



Early Intervention and Education

Endorsed by the American Academy of Pediatrics and the
Society of Developmental and Behavioral Pediatrics.

Developed in partnership with
Health Resources and Services Administration
Maternal and Child Health Bureau.



Early Intervention and Education



Abstract

Tim is a 2-year, 5-month-old boy who presents to your office for follow up after receiving a new diagnosis of an autism spectrum disorder (ASD). He has been receiving early intervention services, and his parents would like guidance on treatment in light of his new diagnosis. When Tim reaches his third birthday, his parents also have questions about the transition to preschool in his local school district. You continue to follow Tim in preschool and are able to help monitor his progress and assist with management of new behavior problems, including aggression.

Case Goal

Appropriate early-intensive educational therapies greatly improve long-term outcomes for children with autism spectrum disorder (ASD). Effective primary care management of ASD includes supporting families by referral for appropriate therapies and community resources. *After completion of this module, learners will be able to:*

1. Discuss the evidence base and recommended educational therapies for children with ASD.
2. Provide ongoing support and management for children with ASD and their families regarding educational therapies.

Three Steps to Prepare - In 15 Minutes or Less!

- 1 Read through the Facilitator's Guide and make copies of the case and learner worksheet for distribution.
- 2 Identify the key topics you wish to address. Consider:
 - Knowledge level of learners
 - Available time
 - Your familiarity with the subject
- 3 Select and prepare the optional teaching tools you wish to use. *Each case provides a variety of **optional materials to enhance the learning environment, support facilitator style, focus on different themes, or accommodate different time limitations. These materials are optional for facilitators to use at their discretion.***
 - Handouts: select any you wish to use and make copies for distribution
 - PowerPoint: decide if you wish to use and confirm necessary technical equipment
 - Video: review embedded video and video library, decide if you wish to use, confirm necessary technical equipment, and conduct test run

The following case was developed by the authors. It does not necessarily reflect the views or policies of the Department of Health and Human Services (HHS) or the Centers for Disease Control and Prevention (CDC).

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Key Learning Points of This Case

1. Discuss the evidence base and recommended educational therapies for children with ASD.
 - a. List the key features of successful early educational programs for children with ASD (Prompt 1.1)
 - b. Describe the current evidence base for commonly used behavioral therapies (Prompt 1.3)
 - c. Understand the typical components of early intervention programs for children with ASD, age 3 years and younger (Prompt 1.6)
 - d. Understand the difference between diagnosis and eligibility for an individual educational plan (IEP) for children with ASD, age 3 years and older (Prompt 2.1)
2. *Provide ongoing support and management for children with ASD and their families regarding educational therapies.*
 - a. Identify the needs of families in the transition from Early Intervention to preschool (Prompt 2.1)
 - b. Understand the process for evaluating problem behaviors to develop a home treatment plan for children with ASD (Prompt 3.1)

Only Have 30 Minutes to Teach? :30

Focus your discussion on the available therapies and transition from early intervention to preschool. Use:

- Handouts II: Summary of Educational Rights
- Potential Prompts: 1.1, 1.3, 1.6, 2.1, and 3.1

Materials Provided

- Case Worksheet for Learners
- The Case Study: Part I, II, and III (available in Facilitator's Guide and on CD)
- Optional Teaching Tools
 - PowerPoint with embedded videos (available on CD)
 - Handouts (available in Facilitator's Guide and on CD)
 - Handout I: Online Resources
 - Handout II: Summary of Educational Rights
 - Handout III: Sample IFSP*
 - Handout IV: Sample IEP*
 - Video Library (available on CD)
- References

* We recommend that the facilitator pull a real IFSP and IEP from a clinical chart to review and discuss with the group. Due to regional and state-to-state variability in service provision, the use of authentic IFSP and IEP records provides an opportunity to review examples specific to the local community of participants. A sample IFSP and IEP are provided, in case the facilitator is unable to find a local example.

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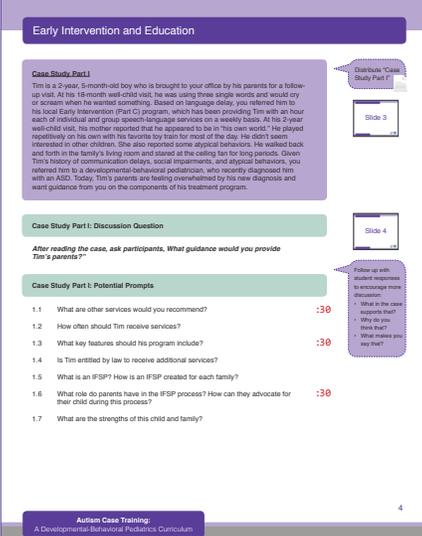
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Getting Started

This case is designed to be an interactive discussion of a scenario residents may encounter in their practices. Participation and discussion are essential to a complete learning experience. This Facilitator's Guide provides potential prompts, suggestions for directing the discussion, and ideas for incorporating the optional teaching tools. It is not designed as a lecture.

Case study icons:

-  Call-out: step-by-step teaching instructions
-  Note: tips and clarification
-  Slide: optional slide, if using PowerPoint
-  Filmstrip: optional slide contains an embedded video
-  Paper: potential place to distribute an optional handout
-  :30 Digital clock: tips if you only have '30 Minutes to Teach'



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Case Study Part I
Tim is a 2-year, 5-month-old boy who is brought to your office by his parents for a follow-up visit. At his 18-month well-child visit, he was using three single words and would cry or scream when he wanted something. Based on language delay, you referred him to his local Early Intervention (Part C) program, which has been providing Tim with an hour each of individual and group speech language services on a weekly basis. At his 2-year well-child visit, his mother reported that he appeared to be in "his own world." He played repetitively on his own with his favorite toy train for most of the day. He didn't seem interested in other children. She also reported some atypical behaviors: he walked back and forth in the family's living room and stayed at the ceiling fan for long periods. Given Tim's history of communication delays, social impairments, and atypical behaviors, you referred him to a developmental behavioral pediatrician, who recently diagnosed him with an ASD. Today, Tim's parents are feeling overwhelmed by his new diagnosis and seek guidance from you on the components of his treatment program.

Case Study Part I: Discussion Question
After reading the case, ask participants, "What guidance would you provide Tim's parents?"

Case Study Part I: Potential Prompts

- 1.1 What are other services would you recommend? :30
- 1.2 How often should Tim receive services?
- 1.3 What key features should his program include? :30
- 1.4 Is Tim entitled by law to receive additional services?
- 1.5 What is an IFSP? How is an IFSP created for each family?
- 1.6 What role do parents have in the IFSP process? How can they advocate for their child during this process? :30
- 1.7 What are the strengths of this child and family?

Autism Case Training:
A Developmental-Behavioral Pediatrics Curriculum

Why is This Case Important?

For children with ASD, educational interventions are the mainstay of treatment. Such interventions may include behavioral therapies, speech-language therapy, and occupational therapy. These therapies target the core symptoms of ASD and aim to improve a child's functioning across environments. Depending on age, most children with an ASD access these therapies through early intervention programs or local school districts. These agencies serve as important resources for children with ASD.

Introduce the session goal and format of the case study

Cultural Competence

It is important for clinicians to understand how different childrearing practices and cultural norms may influence key decisions that parents make regarding their child, including obtaining evaluations and treatment, future planning, and acceptance of the child's diagnosis. Clinicians can approach parents openly and honestly by asking them about their unique style of parenting and how the information or recommendations provided are received.

See the curriculum introduction for additional information on cultural competence and potential discussion questions.



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Case Study Part I

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Distribute “Case Study Part I”

Slide 3

Case Study Part I: Discussion Question

After reading the case, ask participants, “What guidance would you provide Tim’s parents?”

Slide 4

Case Study Part I: Potential Prompts

- | | | |
|-----|---|-----|
| 1.1 | What are other services would you recommend? | :30 |
| 1.2 | How often should Tim receive services? | |
| 1.3 | What key features should his program include? | :30 |
| 1.4 | Is Tim entitled by law to receive additional services? | |
| 1.5 | What is an IFSP? How is an IFSP created for each family? | |
| 1.6 | What role do parents have in the IFSP process? How can they advocate for their child during this process? | :30 |
| 1.7 | What are the strengths of this child and family? | |

Follow up with student responses to encourage more discussion:

- What in the case supports that?
- Why do you think that?
- What makes you say that?

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Supporting Information for Potential Prompts

1.1 *What other services would you recommend?*

:30

With his new diagnosis of ASD, Tim requires additional and more specialized services to support his acquisition of communication, social, play, learning, and self-help skills. Many different therapies are used in the treatment of ASD. A child's individual needs, the family's needs, and the availability of therapies in his/her geographic area may determine the choice of therapies.

According to reports by the American Academy of Pediatrics (AAP) and the National Research Council (NRC), behavior and communication approaches that help children with ASD are those that provide structure, direction, and organization for the child in addition to family participation.

The earlier intervention can begin, the better the long-term outcomes. However, each child's response to intervention may vary. It is never too late to begin teaching a child with autism new skills.

Types of treatments include:

Applied Behavior Analysis (ABA)

A notable treatment approach for people with an ASD is called applied behavior analysis (ABA). ABA has become widely accepted among health care professionals and is used in many schools and treatment clinics. ABA encourages positive behaviors and discourages negative behaviors in order to improve a variety of skills. The child's progress is tracked and measured. There are several different interventions based on the principles of ABA. Some examples include Discrete Trial Training (DTT), Early Intensive Behavioral Intervention (EIBI), Pivotal Response Training (PRT), and Analysis of Verbal Behavior. Several decades of research have demonstrated the effectiveness of ABA as an intervention to increase and decrease behaviors for children with ASD.



There are different types of ABA. Following are some examples:

- **Discrete Trial Training (DTT):** DTT is a style of teaching that uses a series of trials to teach each step of a desired behavior or response. Lessons are broken down into their simplest parts and positive reinforcement is used to reward correct answers and behaviors. Incorrect answers are ignored.
- **Early Intensive Behavioral Intervention (EIBI):** This is a type of ABA for very young children with an ASD, usually younger than 5, and often younger than 3.
- **Pivotal Response Training (PRT):** PRT aims to increase a child's motivation to learn, monitor his own behavior, and initiate communication with others. Positive changes in these behaviors should have widespread effects on other behaviors.
- **Verbal Behavior Intervention (VBI):** VBI is a type of ABA that focuses on teaching verbal skills.
- **Incidental Teaching:** This is a form of ABA in which behavioral techniques are used in the context of a natural environment, such as a preschool classroom with typical peers. As the child with autism plays, a behaviorally-trained teacher will identify a key teaching goal, make sure the environment is set up to teach that goal, and

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provide feedback and reinforcement for the response. For example, a child with autism is in a preschool classroom and a teaching goal is to use words to request preferred objects. The teacher makes sure the toy shelves contain some of the child's favorite toys, like a truck, that is out of reach. When the child reaches up for the truck, the teacher steps in and asks what he wants and waits or prompts him to say, "Want truck". When he says the phrase, he is immediately given the truck and praise indicating exactly what he did, what happened, and why, "Great! You said 'want truck', here's the truck". In essence, incidental teaching structures the environment to provide specific opportunities, practice, and feedback as part of a child's typical activities to build communication, social, play, self-help, and other skills.

Online Resource: For an overview of behavioral and other therapies for ASD: http://www.asatonline.org/treatment/treatments_desc.htm.

I. Online Resources
(Used Throughout) 

TEACCH

TEACCH, a structured-teaching method, uses visual cues to teach skills. For example, picture cards can help teach a child how to get dressed by breaking information down into small steps.

TEACCH
Toileting Chart 

Occupational Therapy

While fine and gross motor impairments are not universal or specific to ASD, the prevalence of such abnormalities in ASD is relatively high. Motor impairments have been found in skilled movement and eye-hand coordination, speed, praxis and imitation, gait, posture, and balance.

Occupational therapy teaches skills that help the person live as independently as possible. Skills might include dressing, eating, bathing, and relating to people.

Sensory Integration (SI) Therapy

While sensory-processing abnormalities are not universal or specific to ASD, the prevalence of such abnormalities in ASD is relatively high. Literature includes reports of both hypo- and hyperresponsiveness to sensory input.

SI therapy helps the person deal with sensory information, like sights, sounds, and smells. Sensory-integration therapy could help a child who is bothered by certain sounds or does not like to be touched.

This therapy is based on the supposition that children with ASD have difficulty processing external stimuli as demonstrated by symptoms such as hyperacusis, "tactile defensiveness," or oral aversion due to the avoidance of foods because of smell, texture, or color. The goal of SI is to improve children's ability to process and respond appropriately to sensory information. It is hoped that doing so may also improve overall balance, concentration, and control of impulses.

Communication Interventions

One of the core features of ASD is communication impairment. Children with ASD have deficits in their functional and social communication. They have difficulty using verbal and nonverbal means to meet their daily needs, such as making requests. They also have difficulty using language for social purposes. Language abilities vary. Some children may be nonverbal; others may develop language that is highly idiosyncratic with echolalia, scripted speech, or unusual prosody (tone or inflection). In children with

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Asperger syndrome, for example, language skills, including articulation, vocabulary, and grammatical abilities, may be preserved. However, social or pragmatic aspects of language, such as the ability to engage in the give-and-take of social conversation, are impaired.

Speech therapy helps to improve the person's communication skills. Some people are able to learn verbal communication skills. For others, using gestures or picture boards is more realistic.

Augmentative and alternative communication modalities may be used with children with ASD, such as sign language or the Picture Exchange Communication System (PECS). PECS uses picture symbols to teach communication skills. The person is taught to use picture symbols to ask and answer questions and have a conversation.

There is some evidence to support the use of augmentative and alternative communication interventions.

Online Resource: For more information on PECS: <http://www.pecs.com>.

Social Skills Interventions

Social skills interventions may be beneficial for children with ASD. They can be incorporated into a child's educational program in different ways. Examples include the use of social stories and participation in social skills groups and facilitated play groups, which are organized privately or through schools. When social skills instruction is provided, it should involve a curriculum-based program with measurable goals.

Social Stories™ provide a way of describing a particular scenario, such as a birthday party, to children with ASD. It breaks down the scenario step-by-step and emphasizes social cues, expectations, and appropriate responses to enhance understanding of the scenario.

Although there is some evidence to support the use of social skills instruction, it is primarily descriptive in nature. Research is ongoing in this area.

Online Resource: For more information on Social Stories™: <http://thegraycenter.org>.

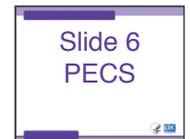
Developmental, Individual Differences, Relationship-Based Approach (DIR, also called "Floortime")

Floortime focuses on emotional and relational development (e.g. - feelings, relationship with caregivers). It also focuses on how the child deals with sights, sounds, and smells.

The idea behind Floortime is that an adult can help a child communicate better by meeting him at his developmental level and focusing on his strengths. Therapy is often built into play activities children are doing on the floor. Floortime therapists work on needs in areas such as speech and cognitive skills through an emphasis on emotional development. It is considered an alternative to behavioral therapies and is sometimes delivered in conjunction with them.

Family Resources include (see resource section below):

- Autism speaks first 100 days kit
- Local autism family community support centers through autism speaks
- Family-to-family health information centers



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The 2001 National Research Council (NRC) report *Educating Children with Autism* recommended that children with ASD receive a minimum of 25 hours of services per week, 12 months a year. Available research suggests that children with ASD require a certain intensity of services to ensure their continued development and progress. However, resources to provide such services vary within regions and from state to state. Therefore, children with ASD living in different geographic areas may have differing educational programs in terms of the hours of services per week they receive.

1.3 What key features should his program include?

:30

In *Educating Children with Autism*, the NRC identifies the following key features of effective intervention programs for children with ASD:

- Early entry
- Full day, 5 days/week, full year (12 month) program of intensive services
- “Use of planned teaching opportunities, organized around relatively brief periods of time for the youngest children (e.g., 15-20 minute intervals)”
- “Sufficient amount of adult attention in one-to-one or very small group instruction (often with a student-teacher ratio of no larger than 2:1)”

Note: This level of services is often not available and/or affordable for families, therefore creativity in a child’s program planning is important.

1.4 Is Tim entitled by law to receive additional services?

Given Tim’s age, less than 3 years, he continues to receive services through his local Early Intervention program. He must have an IFSP or individualized family service plan if he is receiving services through the local early intervention program.

II. Summary of Educational Rights

Federally Mandated Services

The Individuals with Disabilities Education Act (IDEA) is a federal law that requires each state to ensure that a free, appropriate public education is available in the least restrictive environment to all eligible children with disabilities residing in that state, thereby encouraging inclusive education.

- **Part C:** Early Intervention (EI) services for children birth to 2 years, 11 months
- **Part B:** special education and related services for children 3 to 21 years

Services covered under Part C are administered by the Department of Health or the Department of Education (depending on the state), while those covered under Part B are administered by the Department of Education.

Under Part C, an Individual Family Service Plan is created for each child. This document outlines the Early Intervention goals and services for the family and child. The role of the child’s family in his development and service delivery plan constitute a large part of the IFSP.

Online Resources:

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- For more information on IDEA: <http://idea.ed.gov>.
- For more general information on EI: <http://nichcy.org/babies/ifsp>.
- For state-specific information on EI: <http://www.nichcy.org/state-organization-search-by-state>.

1.5 *What is an IFSP? How is an IFSP created for each family?*

For children birth to 3 years old, a family will create an IFSP with their Part C service provider if they are to receive early intervention services through their state-funded early intervention system. In developing the IFSP, the child's needs and services are determined on an individual basis. An IFSP must contain information about:

- The infant's or toddler's present levels of physical, cognitive, communication, social or emotional, and adaptive development
- **The family's resources, priorities, and concerns relating to enhancing the development of the infant or toddler**
- **The major outcomes expected** for the infant or toddler and his or her family, as well as criteria for determining progress made toward such outcomes; any revisions of either outcomes or services to achieve them must also be included
- The specific **early intervention services necessary** to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivery
- The natural **environments** in which the early intervention services will be provided, including a justification of the extent, if any, to which the services will not be provided
- The **date** the services will begin and their anticipated duration
- The **identification of the service coordinator**, from the profession most immediately relevant to the infant's or toddler's family's needs, who will be responsible for the coordination and implementation of the plan with the other agencies and persons
- The **steps to be taken to support the transition** of the toddler with a disability to preschool or other appropriate services

The plan is developed in partnership among the parents, early intervention staff, and others who might be involved in the early intervention process, such as the IFSP team.

It is important for Tim's parents to know their rights under IDEA. IDEA requires that these rights are given to them at the first and any subsequent IFSP meetings. Parents are an integral part of the IFSP development. They must be provided with the results of the early intervention team's evaluation. They must agree to and sign the IFSP before services are implemented for their child. In addition, they have the right to disagree with the content of the IFSP and to discuss their concerns with other members of the IFSP team. If an agreement cannot be reached, Tim's parents may ask for mediation or the early intervention agency may offer it.

1.6 *What role do parents have in the IFSP process? How can Tim's parents advocate for him*

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during this process?

Parents of children with disabilities can and should be thoroughly involved in the development of the IFSP. SP plans, requirements, and support resources vary by state.

Before attending an IFSP meeting, parents should:

- Make a list of things for the child to learn to do. Take notes about aspects of the child's behavior that could interfere with the learning process. Describe the methods that have been found to be successful in dealing with these behaviors.
- Gather any information the team may not already have. Examples include copies of medical records, past preschool records, or test or evaluation results. Add real-life examples to demonstrate the child's ability in certain areas; reports do not say all there is to say about a child.
- Plan to bring a family member or friend for support.

At the IFSP meeting, parents should:

- Find out what related services are being provided and ask each professional to describe the kind of service he/she will be providing and what improvement might be expected as a result of these services.
- Ask what can be done at home to support the program, such as applying skills learned at school to activities at home.
- Discuss methods for handling behavior problems that are effective with the child.

1.7 What are the strengths of this child and family?

It is always important to explore the strengths of a child with an autism spectrum disorder or developmental delays. Parents and clinicians may become so focused on the deficits and, in some cases, the behavioral issues that a child is having, that they aren't able to notice what the child does well.

- By asking a family about what a child is good at, and what their positive traits are, one is able to frame recommendations for intervention and treatment in the context of these strengths.
- Asking about what a child likes can be used when discussing next steps.
- Finally, in addition to exploring the strengths of the child, it is helpful to think about the strengths of the family and how these can be used when discussing options and next steps for treatment.

It is always helpful for clinicians to take the time to note and explain changes and improvements in functioning and positive features of the child to parents.

Some strengths shown by Tim include:

- The child is making progress in EI in his social and communication skills.
- Parents present as committed to their child's needs; preparing for his IEP meeting and asking relevant questions.

:30

III. Sample IFSP

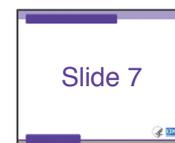


Consider pulling a real IFSP from a clinical chart to review and discuss. Because of regional and state variability in service provision, the use of authentic IFSP and IEP records provides an opportunity to review examples specific to the local community of participants

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Case Study Part I: Discussion Question

Before moving to Part II, ask participants, “What would you do next?”



Distribute “Case Study Part 2”

Case Study Part II

Tim is now 2 years, 11 months. For the last several months, Tim has been receiving 25 hours per week of services through his local early intervention program. He receives three hours per day of a center-based developmental program for toddlers and two hours per day of ABA at home, both for five days per week. Speech-language therapy is included at his center-based program. In anticipation of his third birthday, he was evaluated by special education staff at his local school system to determine his eligibility for special education services. His parents will be attending their first individualized education plan (IEP) meeting next week. They are wondering what to expect.



Case Study Part II: Discussion Question

What would you tell Tim’s parents about the IEP meeting?



Case Study Part II: Potential Prompts

- 2.1 For children who have been receiving early intervention services, what happens when they reach 3 years of age?
- 2.2 What is an IEP? How is an IEP created for each child?
- 2.3 What role do parents have in the IEP process? How can they advocate for their child during this process?

:30

Supporting Information for Potential Prompts

- 2.1 *For children who have been receiving early intervention services, what happens when they reach 3 years of age?*

:30

Upon turning 3 years old, Tim will transition from receiving early intervention services to receiving special education services through his local school district.

The school district must first evaluate Tim to determine his eligibility for special education services. Tim’s parents already requested this evaluation in writing. A child’s early intervention program may also initiate the referral for an evaluation and assist families in the process.

Evaluation Process

- The evaluation process may consist of psychological, educational, and other types of testing. Depending on the needs of the child, individuals involved in this process may include the following:
 - School psychologist
 - Special educator
 - Speech therapist
 - Occupational therapist
 - Physical therapist
 - Behavioral specialist
 - School-based ASD consultant

Clinical Diagnosis

- When children with ASD are seen by a clinical specialist, such as a child psychologist, child psychiatrist, or developmental-behavioral pediatrician, they are given a clinical diagnosis. It is important to understand that when they are assessed by school districts, it is to determine their eligibility for special education services. Under IDEA, there are categories of disability under which a child qualifies for special education services, one of which is autism. A diagnosis alone does not guarantee eligibility for services. A child is deemed eligible if the assessment determines that the child will not be able to make effective progress without special education services.
- **Online Resource:** For more information on the difference between diagnosis and eligibility, see the following link sponsored by the National Professional Development Center on Autism Spectrum Disorders: <http://www.autisminternetmodules.org/> and <http://www.wrightslaw.com/info/elig.index.htm>

Tim qualifies for special education services under the educational category “autism.” The IDEA federal legislation has defined the eligibility category of “autism” as a disability that affects communication and social interaction. IDEA acknowledges that ASD may have associated features, such as repetitive activities, stereotyped movements, resistance to change, and unusual sensory responses. Children with characteristics of an autism spectrum disorder may qualify for services under the category of “autism” or another eligibility category, depending on the child’s unique characteristics. A disability must have an adverse effect on a student’s education and require specialized instruction in order to consider the student eligible for special education services.

2.2 What is an IEP? How is an IEP created for each child?

Tim was found eligible for special education services and school staff convened an individualized education plan (IEP) meeting. Members of the school district’s special education staff and Tim’s parents attended the IEP meeting.

The **Individualized Education Plan** or IEP is a document that outlines a child’s educational program, including classroom setting, services, and specific goals for the year.

Online Resource: To view an IEP model form, see the following link sponsored by the U.S. Department of Education: http://idea.ed.gov/download/modelform1_IEP.pdf.

III. Sample IEP



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It is important for Tim's parents to know their rights under IDEA. They will be provided with a copy of their rights. They must have the opportunity to be a part of the IEP team and present at the meeting. They must be provided with the results of the school's evaluation before the IEP meeting. They must agree to and sign the IEP before services are implemented for their child. In addition, they have the right to disagree with the content of the IEP and to discuss their concerns with other members of the IEP team. If an agreement cannot be reached, Tim's parents may ask for mediation or the school may offer it.

Online Resource: For more information on eligibility for and provision of special education services: www.wrightslaw.com .

Consider pulling a real IEP from a clinical chart to review and discuss. Because of regional and state variability in service provision, the use of authentic IFSP and IEP records provides an opportunity to review examples specific to the local community of participants.

2.3 *What role do parents have in the IEP process? How can they advocate for their child during this process?*

Tim's parents understand their rights under IDEA, but they would like to know what other resources are available to them to help advocate for their child's receiving appropriate educational programming.

- You can be a great resource for Tim and his family in the IEP process. With parental permission, you may formally communicate with his school district regarding his educational needs. This may take the form of a letter, phone call, or attendance at an IEP meeting.
- Tim's parents may wish to seek the guidance of other parents of children with ASD, especially those who have already gone through the IEP process. Many communities have parent support groups for families of children with ASD.
 - *Local Resource:* Some states and communities have Parent Mentor programs. Parent Mentors have children with special needs and help provide other families with the information and support they need to effectively work with the schools. Search for such programs in your community. For example, you can learn about Georgia's Parent Mentor program at <http://www.parentmentors.org/Welcome.php>.
 - *Online Resource:* For a listing of region-specific parent support groups: www.autismspeaks.org/community/resources.
- Tim's parents may consider hiring an educational advocate to help them navigate the IEP process. Effective educational advocates understand federal laws related to disabilities and special education. They also understand and have experience with the local school systems.
 - *Online Resource:* For more information on educational advocates: <http://www.parentcenternetwork.org>
www.fcsn.org/pti/advocacy/advocacy.php.
- Sometimes, the process of mediation may involve seeking legal representation. It is the family's right to have such representation at IEP meetings.

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Case Study Part III Epilogue

Tim is now 4 years old, and his parents return for a follow-up visit. An IEP was implemented for him. He attends a special-needs preschool program through his local school district. His IEP provides for placement in a small classroom. He receives ABA, as well as speech and occupational therapy. His parents are pleased that he is making progress in his communication and social skills. However, at home they are concerned that he has to have his toys and meals a certain way, has tantrums daily, and is aggressive toward his younger sister, biting and kicking her when he is frustrated.

Distribute "Case Study Part 3"



Case Study Part III – Epilogue: Discussion Question

How would you apply the information in this case?

What did you learn through this case?

Case Study Part III – Epilogue: Potential Prompts

- 3.1 Do Tim's parents need support at home? How can they obtain such support?
- 3.2 Now that Tim is in school and has an IEP, how is his progress measured?

:30



Supporting Information for Potential Prompts

- 3.1 *Do Tim's parents need support at home? How can they obtain such support?*

:30

Children with ASD have a range of behavioral difficulties and these can change over time. It is important to address these difficulties in all environments, including school and home.

Through his IEP, Tim receives ABA in school. At this time, he is not receiving any consultation or services in the home. Tim's parents may wish to seek consultation from a behavioral therapist for guidance on how to reduce negative or unwanted behaviors in the home. In some states, this type of consultation may be incorporated into an IEP, for example, with a behavioral therapist visiting the child's home several times per month. In other states, parents may contract independently with a behavioral therapist using state-funded disability resources, medical/behavioral health insurance, or private resources.

A functional behavior analysis (FBA) may serve as a way to address negative or unwanted behaviors. Through FBA, behavior is understood in terms of its:

- Antecedents: What occurs immediately before a behavior and sets the stage for it

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- Consequences: What occurs immediately following a behavior and may serve to reinforce or maintain the behavior

FBA involves observing the child wherever the behavior occurs over a period of time and collecting data on his/her behaviors. The goal is to identify antecedents and consequences that lead to an increase in desirable behaviors and a decrease in unwanted behaviors. The FBA should result in a written report and a formal behavior plan that can be implemented at school and at home. Typically, an FBA would be conducted by a certified behavior specialist with expertise in behavioral management for children with ASD.

With the right support, parents could also explore other opportunities to embrace social skills such as:

- Encourage play dates
- Involvement in local recreation programs

3.2 Now that Tim is in school and has an IEP, how is his progress measured?

Tim's parents should receive, at a minimum, quarterly reports documenting his progress toward the goals outlined in his IEP. In addition, school districts with behaviorally-based ASD specialty programs may offer more frequent team conferences (monthly) to review progress and update a child's individual program.

Monitoring a child's progress

- According to IDEA, a child's IEP must include a statement of measurable annual goals, a description of how the child's progress toward meeting the annual goals will be measured, and when periodic progress reports will be provided.

In facilitating a child's progress toward designated goals, communication among different service providers and across educational settings is critical. This can be achieved through frequent meetings among therapists, providers, and parents. A communication notebook can also be helpful. This notebook can accompany the child to all services and educational settings, including home. Between IEP team meetings, individuals who work with the child can document behaviors and progress toward goals and facilitate coordination of care across service providers.

Potential Next Case: "Treatments for Autism Spectrum Disorder"

Children with autism spectrum disorder (ASD) often present with challenging or maladaptive behaviors that are commonly seen in addition to the core deficits. Pediatricians are often called upon to help evaluate children for underlying medical concerns and to facilitate obtaining appropriate treatment.

After completion of this module, learners will be able to:

- Evaluate the etiology of changes to behavior and functioning in children with ASD and describe strategies to analyze these changes.
- Develop knowledge regarding specific options to treat maladaptive behaviors in children with ASD.

Slide 12

Case Worksheet for Learners

Case Goal

Appropriate early intensive educational therapies greatly improve long-term outcomes for children with autism spectrum disorder (ASD). Effective primary care management of ASD includes supporting families by referral for appropriate therapies and community resources.

Key Learning Points of this Case

1. *Discuss the evidence base and recommended educational therapies for children with ASD.*

a. List the key features of successful early educational programs for children with ASD.

b. Describe the current evidence base for commonly used behavioral therapies.

c. Understand the typical components of early intervention programs for children with ASD, age 3 years and younger.

d. Understand the difference between diagnosis and eligibility for an individual educational plan (IEP) for children with ASD, age 3 years and older.

2. *Provide ongoing support and management for children with ASD and their families regarding educational therapies.*

a. Identify the needs of families in the transition from Early Intervention to preschool.

b. Understand the process for evaluating problem behaviors to develop a home treatment plan for children with ASD.

Case Study Part I

Tim is a 2-year, 5-month-old boy who is brought to your office by his parents for a follow-up visit. At his 18-month well-child visit, he was using three single words and would cry or scream when he wanted something. Based on language delay, you referred him to his local Early Intervention (Part C) program, which has been providing Tim with an hour each of individual and group speech-language services on a weekly basis. At his 2-year well-child visit, his mother reported that he appeared to be in “his own world.” He played repetitively on his own with his favorite toy train for most of the day. He didn’t seem interested in other children. She also reported some atypical behaviors. He walked back and forth in the family’s living room and stared at the ceiling fan for long periods. Given Tim’s history of communication delays, social impairments, and atypical behaviors, you referred him to a developmental-behavioral pediatrician, who recently diagnosed him with an ASD. Today, Tim’s parents are feeling overwhelmed by his new diagnosis and want guidance from you on the components of his treatment program.

Case Authors

- **Jennifer Ehrhardt**, MD, Children’s Hospital Boston, Harvard Medical School
- **Carolyn Bridgemohan**, MD, Children’s Hospital Boston, Harvard Medical School
- **Lynne Huffman**, MD, Lucile Packard Children’s Hospital, Stanford University School of Medicine
- **Irene Loe**, MD, Lucile Packard Children’s Hospital, Stanford University School of Medicine

Case Study Part II

Tim is now 2 years, 11 months. For the last several months, Tim has been receiving 25 hours per week of services through his local early intervention program. He receives three hours per day of a center-based developmental program for toddlers and two hours per day of ABA at home, both for five days per week. Speech-language therapy is included at his center-based program. In anticipation of his third birthday, he was evaluated by special education staff at his local school system to determine his eligibility for special education services. His parents will be attending their first individualized education plan (IEP) meeting next week. They are wondering what to expect.

Case Authors

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Case Study Part III - Epilogue

Tim is now 4 years old, and his parents return for a follow-up visit. An IEP was implemented for him. He attends a special-needs preschool program through his local school district. His IEP provides for placement in a small classroom. He receives ABA, as well as speech and occupational therapy. His parents are pleased that he is making progress in his communication and social skills. However, at home they are concerned that he has to have his toys and meals a certain way, has tantrums daily, and is aggressive toward his younger sister, biting and kicking her when he is frustrated.

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Handout I: Online Resources

General Information for Families

- Autism Speaks website – family services section has numerous resources for families and links to accessing community supports
 - <http://www.autismspeaks.org/family-services>
- Autism Speaks 100 Day Kit: A tool kit to assist families in getting the critical information they need in the first 100 days after an autism diagnosis
 - www.autismspeaks.org/community/family_services/100_day_kit.php
- Family Voices – Family-to-family health information centers (F2F HICs): Nonprofit family-staffed organizations that provide support, information, resources, and training to families of children and youth with special health care needs (CYSHCN) and the professionals who serve them
 - <http://www.familyvoices.org/page?id=0034>
 - http://www.familyvoices.org/admin/miscdocs/files/F2FBrochure_10-14-2010.pdf
- Overview of ASD interventions
 - http://www.asaonline.org/treatment/treatments_desc.htm

Information on Early Intervention, Educational Rights, and Provision of Special Education Services

- General information about Early Intervention and special education services
 - <http://nichcy.org/babies/>
 - <http://nichcy.org/schoolage>
 - www.wrightslaw.com/
- Understanding eligibility for special education services
 - <http://www.wrightslaw.com/info/elig.index.htm>
- Educational advocates
 - <http://www.parentcenternetwork.org/fcsn.org/pti/advocacy/advocacy.php>
- IDEA
 - <http://idea.ed.gov>
- IEP model form
 - http://idea.ed.gov/download/modelform1_IEP.pdf

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Information on Specific ASD Interventions

- Developmental, Individual, Relationship-based (DIR) Models
 - Floor Time: www.icdl.com/dirFloortime/overview/index.shtml
 - RDI: www.rdiconnect.com/default.asp
- Developmental Therapies
 - RT: www.responsiveteaching.org/index.php
 - SCERTS: www.scerts.com
- Interventions to Support Communication and Social Skills
 - PECS: www.pecs.com
 - Social Stories: www.thegraycenter.org
- Structured Teaching Program
 - TEACCH: www.teacch.com

Suggested Citation: Ehrhardt J, Bridgemohan C, Huffman L, Loe I. Online Resources. Developed for the *Autism Case Training: A Developmental-Behavioral Pediatrics Curriculum*.

Handout II: Summary of Educational Rights :30

Requesting an Evaluation

1. Parents must request an evaluation of their child (i.e., psychological and/or educational testing) in writing.
2. The school district must provide, within 15 days of receiving the parents' request, written notice that an evaluation of the child will begin. The parents must then provide written consent to the school district to proceed with the evaluation. Note: The parents' request for an evaluation and their giving consent for that evaluation are two separate steps. The latter step is necessary for the school district to proceed with its evaluation.
3. The school district must complete its evaluation of the child within 60 days of receiving parental consent. If a particular state has a different timeline for completing evaluations, that timeline applies.
4. Based on the evaluation, the school district will determine whether the child is eligible for special education services under the categories of disability defined in the Individuals with Disabilities Education Act (IDEA).
5. The individual education plan (IEP) team must meet within 30 days of finding a child eligible for special education services. The parents should participate in this meeting. Parents must be given the opportunity to review the child's evaluation (i.e., results of testing) before this meeting.
6. If the parents disagree with the evaluation, they have the right to request an independent educational evaluation.

Attending an IEP Meeting

1. Parents may bring anyone they want to a child's IEP meeting. Some parents may wish to bring an additional family member or friend for support and to help take notes. Other parents may wish to bring an educational advocate.
2. The following should be discussed at the IEP meeting:
 - An explanation of parents/guardians' legal rights
 - Child's current level of performance, based on results of the evaluation and observations of parents and teachers
 - Measurable annual goals for the child
 - Child's placement (i.e., classroom setting) in school and necessary supports (e.g., trained aides, curriculum modification, assistive technology devices)
 - If the child is not in full-inclusion placement, opportunities for integration
3. Parents must sign the IEP before services begin. However, parents have the opportunity to think about it at home before signing. Additionally, parents may consent to parts of the IEP and dispute other parts. The services that parents consent to may begin while disputed portions of the IEP are reviewed.

Expectations after an IEP Meeting

1. Encourage parents to establish regular communication with the child's teachers, therapists, and trained aides.
2. Parents should receive quarterly progress reports from the school, documenting the child's progress toward measurable annual goals.
3. Parents may request additional IEP meetings, in the same school year, to address concerns and to revise the IEP if the child is not progressing as expected.

Suggested Citation: Ehrhardt J, Bridgemohan C, Huffman L, Loe I. Summary of Educational Rights. Developed for the *Autism Case Training: A Developmental-Behavioral Pediatrics Curriculum*. 2011.

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Handout III: Sample Individualized Family Service Plan

<http://www.birth23.org/Publications/CurrentProcedures/Forms/Form%203-1-IFSP.doc>



INDIVIDUALIZED FAMILY SERVICE PLAN

*Date: _____ *Type of meeting: Interim IFSP Initial IFSP Annual Review

*Child's Name: _____	*Date of Birth: _____	*Male *Female
--------------------------------	---------------------------------	--------------------------------

Parent/Foster Parent/Guardian/Family Member (circle one)	Parent/Guardian/Family Member (circle one)
*Name	*Name
*Address	*Address
*City *State *Zip	*City *State *Zip
*Phone (day) (evening)	*Phone (day) (evening)
*Primary Language	*Primary Language

*Surrogate Parent: _____ *Phone: _____

*Address: _____

*Service Coordinator/Program: _____ *Phone: _____

*Address: _____

*Physician/Health Care Provider: _____ *Phone: _____

*Address: _____

*School District: _____ Contact Person/Phone: _____

*Recommended school district referral date, no later than: _____ *Check if release to LEA (form 3-3) is on file
(Refer the child any time after the 2nd birthday. The decision to refer must be made no later than age 21/2) date

_____ *Check if referral to LEA (form 3-8) is on file
 date

*Denotes part of the electronic record

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Child's Name: _____ DOB: _____ Date: _____

SECTION II. SUMMARY OF FAMILY'S CONCERNS, PRIORITIES, AND RESOURCES AS THEY RELATE TO ENHANCING THEIR CHILD'S DEVELOPMENT - Family Outcome

1. Information about our family for the IFSP: (Suggestions)	<input type="checkbox"/> Things we like to do as a family <input type="checkbox"/> People and agencies we find helpful. <input type="checkbox"/> Who is part of our family? <input type="checkbox"/> Our family's strengths in meeting our child's needs. <input type="checkbox"/> Important events that have occurred <input type="checkbox"/> How our child's special needs affect our family
2. What would be helpful for our family in the months and year ahead? (Family Outcome)	
3. What assistance or information will we need to achieve this outcome? (Strategies)	

SECTION III. OTHER SERVICES THAT ARE IN PLACE OR ARE NEEDED

Services such as medical, recreational, religious, social and other child related services, not covered by the CT Birth to Three System, that contribute to this plan.

Resource/Program/Support Service	✓ If Needed	<i>Payment Source</i>

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Child's Name: _____ DOB: _____ Date: _____

SECTION IV. PLAN FOR TRANSITION FROM THE BIRTH TO THREE SYSTEM TO PRESCHOOL SPECIAL EDUCATION OR OTHER APPROPRIATE SERVICES

1. Information that would be helpful for our child and family to plan for the future. <input type="checkbox"/> Community program options <input type="checkbox"/> LEA information <input type="checkbox"/> Referral Process <input type="checkbox"/> Rights and responsibilities <input type="checkbox"/> Important events that have occurred <input type="checkbox"/> Parent training <input type="checkbox"/> Visiting community programs <input type="checkbox"/> Adaptive equipment <input type="checkbox"/> Transportation <input type="checkbox"/> Time with other children <input type="checkbox"/> Information sharing		
2. What are the next steps?	Who will be involved:	Date to be completed:

After the initial IFSP meeting, this plan may only be modified at an IFSP periodic review meeting or annual IFSP meeting.

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Child's Name: _____ DOB: _____ Date: _____

SECTION V. OUTCOME # _____

What we want is: _____

What is happening now: _____

What are the next steps (objectives) to reach this outcome?	Expected timeframe for reaching objective

Strategies: methods for working on this outcome during your child and family's daily activities and routines

People who will be involved

--	--

(Attach additional pages as needed)

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Child's Name: _____ DOB: _____ Date: _____

SECTION VI. EARLY INTERVENTION SERVICES AND SUPPORTS

* What is going to happen (including assistive technology)	*Delivered By: (Discipline responsible)	*Location	*How Often	*How Long	*Start Date	*End Date
		Code <input type="text"/>				

Check here if additional pages are attached to list or clarify the services being provided or the schedule of services.

Primary service location codes: 1=home 2=setting designed for typical children 3=hospital (inpatient) 4=residential facility 5=service provider office 6=setting designed for children with delays 7=other
 *Check if any early intervention service cannot be achieved satisfactorily in a natural environment and attach a justification for each service.

Informed Consent by Parents. Check and sign below:

- 1. _____ I understand my rights under this program and received a written copy of Parent Rights Under IDEA Part C
- 2a. _____ I give permission to carry out this Individualized Family Service Plan as written.
- 2b. _____ I do not accept this Individualized Family Service Plan as written, however I do give permission for the following services to begin:

Services are paid for by the Birth to Three System unless otherwise indicated:

Service Coordinator/ Discipline/ Program Name/phone #:

Service Coordination is provided to all families at least monthly and is most often part of the early intervention visit

Parent Signature _____ Date _____ Parent Signature _____ Date _____

I have reviewed this Individualized Family Service Plan, which is based in part on an evaluation in all areas of development. I confirm the appropriateness of the diagnosis(es) as stated by the diagnostic (ICD-9) code and the recommendations for the treatment services as they are written.

Physician Signature: _____ LIC#: _____ *Date: _____

*Print Name: _____ *ICD-9 Code(s) _____, _____, _____

*Denotes part of the electronic record

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Child's Name: _____ DOB: _____ Date: _____

SECTION VII. IFSP TEAM MEMBERS

The following individuals have participated in the development of the IFSP and/or will assist in its implementation. There will be ongoing verbal communication between the IFSP team members listed below to assist in the implementation of the IFSP.

Name	Relationship	Phone	Method of participation

Meeting Notes: (discussion, specific scheduling issues, and any other issues)

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Section R-1: Individualized Family Service Plan (IFSP) Review: Outcomes



Child's Name: _____ DOB: _____ Review Date: _____

Periodic review

Annual review

Date of IFSP being reviewed: _____ Reason for review: _____

Outcome #	Outcome(s)	Progress towards reaching <i>family</i> outcomes	Status

Outcome #	Outcome(s)	Progress towards reaching <i>child</i> outcomes	Status

<i>Progress on Transition Plan</i>			
------------------------------------	--	--	--

Attach additional pages as needed and additional outcomes if developed.

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Section R-2: Individualized Family Service Plan (IFSP) Review: Services and Supports

Child's Name: _____ DOB: _____ Date: _____

Result of Review: _____

SUMMARY OF REVISED EARLY INTERVENTION SERVICES AND SUPPORTS (To be completed after review of outcomes)

* What is going to happen (including assistive technology)	*Delivered By: (Discipline responsible)	*Location	*How Often	*How Long	*Start Date	*End Date
		Code <input type="checkbox"/>				

Check here if additional pages are attached to list or clarify the services being provided or the schedule of services.

Primary service location codes: 1=home 2=setting designed for typical children 3=hospital (inpatient) 4=residential facility 5=service provider office 6=setting designed for children with delays 7=other

*Check if any early intervention service cannot be achieved satisfactorily in a natural environment and attach a justification for each service.

Informed Consent by Parents. Check and sign below:

1. _____ I understand my rights under this program and received a written copy of Parent Rights Under IDEA Part C

2a. _____ I give permission to carry out this Individualized Family Service Plan as written.

2b. _____ I do not accept this Individualized Family Service Plan as written, however I do give permission for the following services to begin:

Parent Signature _____ Date _____ Parent Signature _____ Date _____

I have reviewed this Individualized Family Service Plan, which is based in part on an evaluation in all areas of development. I confirm the appropriateness of the diagnosis(es) as stated by the diagnostic (ICD-9) code and the recommendations for the treatment services as they are written.

Physician Signature: _____ LIC#: _____ *Date: _____

*Print Name: _____ *ICD-9 Code(s) _____, _____, _____, _____

*Denotes part of the electronic record

Services are paid for by the Birth to Three System unless otherwise indicated:

Service Coordinator/ Discipline/ Program Name/phone #:

Service Coordination is provided to all families at least monthly and is most often part of the early intervention visit

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Child's Name: _____ DOB: _____ Date: _____

JUSTIFICATION FOR EARLY INTERVENTION SERVICES THAT CANNOT BE ACHIEVED SATISFACTORILY IN A NATURAL ENVIRONMENT

LOCATION OF SERVICES: _____

SERVICE: _____

1. *Explain how and why the child's outcome(s) could not be met if the service were provided in the child's natural environment with supplementary supports. If the child has not made satisfactory progress towards an outcome in a natural environment, include a description of why alternative natural environments have not been selected or outcome not modified.*

2. *Explain how services provided in this location will be generalized to support the child's ability to function in his or her natural environment.*

3. *Describe a plan with timelines and supports necessary to allow the child's outcome(s) to be satisfactorily achieved in his or her natural environment.*

Handout IV: Sample IEP

School District Name:

School District Address:

School District Contact Person/Phone #:

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____ Grade/Level: _____

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?
What is the student's type of disability(ies), general education performance
including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

IEP 1

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Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Present Levels of Educational Performance

A: General Curriculum

Check all that apply.

- | | General curriculum area(s) affected by this student's disability(ies): |
|--|--|
| <input type="checkbox"/> English Language Arts | Consider the language, composition, literature (including reading) and media strands. |
| <input type="checkbox"/> History and Social Sciences | Consider the history, geography, economic and civics and government strands. |
| <input type="checkbox"/> Science and Technology | Consider the inquiry, domains of science, technology and science, technology and human affairs strand. |
| <input type="checkbox"/> Mathematics | Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands. |
| <input type="checkbox"/> Other Curriculum Areas | Specify: _____ |

How does the disability(ies) affect progress in the curriculum area(s)?

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content:
- Methodology/Delivery of Instruction:
- Performance Criteria:

Use multiple copies of this form as needed.

IEP 2

Early Intervention and Education

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Present Levels of Educational Performance

B: Other Educational Needs

Check all that apply.

General Considerations

- | | | |
|--|--|--|
| <input type="checkbox"/> Adapted physical education | <input type="checkbox"/> Assistive tech devices/services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students) | <input type="checkbox"/> Communication (deaf/hard of hearing students) |
| <input type="checkbox"/> Extra curriculum activities | <input type="checkbox"/> Language needs (LEP students) | <input type="checkbox"/> Nonacademic activities |
| <input type="checkbox"/> Social/emotional needs | <input type="checkbox"/> Travel training | <input type="checkbox"/> Skill development related to vocational preparation or experience |
| <input type="checkbox"/> Other _____ | | |

Age-Specific Considerations

- For children ages 3 to 5 — participation in appropriate activities
- For children ages 14* (or younger if appropriate) — student's course of study
- For children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content:
- Methodology/Delivery of Instruction:
- Performance Criteria:

Use multiple copies of this form as needed.

IEP 3

Early Intervention and Education

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Current Performance Levels/Measurable Annual Goals

Goal #	Specific Goal Focus:
--------	----------------------

Current Performance Level: What can the student currently do?

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?
How will we know that the student has reached this goal?

Benchmark/Objectives: What will the student need to do to complete this goal?

Goal #	Specific Goal Focus:
--------	----------------------

Current Performance Level: What can the student currently do?

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?
How will we know that the student has reached this goal?

Benchmark/Objectives: What will the student need to do to complete this goal?

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

Use multiple copies of this form as needed.

IEP 4

Early Intervention and Education

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: 5 day cycle 6 day cycle 10 day cycle other:

A. Consultation (Indirect Services to School Personnel and Parents)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

B. Special Education and Related Services in General Education Classroom (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

C. Special Education and Related Services in Other Settings (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

Use multiple copies of this form as needed.

IEP 5

Early Intervention and Education

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5—Service Delivery, Section C.)

No Yes If yes, why is removal considered critical to the student's program?

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550: "... removal of children with disabilities from the regular educational environment occurs **only when** the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (Emphasis added.)

Schedule Modification

Shorter: Does this student require a *shorter school day or shorter school year*?

No Yes — shorter day Yes — shorter year If yes, answer the questions below.

Longer: Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

No Yes — longer day Yes — longer year If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended?

If a longer day or year is recommended, how will the school district coordinate services across program components?

Transportation Services

Does the student require transportation as a result of the disability(ies)?

No Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

Yes Special transportation will be provided in the following manner:

on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:

on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.

IEP 6

Early Intervention and Education

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1, 2, or 3.

1. Assessment participation:
Student participates in on-demand testing under routine conditions in this content area.

2. Assessment participation:
Student participates in on-demand testing with accommodations in this content area. (See 1 below)

3. Assessment participation:
Student participates in alternate assessment in this content area. (See 2 below)

CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Social Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

2 For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

NOTE
When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

IEP 7

Early Intervention and Education

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Additional Information

- Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.
- Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.
- Record other relevant IEP information not previously stated.

Response Section

School Assurance

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative

Date

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

- I accept the IEP as developed. I reject the IEP as developed.
- I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

- I request a meeting to discuss the rejected IEP or rejected portion(s).

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*

Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

IEP 8

References

- American Speech-Language-Hearing Association, Ad Hoc Committee on Autism Spectrum Disorders. Principles for Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span. ASHA Web site.
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- Connecticut Birth to Three. Individualized Family Service Plan. 2006
<http://www.birth23.org/Publications/CurrentProcedures/Forms/Form%203-1-IFSP.doc>. Accessed April 20, 2010.
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- Maglione MA, Gans D, Lopamudra D, Timbie J, Kasari C, For the Technical Expert Panel, and HRSA Autism Intervention Research □ Behavioral (AIR-B) Network. Nonmedical Interventions for Children With ASD: Recommended Guidelines and Further Research Needs *Pediatrics* 2012;130;S169.
- Massachusetts Department of Elementary and Secondary Education. Individualized Education Program. www.doe.mass.edu/sped/iep/forms/pdf/IEP1-8.pdf Accessed December 10, 2010.
- McConnell SR. Interventions to facilitate social interaction for young children with autism: review of available research and recommendations for educational intervention and future research. *J Autism Dev Disord*. 2002;32(5):351-72.
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- Myers SM, Johnson CP, Council on Children with Disabilities. Management of children with autism spectrum disorders. *Pediatrics*. 2007;120(5):1162-82.
- Ospina MB, Krebs Seida J, Clark B. Behavioural and developmental interventions for autism spectrum disorder: a clinical systematic review. *PLOS ONE*. 2008;3(11):e3755. Epub 2008 Nov 18.
- Reynhout G, M Carter. Social stories for children with disabilities. *J Autism Dev Disord*. 2006;36(4):445-69.
- Warren Z et al. A Systematic Review of Early Intensive Intervention for Autism Spectrum Disorders. *Pediatrics*. 2011;127(5):e1303-11.
- Warren Z et al. Therapies for Children with Autism Spectrum Disorders. Agency for Healthcare Research and Quality (US); 2011 Apr. Report No.: 11-EHC029-EF

Other Useful Resources

Dawson G et al. Randomized Controlled Trial of an Intervention for Toddlers with Autism: The Early Start Denver Model. *Pediatrics*. 2010;125(1):e17-23.

Margaret A. Maglione, Daphna Gans, Lopamudra Das, Justin Timbie, Connie Kasari, For the Technical Expert Panel, and HRSA Autism Intervention Research □ Behavioral (AIR-B) Network *Pediatrics* 2012;130:S169

Warren Z et al. A Systematic Review of Early Intensive Intervention for Autism Spectrum Disorders. *Pediatrics*. 2011;127(5):e1303-11.

Warren Z et al. Therapies for Children with Autism Spectrum Disorders. Agency for Healthcare Research and Quality (US); 2011 Apr. Report No.: 11-EHC029-EF.