

**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]	Parent	[REDACTED]
Special Education Teacher	[REDACTED]	Adapted PE Teacher	[REDACTED]
Physical Therapist	[REDACTED]	Other	[REDACTED]
Parent	[REDACTED]	Occupational Therapist	[REDACTED]
Other	[REDACTED]	<i>Other</i>	[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:** The student is currently a 3rd grader at [REDACTED]. The student has a diagnosis of Duchenne Muscular Dystrophy. Due to his condition, the student 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 such as monkey bars. 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 (Continued on Addendum Pages...)

**Strengths:** According to the multidisciplinary evaluation dated April 15, 2015, the student's strengths are reading fluency, written expression, and is currently able to perform most physical activities with modifications.

**Parent Concerns:** *Parents request that the student use a word processor for extended responses and writing assignments.*

**Evaluation / Reevaluation Results:** According to the multidisciplinary evaluation dated April 15, 2015, the student 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 Muscular Dystrophy, which impacts his emotional functioning, attention and his neuromuscular functioning. The additional services needed are: Catholic Charities counseling, physical therapy, adapted physical education, and occupational therapy.

**Academic, Developmental, and Functional Needs:** The student's 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. Occupational Therapy will be addressed within his curriculum.

**Statewide Assessment Results:** *Due to age and grade level,* there are no statewide assessments results at this time. The student will take the statewide assessment this spring.

**Progress or lack of expected progress in general education curriculum:** The student is currently meeting grade level expectations at this time.

**General Student Information (continued)**

**Consideration of Special Factors**

Behavior: The student is currently a third grader in [REDACTED] According to his multidisciplinary reevaluation dated April 16, 2015, he 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 emotional functioning, attention and his neuromuscular functioning. The additional services needed are: Catholic Charities counseling, physical therapy, occupational therapy, adapted physical education. According to the FBA data collected in the current evaluation, dated May 15, 2015, and a review of discipline reports, teacher (Continued on Addendum Pages...)

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. The student is currently refusing to use any assistive technology at this time, but it is readily available to him on an as needed basis.

Health needs - IHP needs to be attached to IEP

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

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  Individual Graduation Plan for LAA1 Students  Educational/Career Plan for LAA1 Students

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

**Instructional Plan #1**

EDUCATIONAL NEED AREA: Behavior

CONTENT AREA:

- ESY Instruction
- Act 833 Applied
- Targeted for Secondary Transition

Present Level of Academic Achievement and Functional Performance

The student is currently a third grader in [REDACTED]. According to his multidisciplinary reevaluation dated April 16, 2015, he 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 emotional functioning, attention and his neuromuscular functioning. The additional services needed are: Catholic Charities counseling, physical therapy, occupational therapy, adapted physical education. (Continued on Addendum Pages...)

Measurable Academic / Functional Goal

With one redirection given, the student will show appropriate verbal and nonverbal behavior to teachers and adults when corrected or redirected 80% of documented days each nine week period for 4 consecutive weeks for the duration of this IEP.

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: Gross motor

- ESY Instruction
- Act 833 Applied
- Targeted for Secondary Transition

**Present Level of Academic Achievement and Functional Performance**

The student is able to walk to access the full campus and perform most gross motor skills however, due to his medical diagnosis, there are limitation put on his activities to aid in maintaining his current high level of function: no running, no repetitive movements (i.e.: standing up and return to sitting on the floor several times in a class period, jumping), walking down many steps during the day such as a flight between floors OR walking down bleachers, hanging from playground equipment, sitting on the floor and looking up for an extended time. PE activities are modified every new unit and he is allowed to read or participate (Continued on Addendum Pages...)

**Measurable Academic / Functional Goal**

The student will initiate and complete his exercises with active assistance as indicated in his program, 100% of sessions, and initiate one modification for PE activities with verbal cues, each 9 weeks, for the duration of this IEP

Method of Measurement: Observational Data

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) PT, OT
- Other (List)

**Instructional Plan #3**

EDUCATIONAL NEED AREA: Social

CONTENT AREA:

- ESY Instruction
- Act 833 Applied
- Targeted for Secondary Transition

Present Level of Academic Achievement and Functional Performance

The student is currently a third grader in [REDACTED] According to his multidisciplinary reevaluation dated April 16, 2015, he 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 emotional functioning, attention and his neuromuscular functioning. The additional services needed are: Catholic Charities counseling, physical therapy, occupational therapy, adapted physical education. (Continued on Addendum Pages...)

Measurable Academic / Functional Goal

Given one redirection, the student will ask for help or accept help respectfully when frustrated 80% of the documented days each nine week period for 4 consecutive weeks for the duration of this IEP.

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

**(Addendum For Field: GSI - General Information)**

to see what is going on or during activities with continuous cervical extension. He should not engage in repetitive running or isometric activities. He does tend to get frustrated easily, especially when he cannot do things the first time. The student can participate in most stretching activities but cannot use any weights. Playdoh/clay is fine. The student needs his seating to be at the appropriate height and his feet should not dangle. The student is on a low sodium diet due to his medications. Although not currently needed, the student may need a short break mid-morning due to limited physical endurance resulting from his diagnosis. Due to some issues with frustration, the student is working with the Catholic Charities counselor. The student 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). The student is able to complete all fine motor and visual motor activities in his classroom. When writing, the student may choose to use a pencil grip, slanted writing surface, or a word processor if writing becomes fatiguing. Watch for muscle exhaustion- needs water, rest, call mom for further instructions. A step stool with handle is used to access the high bus step in the afternoon when he may be more fatigued.

**(Addendum For Field: GSI - Special Factors - Behavior)**

interviews, review of the neuropsychological evaluation, medical data, and observations, the data collected continues to support the function of the student's problem behaviors as; frustration responses, talking out, arguing, teasing, and disrespectful responses to adults. The behavior that continues to be of most concern to his teachers were argumentative behavior and disrespectful responses (physical gestures, mocking behavior, ugly comments) the student exhibits towards his teachers and the class paraprofessional. These behaviors occur an average of approximately three to four times a week or less. The time of the day does not seem to matter. Antecedents to behaviors are; re-directed/ corrected, frustrated with an activity/ assignment, struggles with a task, during lunch, transitional times throughout the school day, at times when other students' comment during discussions, during dismissal, when he feels he is being targeted, or when he feels embarrassed or that attention is drawn to his disability. It is least likely to occur when he is engaged in a preferred activity such as; silent reading or a computer activity. Teacher behavior that typically occurs before the behavior includes giving a direct order or undesired task. Responsive strategies include; being sent out of the room for a think break, conference with special education/ regular education teacher. According to the current evaluation the following hypothesis of function of behavior are offered: the student sometimes becomes disrespectful towards adults present in his comments and actions, in an attempt to escape from the required task, and possibly to exert or obtain power of adults present. Another factor that may figure into explaining the student's explosive and reactionary behavior towards 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 the frontal lobe dysfunction and meta-analysis that go with it (per neuropsychological report).

**(Addendum For Field: Instructional Plan #1: Present Level of Academic Achievement and Functional Performance)**

According to the FBA data collected in the current evaluation, dated May 15, 2015, and a review of discipline reports, teacher interviews, review of the neuropsychological evaluation, medical data, and observations, the data collected continues to support the function of the student's problem behaviors as; frustration responses, talking out, arguing, teasing, and disrespectful responses to adults. The behavior that continues to be of most concern to his teachers were argumentative behavior and disrespectful responses (physical gestures, mocking behavior, ugly comments) the student exhibits towards his teachers and the class paraprofessional. These behaviors occur an average of approximately three to four times a week or less. The time of the day does not seem to matter. Antecedents to behaviors are; re-directed/ corrected, frustrated with an activity/ assignment, struggles with a task, during lunch, transitional times throughout the school day, at times when other students' comment during discussions, during dismissal, when he feels he is being targeted, or when he feels embarrassed or that attention is drawn to his disability. It is least likely to occur when he is engaged in a preferred activity such as; silent reading or a computer activity. Teacher behavior that typically occurs before the behavior includes giving a direct order or undesired task. Responsive strategies include; being sent out of the room for a think break, conference with special education/ regular education teacher. According to the current evaluation the following hypothesis of function of behavior are offered: the student sometimes becomes disrespectful towards adults present in his comments and actions, in an attempt to escape from the required task, and possibly to exert or obtain power of adults present. Another factor that may figure into explaining the student's explosive and reactionary behavior towards 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 the frontal lobe dysfunction and meta-analysis that go with it (per neuropsychological report).

**(Addendum For Field: Instructional Plan #2: Present Level of Academic Achievement and Functional Performance)**

at the modified level. He does run short distances during brain break with his peers. He participates in adaptive PE for active assist cervical flexion, active assist hip extension, independent heel cord stretches, quadruped active pelvic tilts (cat/cow active range of motion), passive hip flexor stretches in prone. He presents with mild decreased strength in his hip and knee extensor muscles (hamstrings and quads which are functionally noted when he gets off of the floor through half kneel or ascends 3 bus steps). He uses compensatory strategies to complete these motor skills. He presents with mild decreased muscle strength and endurance of his dorsiflexor muscles groups. He is able to walk with bilateral heel strike however occasional mild toe gait is observed especially when he is changing directions or the speed at which he is moving; remind student to not walk on his toes. Increased tightness in his left heel-cord (gastroc and soleus muscles) has been noted during heel-cord stretches and verbal/tactile cues to keep the left knee slightly (~5 degrees) flexed during the stretch has been implemented in his exercise routine to avoid over stretching the posterior knee). Mild tightness and weakness in his hip internal rotator muscles has been noted by a mild increase in his toeing out during gait. He is able to complete 4 active assist exercises and two independent exercises during APE.

**(Addendum For Field: Instructional Plan #3: Present Level of Academic Achievement and Functional Performance)**

According to the FBA data collected in the current evaluation, dated May 15, 2015, and a review of discipline reports, teacher interviews, review of the neuropsychological evaluation, medical data, and observations, the data collected continues to support the function of the student's problem behaviors as; frustration responses, talking out, arguing, teasing, and disrespectful responses to adults. The behavior that continues to be of most concern to his teachers were argumentative behavior and disrespectful responses (physical gestures, mocking behavior, ugly comments) the student exhibits towards his teachers and the class paraprofessional. These behaviors occur an average of approximately three to four times a week or less. The time of the day does not seem to matter. Antecedents to behaviors are; re-directed/ corrected, frustrated with an activity/ assignment, struggles with a task, during lunch, transitional times throughout the school day, at times when other students' comment during discussions, during dismissal, when he feels he is being targeted, or when he feels embarrassed or that attention is drawn to his disability. It is least likely to occur when he is engaged in a preferred activity such as; silent reading or a computer activity. Teacher behavior that typically occurs before the behavior includes giving a direct order or undesired task. Responsive strategies include; being sent out of the room for a think break, conference with special education/ regular education teacher. According to the current evaluation the following hypothesis of function of behavior are offered: the student sometimes becomes disrespectful towards adults present in his comments and actions, in an attempt to escape from the required task, and possibly to exert or obtain power of adults present. Another factor that may figure into explaining the student's explosive and reactionary behavior towards 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 the frontal lobe dysfunction and meta-analysis that go with it (per neuropsychological report).

## Positive Behavior Intervention Plan

Student: [REDACTED]

Date: May 6, 2016

### Apparent/Proposed Function of Problem Behavior:

[REDACTED] is currently a third grader in [REDACTED]. According to his multidisciplinary reevaluation dated April 15, 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 emotional functioning, attention and his neuromuscular functioning. The additional services needed are: Catholic Charities counseling, physical therapy, occupational therapy, adapted physical education.

According to the FBA data collected in the current evaluation, dated <sup>April</sup> May 15, 2015, and a review of discipline reports, teacher interviews, review of the neuropsychological evaluation, medical data, and observations, the data collected continues to support the function of [REDACTED] problem behaviors as; frustration responses, talking out, arguing, teasing, and disrespectful responses to adults. The behavior that continues to be of most concern to his teachers were argumentative behavior and disrespectful responses (physical gestures, mocking behavior, ugly comments) [REDACTED] exhibits towards his teachers and the class paraprofessional. These behaviors occur an average of approximately three to four times a week or less. The time of the day does not seem to matter. Antecedents to behaviors are; re-directed/ corrected, frustrated with an activity/ assignment, struggles with a task, during lunch, transitional times throughout the school day, at times when other students' comment during discussions, during dismissal, when he feels he is being targeted, or when he feels embarrassed or that attention is drawn to his disability. It is least likely to occur when [REDACTED] is engaged in a preferred activity such as; silent reading or a computer activity. Teacher behavior that typically occurs before the behavior includes giving a direct order or undesired task. Responsive strategies include; being sent out of the room for a think break, conference with special education/ regular education teacher. According to the current evaluation the following hypothesis of function of behavior are offered: [REDACTED] sometimes becomes disrespectful towards adults present in his comments and actions, in an attempt to escape from the required task, and possibly to exert or obtain power of adults present. Another factor that may figure into explaining [REDACTED] explosive and reactionary behavior towards 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 the frontal lobe dysfunction and meta-analysis that go with it (per neuropsychological report).

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

- A1. Given one redirection, [REDACTED] will show appropriate verbal and nonverbal behavior to teachers and adults when corrected or redirected 80% of the documented days each nine week period for 4 consecutive weeks for the duration of this IEP.
- A2. Given one redirection, [REDACTED] will ask for help or accept academic help respectfully when frustrated 80% of the documented days each nine week period for 4 consecutive weeks for the duration of this IEP.

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

B1. Engaging in inappropriate behaviors, i.e. making inappropriate comments and/or disrespectful comments, body language.

B2. Argumentative/tantrum behaviors when frustrated i.e., refusing to do work, throwing things, etc.

**Description of Plan:**

If [REDACTED] receives 1 or less reminders about his "target behavior" within one class/activity period, then he earns a yes/ point for that period and target behavior. [REDACTED] will check in with the special education teacher in the morning before beginning his school day and twice throughout the school day to obtain a positive reward of choice and, if needed, a conference about behavior and how to "fix" it for the remainder of his school day. [REDACTED] will have an opportunity to earn a predetermined set of points for the first part of his school day. He will meet with the special education teacher mid day for reward and, if needed, conference about behavior. [REDACTED] reward will be given based on the amount of points he has earned for the first part of his day. (example: points = minutes on computer). If [REDACTED] earns all of his points for the first part of his day, he will also receive a sticker to put on his chart. [REDACTED] will meet with the special education teacher at the end of each school day for his reward and conference, if needed, about behavior. [REDACTED] will also be given the opportunity to earn another sticker for his chart if he earns all his points for the second half of his day. The teacher will tally each time she provides him 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 he is sent to "Control Spot," 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. [REDACTED] will be given the opportunity to participate in counseling through Catholic Charities 4 times per month to help increase appropriate social interaction (how to make and keep friends, how to interact in public and other social settings, how to address authorities, especially when emotionally upset.)
2. Adults will explicitly describe the behavior wanted.
3. Adults will make "start" or "do" requests rather than "stop" or "don't" requests
4. Adults will verbally reinforce compliance frequently.
5. Adults will provide immediate and positive responses when [REDACTED] uses more desirable means of expressing frustration.
6. Adults will utilize proximity control.
7. Reduce stimuli and distractions that would contribute to unnecessary or excessive behavior, i.e test tent, preferential seating.
8. Allow for periodic breaks, break down assignments into smaller segments, and allow for some movement. Break card will be available and a calm down spot within the classroom for [REDACTED] to regain control if needed.
9. Focus on effort and positive immediate actions of [REDACTED]
10. Maintain eye contact with [REDACTED]
11. Make directions clear and concise.
12. Make sure [REDACTED] comprehends a task before beginning; check for understanding. (have [REDACTED] repeat directions back)
13. Adult will give a direction to the class, if [REDACTED] does not respond, the adult will then give [REDACTED] a one on one direction to complete the instruction and a reminder of his two choices; follow directions and earn reward or go to your quiet space to calm down. The adult will set a timer and walk away, leaving [REDACTED] to make a choice. Adult will follow through once the one minute is up.

**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. [redacted] will be escorted to the special education setting for a break time.
  - b. If [redacted] refuses to leave, the special education teacher will be called.
  - c. Keep him within eye range at all times. Move all peers away so they are not in close proximity to him.
  - d. [redacted] will be told, "We don't do \_\_\_\_\_, we do \_\_\_\_\_"
  - e. Do not respond verbally to his dramatic language. Avoid a power struggle and/or confrontation with [redacted]
  - f. The special education teacher <sup>administrator</sup> will escort [redacted] to the special education setting or the nearest available location. (i.e. empty classroom, conference room)
  - g. 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.
  - h. [redacted] will stay in the special education setting until he is calm and able to return to the classroom.
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".
  - 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 Wyatt a set amount of time to regain control.
  - f. Logical consequences will be assigned, *as agreed upon through conference by SPED teacher, reg. ed. teachers, and administrator as needed*
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, A2: Special education teacher, general education teacher, paraprofessional, parents, and Catholic Charities counselor.  
 Target Behaviors A1, A2: Special education teacher, general education teacher, paraprofessional, parents, and Catholic Charities counselor.

**Tracking Documentation:**

Documentation Log