



**Tennessee School District**  
710 James Robertson Parkway  
Nashville, TN 37243

**Individual Education Program (IEP)**

From: 04/15/2020 To: 04/15/2021  
 Annual  Addendum

**Student Information**

**Student:** Susan (first) Test (last) **Grade:** 5th Grade  
**Birthdate:** 05/01/2009  
**Student ID:** TEST001 **Gender:** F **Hispanic Ethnicity:** No  
**School:** Main Street Elementary School **Race:** White  
**District:** Tennessee School District

**Primary Disability:** Autism **Re-evaluation of Eligibility Date:** 10/15/2022  
**Secondary Disability:** Other – Health Impairments

**Medical Information:** Medical summary – medical, diagnosis, medical safety concerns, and plans if provided by the parent.  
 Susan is diagnosed with ADHD Impulse control type.

**Relationship to Student:** Parents/Guardian  
 Name: Mother and Father, Test  
 Address: Test Rd, Any City, TN, 37000  
 Home Phone: (123) 867-5309

Student Name: Susan Test  
 IEP Meeting Date: 04/15/2020

**Current Descriptive Information**

**Describe the Student's strengths:**

Susan is a very inquisitive person and enjoys learning. She is most engaged when given a hands-on activity that allows for movement. She is becoming more comfortable during class and is engaging more with her peers.

**Describe the concerns of the parents regarding their Student's education:**

Susan's mom is concerned about Susan's overall academic progress. She would like the team to monitor her reading progress at least once a week so that she can work with Susan at home. She is concerned with Susan's social skills, including eye contact and understanding body language.

**Describe how the Student's disability adversely impacts his/her access to participation in the general curriculum:**

Susan's autism and ADHD impact her ability to stay on task, master grade-level content, and understand social norms.

**Consideration of Special Factors for IEP Development**

Does the Student have limited **English proficiency**? No  
 If yes, what is his/her primary mode of language?

Is the Student **blind or visually impaired**? No  
 If yes, does the Student need instruction in Braille?

Does the Student have **communication needs**? Yes

If there are communication needs, does the Student have a consistent, reliable, and effective mode of communication? Yes  
 If the Student does not have a consistent, reliable, and effective mode of communication, in what ways does the Student respond and engage with their environment? N/A

Is the Student **deaf or hard of hearing**? No  
 If yes, did the IEP Team consider:

- a. the Student's language and communication needs; N/A
- b. opportunities for direct communications with peers and professional personnel in the Student's language and communication mode; N/A
- c. necessary opportunities for direct instruction in the Student's language and communication mode? N/A

Is **assistive technology** necessary in order to implement the Student's IEP? Yes

If yes, what is needed? iPad with apps used as communication device

Does the Student's behavior impede his/her learning or that of others? Yes

If yes, the IEP Team considered the Student's behavior in the following way(s):

- Functional Behavior Assessment
- Behavior Intervention Plan
- Goals and Objectives
- Other (write in) Communication log
- Accommodations

Does the Student demonstrate **cognitive processing deficits** that impact his/her classroom performance and warrant consideration in the development of the IEP (i.e. accommodation use)? No  
 If you chose "Yes," please explain: N/A

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Student Name: Susan Test  
DOB: 05/01/2009

IEP Meeting Date: 04/15/2020

**Present Levels of Performance**

Levels of functioning, should when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information of the Student's deficit areas.

**Assessment Area:** PL-Behavior

**EXCEPTIONAL?** Yes

**Present Level of Performance:** Susan has made great strides in her behavior this year. She is not showing any aggression towards teachers or peers and has increased her time on task from two minutes to 5 minutes utilizing the positive behavior support plan. Susan continues to have difficulty staying on task and will exhibit non-compliant behaviors when presented with a task that she perceives as too difficult. She will also exhibit this behavior if a non-preferred task requires her attention beyond 5 minutes. Her non-compliant behaviors include pushing away or destroying the assignment, raising her voice and yelling "NO" or putting her head down and refusing to complete a task.

**Impact of Mastery of Standards:** Susan's behavior to avoid work impacts her ability to master grade level content and requires the implementation of behavior supports.

**Source of Information:** Observation - Classroom

SubTest: General Classroom expectations

Date Administered: 03/22/2020

**Assessment Area:** PL-Academics-Math Calculation

**EXCEPTIONAL?** No

**Present Level of Performance:** Susan often shares that she does not like reading and writing, but likes math, especially computerized math games. Review of her EASYCBM progress monitoring, work samples and teacher observation reveals strengths in place value understanding, counting, comparing numbers, and measurement concepts of money, time and temperature, and geometry.

**Impact of Mastery of Standards:** She has mastered most addition and subtraction as well as multiplication facts. Susan's teachers report that she has a good grasp of computation when working with whole numbers and with computation involving fractions and decimals.

**Source of Information:** EASYCBM

SubTest: Math

Date Administered: 04/10/2020

Std. Score – 14  
Percentile Rank – 50

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Student Name: Susan Test  
DOB: 05/01/2009

IEP Meeting Date: 04/15/2020

**Assessment Area:** PL-Oral Expression

**EXCEPTIONAL?** Yes

**Present Level of Performance:** Susan has made wonderful progress in her oral expression skills both verbally and utilizing her communication device. She is able to express basic wants and needs such as choosing a preferred item or activity, requesting a bathroom break or making preferred food choices at lunch. She has difficulty expressing herself when she becomes upset or overwhelmed.

**Impact of Mastery of Standards:** The deficits in Oral Expression make it difficult for her to express herself especially when upset or overwhelmed. This impacts her ability to master grade level standards and requires the implementation of Specifically Designed Instruction.

**Source of Information:** Gray Oral Reading Tests-Fifth Edition (GORT-5)

SubTest: General Adaptive Composite

Date Administered: 02/26/2020

Grade Equiv. - 2

**Assessment Area:** PL-Pre-vocational

**EXCEPTIONAL?** Yes

**Present Level of Performance:** Susan shows the ability to follow up to 2 step instructions and has the ability to work uninterrupted for up to 5 minutes. She has difficulty completing tasks that require more than two steps and requires consistent positive reinforcement and redirection for any task requiring her attention for more than 5 minutes.

**Impact of Mastery of Standards:** Susan's difficulty following multi-step instructions and staying on task impact her ability to master grade level content and require the implementation of Specifically Designed Instruction.

**Source of Information:** Adaptive Behavior Assessment System-Second Edition (ABAS-II) Parent

SubTest: General Adaptive Composite

Date Administered: 03/22/2020

Grade Equiv. - 3.1

**Measurable Post Secondary Goals**

**Transition Services Planning (Age 14 or turning 14 during the IEP period)**

**Employment:**  
Will work in part-time employment – Susan will work part-time at an animal grooming and boarding business

**Post-Secondary Education/Training:**  
Will enroll in on-the-job training program – Susan will enroll in a program after high school that will allow her to develop the skills necessary for a successful adult life.

**Independent/Supported Living:**  
Will live independently – Susan will live independently in an apartment or house by developing life skills such as maintaining a budget and housekeeping.

**Community involvement:**  
Will be independently mobile in the community and access services - Susan will learn to successfully navigate public transportation in order to access her community.

- Grade 9 Course of Study:** English I, Algebra I, Agricultural Science, Civics Art 1, Biology 1A  
**Grade 10 Course of Study:** English II, Algebra II, Anatomy and Physiology B, Personal Finance/Wellness, Choir I  
**Grade 11 Course of Study:** English III, Geometry I, Large Animal Science, Environment Science, Work-Based Learning, Choir II  
**Grade 12 Course of Study:** English IV, Geometry II, Veterinarian Science, Work-Based Learning, Keyboarding

**Transition Services (Age 16 or turning 16 during the IEP period)**

Anticipated Date Range	Service Area (Transition Area)	Activities/Strategies (Transition Services)	Agency/Person Responsible
2020	Instruction	Driver Education	Driver Education Teacher, Parents
2020	Community Experiences	Visit the Technology Center and Community College in the area Visit Disability Services offices	School Staff
2020	Employment and Post-school Adult Living Objectives	Participate in Work Based Learning in conjunction with Career and Technical Education Animal Science classes	Career and Technical Education Teach
2020	Other	Fill out FAFSA for potential placement in a post-secondary environment or dual enrollment classes	Parents

Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend:

Other agency participation in transition services planning is limited – Susan and her family have been provided with eligibility paperwork

Was the Student in attendance at the IEP Team Meeting? Yes

If the Student was not in attendance, how were the Student's preferences and interests considered? (Check all that apply.)

Student interview  Student survey  Student portfolio  Vocational Assessments  Interest Inventory  Other

If you selected "Other", describe:

**Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities**

**Area of Need:** Academics-Basic Reading Skills  
**Personnel/Position Responsible:** Teacher

**Goal 1 of 4**

**Annual Goal:** Given content on the instructional level, Susan will decode, read, and understand 20 new vocabulary words with 80% accuracy by the end of this IEP as measured by a weekly classroom curriculum and universal screener data monitored every 4 weeks.

**Program Modifications/Supports for School Personnel:**

Modifications and supports needed to assist in goal achievement for school personnel only

**Area of Need:** Pre-vocational  
**Personnel/Position Responsible:** Teacher, SLP

**Goal 2 of 4**

**Annual Goal:** Given classroom and related service instruction, Susan will follow 3 and 4-step instructions to complete a task without protest utilizing up to two visual and/or verbal prompts with 90% accuracy as measured by teacher/SLP observation and data collection.

**Program Modifications/Supports for School Personnel:**

Modifications and Collaboration with School Behavior Specialist

**Goal 3 of 4**

**Area of Need:** Behavior  
**Personnel/Position Responsible:** Teacher, Behavior Specialist

**Program Modifications/Supports for School Personnel:**

Consultation and Collaboration with School Behavior Specialist

**Annual Goal:** Given a list of daily expectations, communication strategies, and positive reinforcements, Susan will increase her time on task from 5 minutes to 8 minutes and articulate her wants and needs appropriately by utilizing her communication device with 75% accuracy as measured by teacher observation and data collection.

**Goal 4 of 4**

**Area of Need:** Oral Expression  
**Personnel/Position Responsible:** Teacher, SLP

**Annual Goal:** Given the use of her communication device and opportunities to communicate with her teachers and peers, Susan will express her wants and needs within the school setting by understanding when and how to use WH questions and understanding when and how to ask for help when needed as measured by teacher observation in the classroom and SLP observation during related services.

**Program Modifications/Supports for School Personnel:**

Classroom Teacher and SLP Collaboration and Communication

Assistive Technology training for School Personnel

**Supplementary Aids/Services and Support for the child:**  
 Augmentative alternative communication system - touch screen computer  
 Positive Behavior Support Plan Daily expectations list  
 Weekly parental communication form  
 Fidgets

**Program Participation**

	Accommodations	Modifications
<b>a. Reading</b>	Additional time on tests/assignments Preferential Seating Provide a copy of the Notes Allow Breaks Give directions in Alternate Formats	Differentiate instruction for mastery of concepts on an instructional level
<b>b. Math</b>	Accommodations Additional time on tests/assignments Preferential Seating Provide a copy of the Notes Allow Breaks Give directions in Alternate Formats Testing — Oral testing for directions and/or test items	No Modification(s) Modifications
<b>c. Special Classes (list each one separately - Art, Music, Library)</b>	Accommodations Additional time on tests/assignments Preferential Seating Provide a copy of the Notes Allow Breaks Give directions in Alternate Formats	No Modification(s) Modifications
<b>d. Physical Education/Recess</b>	Accommodations Use of Noise Cancellation headphones when needed Allow Breaks Give directions in Alternate Formats	No Modification(s) Modifications
<b>e. Cafeteria</b>	Accommodations Use of Noise Cancellation headphones when needed Lunch bunch social seating Prompting as needed	No Modification(s) Modifications

**State/District Mandated Tests**

- Student will participate in the following state/district mandated assessment(s):
- Achievement
  - EOC
  - WIDA Access
  - WIDA Access (Alternate)
  - ACT
  - EXPLORE
  - PLAN
- End of Course Tests – Assessment Completed

- Requirement**
- TCAP Science Achievement (Grades 3-5)
  - TCAP Social Studies Achievement (Grades 3-5)
  - TCAP English/Language Arts Achievement (Grades 3-5)
  - TCAP Mathematics Achievement (Grades 3-5)

- District Assessment:
- No Accommodations
  - Accommodations

**State/District Test Accommodations**

Accommodations listed must be provided in general and special education instruction, classroom testing, and for the specific assessment(s) listed below:

**TCAP English/Language Arts Achievement (Grades 3-5)**

- Extended Time: Time and 1/2 as needed
- Scratch paper
- Redirect Student to the Test

**Accessibility Feature**

**Special Education and Related Services**

**Consultation**

Type of Service	Provider Title	Sessions Per Week	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services

**Direct Special Education**

Type of Service	Provider Title	Sessions Per Week	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Academics - Reading	Special Education Teacher	5 Per week	45 min	3 hrs and 45 mins	04/15/2020-04/15/2021	Special Ed Setting
Behavior Support	Special Education Teacher	5 Per week	10 min	0 hrs and 50 mins	04/15/2020-04/15/2021	General Ed Setting

**Related Service(s) including instruction from Specialized Personnel**

Type of Service	Provider Title	Sessions Per Week	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Speech/Language Therapy	Speech Language Pathologist	1 Per week	30 min	0 hrs and 30 mins	04/15/2020-04/15/2021	Special Ed Setting

Begin Date	End Date	Minutes per Week
04/15/2020	04/15/2021	305

Note: Service Dates apply during the normal school year, not ESY, unless specified.

**LRE and General Education**

Explain the extent, if any, in which the Student will not participate with non-disabled peers in:

1. **the regular class.** Susan will participate with her non-disabled peers except for 45 minutes per day for reading intervention. Susan will also receive Language Therapy for 30 minutes, one time per week, as well as check-in and out every day with her Special Education teacher.
2. **extracurricular and nonacademic activities.** Susan will have the opportunity to participate in all extracurricular and nonacademic activities.
3. **and/or, his/her IEA Home School.** Susan attends her zoned school.

**Special Transportation**

No Special Transportation.

**Extended School Year**

On 04/15/2020, the IEP Team determined that an Extended School Year (ESY) is not required.

**Basis for Determining ESY Eligibility:** Susan maintains her skills from year to year, as noted in benchmark assessments.

**IEP Participants**

The following individuals attended the IEP Team and participated in the development of this Individualized Educational Program.

Position	Signature	In Agreement	Date
Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IEA Representative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Education Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Education Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter of Evaluation Results		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Tennessee School District**  
IEP Meeting Date: 04/15/2020

Student Name: Susan Test  
DOB: 05/01/2009

**Informed Parent Consent**

**Please select "Yes" or "No" for each statement below.**

- Yes  No I certify that I am the legal parent(s)/guardian(s)/surrogate(s) of this child.
- Yes  No I have been informed of and understand my rights as a parent, and have received a copy of the notice of procedural safeguards.
- Yes  No I have been involved in the IEP Team meeting and/or the development of the IEP and have agreed to the IEP for my child.
- Yes  No My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday.

(Note: This information must be provided beginning at least one year prior to the Student's 18<sup>th</sup> birthday.)

**Please select one of the following options:**

- A draft IEP was developed and a copy was provided at least 48 hours prior to my child's IEP team meeting.
- A draft IEP was developed, but a copy was not provided at least 48 hours prior to my child's IEP team meeting.
- A draft IEP was developed, but a copy was declined.
- A draft IEP was not developed prior to the IEP team meeting.

Parent/Guardian/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Date IEP was given to parent(s):** \_\_\_\_\_  
**If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is:** \_\_\_\_\_

**Documentation of IEP Review by Other Teachers not in Attendance:**

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____