

LIST OF PPT RECOMMENDATIONS

1. Implement IEP
2. Reevaluation
3. 6-8 week home consult
4. Extended School Year Services

PLANNING AND PLACEMENT TEAM MEETING SUMMARY(OPTIONAL)

The purpose of the PPT was to conduct [REDACTED]'s annual review. Introductions were made and procedural safeguards were offered. [REDACTED] began by discussing [REDACTED]'s progress in the classroom. [REDACTED] discussed progress and presented the annual review progress report. [REDACTED] is making progress with toilet-training. He is using a token system in the classroom, which has been very successful. [REDACTED] has also mastered several of his objectives. He is using several pictures and able to scan and determine which he wants to work for. However, the team agreed that [REDACTED]'s attention span has decreased, which parents have noticed at home as well. His self-injurious behaviors have escalated at home. He is also throwing objects at his brother with intention. [REDACTED] expressed concern with [REDACTED] mouthing and chewing on plastic utensils and asked for suggestions. [REDACTED] suggested using a z-vibe to give him oral input. [REDACTED] is participating in [REDACTED]'s room more than the reversed mainstreamed classroom. Currently, [REDACTED] is in the reversed mainstream classroom for about five minutes per day. In general, [REDACTED]'s head-banging has decreased at school. [REDACTED] discussed the toys that [REDACTED] seems to enjoy and agreed to show [REDACTED] so they can get similar toys in the home setting. [REDACTED] questioned the use of glasses, which [REDACTED] does not tolerate well. [REDACTED] noted that [REDACTED]'s reticence toward the stairs appears to be more emotionally based rather than a visual acuity or depth. [REDACTED] discussed the specific speech sounds that [REDACTED] is consistent with. There are certain sounds that [REDACTED] is making in school but not in speech and language, which the team would like to see more consistency and generalization. Changes in goals and objectives were discussed. The team agreed that although the toileting is time consuming, it is an important goal that needs to be focused on. [REDACTED] discussed specific changes in goals and objectives that will be implemented. She is concentrating on specific vowel sounds that [REDACTED] needs to say with consistency. In addition, she wants to work on [REDACTED] having an appropriate means of saying "No" with either PECS or through gestures. Home collaboration will continue to be in place with IEP. Currently, [REDACTED] is going into the home one day per month. However, the team agreed to offer a six to eight week home consult. [REDACTED] discussed the increase in [REDACTED]'s OT services. She is using the FloorTime approach with [REDACTED] which appears to be a successful approach. [REDACTED] gave the team written information on the program and has had [REDACTED] who to observe the method. She is seeing improvement in [REDACTED]'s initiation and acceptance. [REDACTED] discussed [REDACTED] skill level and has created goals and objectives to accomplish mastery of skills. Extended School Year services were recommended. [REDACTED]



Student: [redacted] Last Name, First Name [redacted] DOB: [redacted] mm/dd/yyyy District: [redacted] Public Schools Meeting Date: [redacted] mm/dd/yyyy

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PLANNING AND PLACEMENT TEAM MEETING SUMMARY(OPTIONAL)

and Mrs. [redacted] inquired about whether [redacted] is ready to be evaluated. The team discussed evaluations that have been completed to date and noted that no speech and language evaluations have been completed. A speech and language evaluation was recommended, which [redacted] will complete. Parent consented to the evaluation. Mr. and Mrs. [redacted] inquired about why there is not an Aide on [redacted]'s bus. [redacted] clarified that while some vans do have more than one adult, it is not common for an actual Aide to be on vans. Mrs. [redacted] will at least ask the bus company why there is not an extra person on the van any longer. The PPT was adjourned.

Parents please note: Parents must be provided with a copy of the state developed Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools

(http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320730&legal) at the first PPT meeting following a child's initial referral for special education. In addition, the notice must also be provided to parents at the first PPT meeting where the use of seclusion as a behavior intervention is included in a child's IEP. A copy of the Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools has been provided to the parents on 01/16/2014 (date).



Student: [redacted] Last Name, First Name [redacted] DOB: [redacted] mm/dd/yyyy District: [redacted] Schools [redacted] Meeting Date: [redacted] mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
 (The following information was derived from: report data, documentation from classroom performance, parent/student reports, curriculum based and standardized assessments, observations, including CMT and CAPT results and student samples)

Parent and Student input and concerns Parents expressed concern with [redacted]'s chewing on plastic utensils and asked for suggestions to redirect him. In addition, Mr. and Mrs. [redacted] inquired about [redacted] tolerating his glasses and questioned his vision.

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Academic/Cognitive: Language Arts: <input type="checkbox"/> Age Appropriate Currently [redacted] can receptively identify in pictures 24 new items. He can follow 11, 1 step instructions. [redacted] has mastered 55 novel actions with objects, 49 novel actions.	He follows simple "Do this" instructions in 1:1 and in a small group. He can match and complete simple puzzles.	[redacted] has difficulty learning new receptive pictures, and objects. He does not yet know body parts.	Due to [redacted] difficulty in learning new receptive object and pictures labels, it would be difficult for him to access his preschool classroom full time.
Academic/Cognitive: Math: <input type="checkbox"/> Age Appropriate [redacted] has learned 24 new receptive label pictures. He can follow 11 simple one step instructions. He can imitate 55 simple novel actions with objects, and 49 simple novel actions.	[redacted] can match pictures, he can scan an array of 3 items in front of him, [redacted] consistently looks to an adult who calls his name.	[redacted] does not know body part labels on himself, he has had difficulty learning 3D object labels.	Due to [redacted] difficulty in learning new receptive object and pictures labels it would be difficult for him to access his preschool classroom full time.
Other Academic/Nonacademic Areas: <input type="checkbox"/> Age Appropriate [redacted] has mastered simple 1 step directions such as give me, picke up, and sit down. Currently a token board has been put into place which increases his time to be able to work before earning a reinforcer.	[redacted] has mastered over 10 novel actions at baseline in a row, and over 10 novel actions with objects at baseline in a row when given the instruction "Do this."	[redacted] currently does not consistently stop when told, or go. He currently when given the instruction to touch a body part, he has only mastered 2.	Due to [redacted] difficulty learning 1 step instructions including body part labels, [redacted] will have difficulty accessing his preschool classroom full time.

Student: [redacted] Last Name, First Name: [redacted] DOB: [redacted] District: [redacted] Meeting Date: [redacted] mmmddyyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area (briefly describe current performance) Strengths (include data as appropriate) Concerns/Needs (requiring specialized instruction) Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.

Behavioral/Social/Emotional:
 Age Appropriate
 He is able to play with 2 toys as intended for a minute, he is starting to participate in small group activities, in the classroom and in his IEP classroom.

Communication:
 Age Appropriate
 PECS Phase IV ("want"). Current verbal sounds in imitation and isolation for requests include the sounds /m, p, b, t, d, s, /sho/ or /Wo/ to link sounds to request objects/actions

Vocational/Transition:
 Age Appropriate
 N/A due to age

Health and Development-Including Vision and Hearing: Age Appropriate

Fine and Gross Motor:
 Age Appropriate
 exhibits increased motor planning skills, including initiation and execution of novel and preferred motor tasks; continues to need maximum assistance to participate in non-preferred GM/FM tasks.

Activities of Daily Living:
 Age Appropriate
 Can use a spoon, and fork independently. He can drink from an open cup, pull his pants up independently. He is currently being potty trained on a 30 minute interval.

Other:
 Age Appropriate

able to follow small step classroom routines, such as arrival and dismissal routines, currently his self injurious behavior has decreased in the school setting.
 discriminating pictures in PECS book, eye contact for shared enjoyment activities, motivated by music and physical play

sitting and attending to small and large group instructions, following 1 step play activities, responding to "come here", and "stop and go".
 verbal initiation, building sound combinations for expressive language (requests, actions), functional communication (expressing negation, learning "wait")

Difficulty with transitions, greetings and participation in group activities warrants special education support in order for [redacted] to be successful in school.
 [redacted]'s communication delays affect his verbal participation, expression and socialization in an educational setting. Speech and language therapy is warranted to address these weaknesses.

responds well to a "Floortime" approach, in which his spontaneous initiation of motor tasks in play are supported and shaped by his therapist, exhibiting increased circles of communication.

Decreased sensory processing, self-regulation, motor planning, visual motor/line motor skills.

[redacted] continued difficulty with regulation, sensory processing and fine-motor abilities warrant special education support in order for [redacted] to be successful in school.

He is able to pull up his pants, complete small routines (4 steps or less), independently.

He is currently not requesting the bathroom independently, and cannot complete the whole handwashing routine without assistance.

Due to [redacted] currently being potty trained, his inability to complete higher level step routines independently. It would be difficult for [redacted] to access the preschool classroom without special education support.

Student: [REDACTED] Last Name, First Name [REDACTED] DOB: [REDACTED] mm/dd/yyyy District: [REDACTED] Meeting Date: [REDACTED] mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORTS FOR SCHOOL PERSONNEL

Accommodations and modifications to be provided to enable the child
 - To advance appropriately toward attaining his/her annual goals
 - To be involved in and make progress in the general education curriculum
 - To participate in extracurricular and other non-academic activities; and
 - To be educated and participate with other children with and without disabilities

Accommodations may include Assistive Technology Devices and Services

Materials/ Books/ Equipment: Assistive Technology; PECS Communication System

Tests / Quizzes/Assessments:

Grading:

Organization:

Environment: Clear Work Area, Minimizing or Structure transitions

Behavioral Interventions and Support: Break Between Tasks, Cue Expected Behavior, Modeling Expected Behavior by Adults, Positive Reinforcement

Instructional Strategies: Cueing/Prompts, Multi-Sensory Approach, PROMPT/tactile cueing system for articulation, Use Manipulatives, Visuals to Support Instruction

Other: PECS pictures

	All school environments
	All school environments
	All school environments

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: Collaboration between SLP, CLAs and classroom teacher; Home consult 6-8 weeks

Student: [redacted] Last Name, First Name [redacted] DOB: [redacted] mm/dd/yyyy [redacted] District: [redacted] Meeting Date: [redacted] mm/dd/yyyy

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

CONSIDERATION OF SPECIAL FACTORS:

- For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 - NA A behavioral intervention plan has been developed IEP Goals and Objectives have been developed to address the behavior Other (specify) _____
- For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
 - NA Recommendation: (specify) _____
- For students who are blind or visually impaired:
 - NA Instruction in braille or the use of braille is being provided, as required The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or use of braille), that instruction in braille or the use of braille is not appropriate for this student.
- For students who are deaf or hard of hearing:
 - NA See attached required Language and Communication Plan (Form ED 638) - The PPT has determined (after considering the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology devices and services) that the following services/modifications identified in the attached Language and Communication Plan are required.

PROGRESS REPORTING:

- A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule.
 - Quarterly Consistent with grade level report cards Other (Specify) _____

EXIT CRITERIA

- Exit Criteria: Student will be exited from Ability to succeed in Regular Education without Graduation Age 21 Other: _____ (specify) _____
Special Education upon: (Check One) Special Education Support

Student ID: _____ Last Name, First Name: _____ District: _____ Meeting Date: _____

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

Special Education Services	Goal(s)	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Play/Intracive Instruction	3.5	0.33 hr/Weekly	Special Education Teacher - Special Education	ABA therapist, ABA therapist	1/23/2014	1/23/2015	3	Small group/individual instruction
Academic/Social Skills Instruction	1,2,4,5,7,9	24.17 hr/Weekly	Special Education Teacher - Special Education	ABA therapist, ABA therapist	1/23/2014	1/23/2015	3	Small group/individual instruction
Related Services								
Speech/Language Pathology	10,11	2.00 hr/Weekly	Speech/Language Pathologist	Speech/Language Pathologist	1/23/2014	1/23/2015	2	Small group/individual instruction
Occupational Therapy	12,13	2.00 hr/Weekly	Occupational Therapist	Occupational Therapist	1/23/2014	1/23/2015	5	Flexible schedule depending on student need
*Instructional Site:	1. Regular Classroom 2. Resource/Related Service Room 3. Self-Contained Classroom 4. Community-Based 5. Other: School Based							
Description of Participation in General Education:	Due to student's needs a more intensive program is required							

Note: Each Item #1-13 must include a response

1. Assistive Technology: Not Required Required: See Pg. 8

2. Applied (Voc.) Ed: Regular Special (Specify) _____

3. Physical Education: Regular Special (Specify) _____

4. Transportation: Regular Special (Specify) _____

5. Length of School Day: (Specify) _____ 6.50 hrs

6. Number of Days/Week: (Specify) _____ 5

7. Length of School Year: (Specify) _____ 182 Days

8. Total School Hours/Week: (Specify) _____ 32.50

9. Special Education Hours/Week: (Specify) _____ 32.50

10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers): 0.00

11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? Yes No

12. Extended School Year Services: Not Required Required: See service delivery grid above or an additional page 11 for services to be provided

13. a) The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: Intensive special education program is required to address student needs Not Applicable: Student will participate fully

b) If the IEP requires any removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g. lunch, recess, transportation, etc.) that he/she would attend if not disabled, the PPT must justify this removal from the regular education environment. Not Applicable: Student will participate fully

The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation - use additional pages if necessary)

Student requires a more intensive special education program

Note: The LRE Checklist (ED692) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.