

## 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.

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

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

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

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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.

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

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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 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

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### 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.

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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](http://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](http://www.familyvoices.org/admin/miscdocs/files/F2FBrochure_10-14-2010.pdf)
- Overview of ASD interventions
  - [http://www.asaonline.org/treatment/treatments\\_desc.htm](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/](http://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](http://idea.ed.gov/download/modelform1_IEP.pdf)

## Early Intervention and Education

### Information on Specific ASD Interventions

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

# Early Intervention and Education

## 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

<b>*Child's Name:</b> _____	<b>*Date of Birth:</b> _____	<b>*Male</b> <b>*Female</b>
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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 2<sup>nd</sup> 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



# Early Intervention and Education

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>

# Early Intervention and Education

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.

# Early Intervention and Education

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**

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**

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( Attach additional pages as needed)

# Early Intervention and Education

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

# Early Intervention and Education

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)

# Early Intervention and Education

## 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>			
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Attach additional pages as needed and additional outcomes if developed.

# Early Intervention and Education

## 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:**

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**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

## Early Intervention and Education

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 #:

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## Individualized Education Program

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

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### 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?

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### 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?

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### 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.

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IEP 1

# Early Intervention and Education

## Individualized Education Program

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

### Present Levels of Educational Performance

#### A: General Curriculum

Check all that apply.

- |  | <b>General curriculum area(s) affected by this student's disability(ies):</b>  |
|--|--|
| <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:
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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:
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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:

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- 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.

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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.  
<http://www.asha.org/docs/pdf/TR2006-00143.pdf>. Accessed August 27, 2009.
- Baranek GT. Efficacy of sensory and motor interventions for children with autism. *J Autism Dev Disord*. 2002;32(5):397-422.
- Committee on Educational Interventions for Children with Autism. *Educating Children with Autism*. Washington, DC: National Academy Press; 2001.
- 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.
- Dawson G, Rogers S, Munson J, et al. Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. *Pediatrics*. 2010;125(1):e17-23.
- Johnson CP, Myers SM, Council on Children with Disabilities. Identification and evaluation of children with autism spectrum disorders. *Pediatrics*. 2007;120(5):1183-215.
- 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](http://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.
- Millar DC, Light JC, Schlosser RW. The impact of augmentative and alternative communication intervention on the speech production of individuals with developmental disabilities: a research review. *J Speech Lang Hear Res*. 2006;49(2):248-64.
- 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.