular Dystrophy which is progressive in nature. Due to this fact, it is necessary to focus on maintaining his skill level or at least slowing the progression of any skill decline with adaptations and accommodations. [REDACTED] has reported hand cramping one time this school year to his mother during homework.

Measurable Academic / Functional Goal

[REDACTED] will complete one assignment, including homework, per day utilizing a keyboard or adaptations including but not limited to a pencil grip, or slant board on 3/5 days per week until May, 2016.

Method of Measurement: Work Samples

Additional Methods of Measurement:

Date Achieved:

REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT (LAA1)
 MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)

No objectives have been entered.

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special Education Teacher Parent Speech/Language Pathologist Regular Education Teacher Student Adapled Physical Educator
- Other Related Service Providers (List) OT
- Other (List)

Paraprofessiona

Instructional Plan #3

EDUCATIONAL NEED AREA: Social

CONTENT AREA:

- ESY Instruction
- Targeted for Secondary Transition

Present Level of Academic Achievement and Functional Performance

[REDACTED] currently interacts with peers and adults in an appropriate manner 75% of the time.

Measurable Academic / Functional Goal

[REDACTED] will interact with teachers and peers appropriately without lashing out at them when frustrated 80% of the documented days for 4 consecutive weeks by May 2015.

Method of Measurement: Charting

Additional Methods of Measurement:

Date Achieved:

**REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT (LAA1)
MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)**

No objectives have been entered.

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special EducationTeacher
- Parent
- Speech/Language Pathologist
- Regular EducationTeacher
- Student
- Adapted Physical Educator
- Other Related Service Providers (List) Catholic Charities Counselor
- Other (List)

Paraprofessional

Instructional Plan #4

EDUCATIONAL NEED AREA: Motor

CONTENT AREA: APE

- ESY Instruction
- Targeted for Secondary Transition

Present Level of Academic Achievement and Functional Performance

most PE activities. He has been rescheduled for Art when PE activities could not be modified safely enough. [REDACTED] should avoid activities with repetitive eccentric muscle contractions such as but not limited to descending steps and repeatedly getting up and down from the floor. [REDACTED] has begun to demonstrate some weakness in his hamstrings and dorsiflexor muscle groups which effects his ability to step up onto a large bus step or get up from the floor through a half kneel position; steps have been taken to modify and limit these activities. Heelcord flexibility has been maintained from previous school year status. Occasional (Continued on Addendum Pages...)

Measurable Academic / Functional Goal

[REDACTED] will complete 6 active assisted activities, 90% of APE sessions, each 9 weeks, for the duration of this IEP period.

Method of Measurement: Checklist

Additional Methods of Measurement: Observation

Date Achieved:

REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT (LAA1)
 MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)

No objectives have been entered.

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special EducationTeacher
- Parent
- Speech/Language Pathologist
- Regular EducationTeacher
- Student
- Adapted Physical Educator
- Other Related Service Providers (List) PT/OT
- Other (List)

Services / Placement

Time Frame A

STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes): 390 Student attends school 5 days per week.

Service	Date to Begin	Duration	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Special Education Instruction	5/8/2015	1 year	N/A	20	5	0	0	20	5
Occupational Therapy	5/8/2015	1 year	I	3	1	0	0	0	0
Physical Therapy	5/8/2015	1 year	I	3	1	0	0	4	1
Adapted PE	5/8/2015	1 year	I	0	0	0	0	10	3
Counseling Services	5/8/2015	1 year	Both	0	0	0	0	30	1

Total Number of Minutes in Special Setting per Week: 164

PLACEMENT/SERVICE DETERMINATION CHECKLIST

This list is not a continuum of least restrictive environment for the deaf or hard of hearing students.

- Inside the regular class 80% or more of the day
- Inside regular class between 40%-79% of the day
- Inside the regular class less than 40% of the day
- Separate School
- Residential Facility
- Hospital / Homebound
- Correctional Facilities

Document the educational benefit for the placement **if not inside regular class 80% or more of the day.**

COMMENTS

Special class minutes are provided when [REDACTED] behavior becomes an issue or when he requires additional time or assistance to complete his academic work. PT and OT require current MD orders. PT minutes will be average for 20 minutes over the month and be direct and/or consult with staff. PT will see the student in both regular and special ed. settings. OT minutes will be average of 15 minutes per month

(Addendum For Field: GSI - General Information)

during activities with continuous cervical extension. He does tend to get frustrated easily, especially when he cannot do things the first time. [REDACTED] can participate in most stretching activities but cannot use any weights. Playdoh/clay is fine. [REDACTED] needs his seating to be at the appropriate height and his feet should not dangle. [REDACTED] is on a low sodium diet due to his medications. Although not currently needed, [REDACTED] may need a short break mid-morning due to limited physical endurance resulting from his diagnosis. No monkey bars! Due to some issues with frustration, [REDACTED] is working with the Catholic Charities counselor. [REDACTED] uses chairs to assist himself to standing during floor time or he may choose to sit in the chair vs. being seated on the floor (no return to the floor if he chooses the chair). [REDACTED] is able to complete all fine motor and visual motor activities in his classroom. When writing, [REDACTED] may choose to use a pencil grip, slanted writing surface and a word processor if writing becomes fatiguing. Watch for muscle exhaustion- needs water, rest, call mom for further instructions.

(Addendum For Field: Instructional Plan #4: Present Level of Academic Achievement and Functional Performance)

tripping has been reported recently by staff. [REDACTED] is using compensatory motor strategies to complete difficult gross motor tasks. [REDACTED] does run a little and actively plays with friends during brain breaks. His individualized exercise program has been recently modified to decrease reps and increase assistance levels. (Continued)

Positive Behavior Support Plan

Student: [REDACTED]

Date: May 8, 2015

Apparent/Proposed Function of Problem Behavior:

[REDACTED] is currently a second grader in [REDACTED]

This behavior Intervention Plan (BIP) is being written in conjunction with [REDACTED] reevaluation IEP and is intended to identify areas that [REDACTED] needs additional support.

According to the multidisciplinary reevaluation dated April 16, 2015, [REDACTED] qualifies for special education services with the exceptionality of Other Health Impairment and a secondary exceptionality of Orthopedic Impairment. The diagnosed impairments are as follows: Medical diagnosis of Duchenne Muscular Dystrophy, which impacts his emotional functioning, attention and his neuromuscular functioning. The additional services needed are: school counseling, Catholic Charities counseling, physical therapy, occupational therapy, adapted physical education.

Data for the functional behavior assessment was obtained from a review of discipline reports, teacher interviews, a neuropsychological evaluation, medical data, and the completion of a functional behavior assessment instrument by [REDACTED] teacher. Among the problem behaviors cited are frustration responses, talking out, arguing, teasing, disrespectful responses to adults, tantrums and damaging property (throwing things down, forcefully pushing chairs/objects). The behavior that was of most concern to his teacher was argumentative behavior and disrespectful responses (physical gestures, mocking behavior, ugly comments) that [REDACTED] exhibited toward his teacher and the class paraprofessional. She noted that this behavior occurred approximately three times per week. The time of day did not seem to matter. It was most likely to occur during math class. It tended to occur most frequently when [REDACTED] was re-directed or corrected. It was least likely to occur during lunch or recess. It was also less likely to occur during unstructured activities and in the presence of his special education teacher. Teacher behavior that typically occurred before the behavior included giving a direct order or to begin a new task. Student conditions prior to the behavior included working on a task, being unable to do a task, or possibly not understanding a task. Possible maintenance factors (consequences) included being sent out of the room to another class or a mark upon a chart. It was his special education teacher's view that in performing the arguing and disrespectful behaviors that [REDACTED] obtained a sense of control of his environment, or of adults.

In reviewing all of the data the following functional hypotheses is offered:

When [REDACTED] is in class, especially math, and is expected to complete an assignment in the presence of his teacher or the para-professional assigned to the class, he sometimes argues, becomes disrespectful towards the adults present in his comments and actions, in an attempt to escape from the required task, and possibly to exert or obtain power of the adults present. This behavior occurs about three times per week.

Another factor that my figure into explaining [REDACTED] explosive and reactionary behavior toward adults is poor impulse control that is a result of his Duchenne Muscular Dystrophy condition. In effect, the absence of the dystrophin protein in his brain is believed to contribute to the risk of attention, learning, behavioral, and emotional problems as it can result in frontal lobe dysfunction and meta-analysis that go with it (per neuropsychological report).

An individual Tier 3 Behavior intervention was implemented by his teacher. The intervention targeted [REDACTED] blurting out, talking at inappropriate times, making noise, making rude comments to the teacher and peers and laughing at others. The goal of the intervention was to decrease the amount of occurrences to 20% of the day.

An analysis of the intervention concluded that the interventions implemented were partially successful in that the frequency of the problem behavior was reduced; however, the severity of the behavior remained the same. For this reason, it was felt that [redacted] continued to require a behavior management program and strategies to address his problem behavior that is beyond the scope of a simple regular education behavior plan.

Target (Replacement Behavior(s) to Increase/ Develop:

A1. [redacted] will show appropriate verbal and non-verbal behavior to teachers and adults when corrected or redirected 80% of documented days for 4 consecutive weeks by May 2016.

A2. [redacted] will interact with teachers and peers appropriately without lashing out at them when frustrated 80% of the documented days for 4 consecutive weeks by May 2016.

Target Behavior(s) of Concern to Decrease/Eliminate:

B1. Argumentative behavior

B2. Disrespectful responses (physical gestures, mocking behavior, ugly comments)

B3. Tantrums and damaging property (throwing things down, forcefully pushing chairs/objects)

Description of Plan:

If [redacted] receives 1 or less reminders about his "target behavior" within one class/activity period, then he earns a smiley face. When [redacted] earns 8/10 smiley faces in the am, he will receive a reward at the end of the rating period. When he earns 10/12 smiley faces in the pm, he will receive a reward at the end of the rating period. When earns a reward, the teacher will write the reward that receives in the corresponding "Reward" box. The teacher will tally each time she provides with a reminder. The tally will be placed in the box under the corresponding class/activity period and behavior for which the reminder was given. If [redacted] "Think Time/Chair," a "Buddy Teacher," and/or the office, this can be documented in the notes section along with any other comments the teacher may have.

Proactive Strategies:

1. Adults will provide immediate and positive responses when [redacted] uses more desirable means of expressing frustration.
2. [redacted] will be given the opportunity to participate in counseling through Catholic Charities 4 times per month to help increase appropriate social interaction (strategies to control frustration and anger, conflict resolution, respond appropriately to adults and authority figures)
3. Adults will issue a command only once, then follow through with the preplanned consequence.
4. Adults will explicitly describe the behavior wanted
5. Adults will make "start" or "do" requests rather than "stop" or "don't" requests
6. Adults will verbally reinforce compliance frequently.
7. Adults will interact with [redacted] frequently and utilize proximity control.
8. Reduce stimuli and distractions that would contribute to unnecessary or excessive behavior.
9. Allow for periodic breaks, break down assignments into smaller segments, and allow for some movement.
10. Focus on effort and positive immediate actions of [redacted]
11. Maintain eye contact with [redacted]
12. Make directions clear and concise.
13. Make sure [redacted] comprehends a task before beginning; check for understanding

Responsive Actions:

1. If [redacted] continues to display inappropriate behaviors and/or disrupt the learning environment in the general education setting, the following steps will be used after proactive strategy #13:
 - a. If [redacted] (the special education teacher) is not present, call her.
 - b. Keep him within eye range at all times. Move all peers away so they are not in close proximity to him.
 - c. [redacted] will be told, "We don't do _____, we do _____"
 - d. Do not respond verbally to his dramatic language
 - e. [redacted] (the special education teacher) will escort [redacted] to the special education setting or the nearest available location. (i.e. empty classroom, conference room)
 - f. If he fails to regain composure and/or refuses to leave the class, he will be given a choice to either leave the classroom (or other general education setting) on his own or be physically guided out of the situation.
 - g. Logical consequences will be assigned (this may include spending the remainder of the school day in the special education setting).
2. If [redacted] begins to display inappropriate behaviors in the special education setting, the following steps will be used:
 - a. Remind [redacted] of the privileges he receives for making "good choices" and the consequences of not.
 - b. [redacted] will be told, "We don't do _____, we do _____":
 - c. Do not respond verbally to his dramatic language
 - d. Clear space to minimize danger to self and others.
 - e. Give [redacted] a set amount of time to regain control
 - f. Logical consequences will be assigned.
3. At any time that [redacted] is considered to be a danger to himself or others, disrupts the learning environment to the point that others are unable to learn, or is unable to regain control in a setting, he could be assigned an exclusion period. At that time the determination will be made if an exclusion period at home will be assigned. [redacted] can be assigned 10 days for the school year. It is recommended that if a pattern develops and a student is being assigned exclusion periods at home, then his program should be reviewed.

Staff/Personnel/Individual Responsible:

Target Behaviors A1: Special education teacher, general education teacher, paraprofessional, parents, and Catholic Charities counselor.

Target Behaviors B1, B2: Special education teacher, general education teacher, paraprofessional, parents, and Catholic Charities counselor.

Tracking Documentation:

Documentation Log

Daily Behavioral contract

**INDIVIDUALIZED HEALTH SERVICES PLAN
FOR
STUDENTS WITH SPECIAL HEALTH CARE NEEDS**

STUDENT IDENTIFICATION

Student Name _____ Date of Birth _____
 School _____ Grade 2nd

BACKGROUND INFORMATION/NURSING ASSESSMENT (complete all applicable sections)

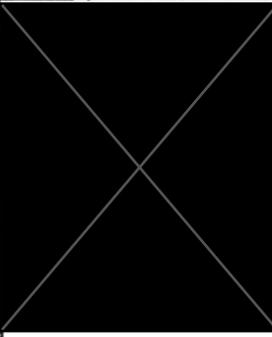
Brief Medical History/Specific Health Care: (additional information is attached)
 Diagnosed with Duchene's muscular dystrophy in 2007. Disease will eventually rob him of his motor skills (walking, sitting, taking care of his personal needs). Parents strive to find a balance between letting him engage in activities he enjoys while doing what is in his best medical interest. _____ At this time, no cardiac concerns. Knows limitations & tires easily after physical activity. Often has leg/arm p.

Psychosocial Concerns _____ (additional information is attached) **Family Concerns/Strengths** _____ (additional information is attached)
 none Has strong family support

GOALS AND ACTIONS: See attached care plan(s)

Attach physician's order and other standards for care.

1) Procedures and interventions (student specific)

Procedure	Administered	Equipment	Maintained By	Authorized/trained By
(1) Avoid repetitive motions; do not let legs dangle. Do not allow for run laps,	all staff	Have steps to assist on to bus & step to rest feet on while sitting in chair	all staff	
(2) no jumping that is repetitive, avoid hanging (like from jungle gym), no	all staff		all staff	
(3) descending steps, no activities that require him to look up. <u>stay hydrated!!</u>	all staff	Frequent water breaks/allow water at all times	all staff	

2) Medications Attach medication guideline and administration log **3) Diet** _____ (additional information is attached)
 Attached Low sodium - brings own lunch most days

4) Transportation Needs (additional information is attached) **5) Class/School Modifications** _____ (additional information is attached)
 Mom brings to school; rides bus home As noted in Goals & Actions

6) Equipment and Supplies: ___ Parent ___ School System ___ None **7) Safety Measures** _____ (additional information is attached)
step stools Maintain routine safety procedures

8) Student Participation in Procedures ___ No ___ Yes (if yes, attached description of participation level) _____ (check if student is enrolled in special education)
 n/a

CONTINGENCIES Emergency Plan ___ Attached Training Plan ___ Attached **Possible Alerts**
 none none

AUTHORIZATION I have participated in the development of the Health Services Plan and agree with the contents.

Parent(s) _____ Date 5/8/15 Teacher(s) _____ Date 5/8/15
 School Nurse _____ Date 5/8/15 Other _____ Date 5/8/15
 School Administrator _____ Date 5/8/15 Other _____ Date 1/1

Effective Beginning Date _____ Next Review Date _____