CHAPTER 7
Developing, Implementing, and Monitoring the IFSP/IEP

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In this chapter you will find information on the following topics:

•Observation and assessment strategies

•Developing a functional IFSP/IEP

•Implementing IFSP/IEP goals and objectives

•Monitoring child progress

•Resource list

Observation and Assessment

Establishing Guidelines

We need to pay careful attention to the logistics of observation, assessment and service delivery times. Community early childhood programs have daily schedules and routines which need to be followed. Related service providers have busy schedules and may be limited to particular time slots in their day for observation, assessment, and service delivery. While there is no simple answer as to how to coordinate everybody's schedule, there are some strategies which might help make the process easier.

It is helpful for those who provide services in community early childhood programs to have established observation and assessment (evaluation) guidelines. These guidelines might be generic so they can apply to all early childhood programs participating in the inclusion process, or they might be very specific to one program that has already established protocol for visitors coming to their center. Differing philosophies from program to program might also influence how one observes or

works with a child within their program.

Basic courtesy can be used as a foundation for establishing procedure for community classroom observation and assessment. For example, when making an appointment to observe, contact the program and arrange a time with the director to visit the center. Information to gather prior to the observation most likely will include the classroom teacher's name, address of and directions to the center, best days and times to observe, and additional information about the child that might prove helpful prior to the visit. Other basic courtesies would include dressing appropriately for the task, arriving prepared (observation forms/log, blank paper, pens or pencils, etc.), and arriving on time. Many times it is helpful to arrive a few minutes early as there may be program procedures which need to be followed (sign-in sheet, program information to review, etc.). Establishing guidelines for related service providers will help facilitate the process and eliminate unnecessary confusion.

A logistical problem which might be encountered while assessing a child in a community early childhood program is identifying times and places for the various special service providers to observe and work with the child, especially if individual activities are planned. Please note that it is our belief that daily or weekly progress assessment such as data collection should occur within the classroom setting during ongoing activities. However, there are times when it may be necessary for service providers to work in a one-on-one situation with the child. Once again, it is important to call ahead for an appointment. It is also important to be flexible and try to accommodate other team member's schedules as well as the classroom's schedule. Because unforeseen circumstances such as child illness, field trips, holidays, and so forth will affect observation/assessment times, it will be helpful to schedule evaluations promptly. When making an appointment for the evaluation, discuss with the director or classroom teacher an appropriate place for the evaluation to be conducted.

**EXAMPLES OF OBSERVATION AND ASSESSMENT
GUIDELINES FOR STAFF**

* Call ahead for an appointment
* Dress appropriately
* Arrive prepared (pens, paper, etc.)
* Be on time
* Check in and out at the office or with the director
* If testing, establish before hand where it should be conducted
* Find out if there are "special rules" for visitors to follow
* Do not disturb the teachers while they are teaching
* If you are unable to make your appointment or will be late,
call the preschool to let them know
* Try to accommodate other team member's schedules

Use of Existing Classroom Information

When working in community early childhood programs, some children with disabilities might be enrolled in a particular program because of that program's commitment to serving children with special needs. In this case, the child will have already been through the evaluation process and be identified as having a need for special services. In other circumstances, a child might be noticed and referred within their current preschool setting. When this occurs, it is beneficial to the child, their family and the early childhood staff if observation and evaluation of the child (if indicated) can be conducted within that familiar setting, his/her preschool!

One important aspect of inclusion is cooperation among professionals and agencies. When the child is already attending a community program, the early childhood classroom teacher will have valuable information to share with the related service providers. Many classroom teachers keep ongoing data on all of their children's progress. Some programs, such as Head Start, have extensive individual child development assessments that they complete on each child attending the program. Early childhood staff will also have their own observations of the child to share regarding general classroom behavior, ability to attend to large and small group activities, and so on. All of this information can be extremely helpful when

determining whether or not a child should go through a formal screening process or be referred for further evaluation.

Involving the Whole Team in the Process

As stated previously, it is important to remember that any information the early childhood staff has already gathered on a child can be invaluable. It is also important to remember that the child's family is one of the best sources of information. After all, nobody knows the child better than the family! Therefore, it is crucial to involve the child's parents or family members and community teachers in the assessment or evaluation process. Service providers may be able to obtain answers to questions regarding specific skills such as ability to handle frustration and conflict, ability to communicate with peers and adults, skills in the area of self-help, and so on. Information that might otherwise be difficult to obtain within the short evaluation period should be supplemented with information from parents and teachers.

Some children may be reluctant to participate within a structured testing setting due to a variety of reasons. It is not uncommon for a child to demonstrate the ability to complete a task within the early childhood classroom setting or at home and not demonstrate that ability within an evaluation setting. If the parent or teacher report that the child has particular skills that the evaluator fails to identify, it is important to reflect that information in evaluation reports and on the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). In order to demonstrate that everyone's information and knowledge is valued, it is necessary to seek out and accept information from those who know the child as well as use that information in a meaningful way.

Developing a Functional IFSP/IEP

Use of the MAPS Process

An excellent way to actively involve all those invested in the inclusion process is to implement the MAPS process when developing the child's IFSP/IEP. MAPS stands for **M**aking **A**ction **P**lans or the **M**cGill **A**ction **P**lanning **S**ystem. The Kansas State Board of Education has available a manual and videotape which describes the actual MAPS process in detail entitled *MAPS: A Plan for Including All Children in Schools* (1990). The MAPS manual and videotape might prove to be helpful in developing strategies for creating a user friendly and functional IFSP/IEP for children attending inclusive early childhood programs. Information presented in the MAPS manual is geared toward older students, however we have found that by using a modified MAPS system we have been able to create IFSP's/IEP's which are built upon the child's strengths and prove to be functional within the inclusive setting.

Since the modified MAPS process will probably be a new experience for those involved, it is helpful to disseminate information about the process prior to the development of the child's IFSP/IEP. Those participating might like to read through the MAPS manual in order to better understand the process. It is also helpful to provide the participants with a worksheet beforehand that states the questions which will be discussed at the meeting (see examples in chapter 7 appendix).

The modified MAPS process is unique in that all those involved with the inclusion of a child with disabilities in an early childhood program are key players in the development of the IFSP/IEP. A typical MAPS meeting would include the parents and/or family members, friends of the family, special service providers, community preschool staff, the child, and friends of the child. IFSP/IEP meetings using the MAPS process can last an hour or longer, and it is suggested that some MAPS meetings take place over two or three sessions. Spending this length of time at

meetings most likely would be overwhelming for younger children. Because of the age of the children we work with at the preschool level, it is suggested that someone videotape the child within the inclusive setting as well as videotape the child's friends responses to the MAPS questions. This videotape can be viewed at the meeting, allowing for peer input into the IFSP/IEP process.

One positive aspect of developing a child's IFSP/IEP with this process is that input is obtained from a variety of people who know the child, not just the special service providers. One of the strategies we have found to be helpful is the use of flip charts or large sheets of chart paper on which the facilitator of the meeting writes individual responses to the MAPS questions as they are presented. The information gathered on the chart paper is, in essence, the child's IFSP/IEP. From the questions regarding the child's "strengths/gifts," "needs," and "ideal day," goals are developed and prioritized, and objectives are created.

Many who are required to write computerized IEP's may be concerned about whether or not this is truly an IEP. The information gathered in this manner is easily entered into the computerized system, especially if the system allows for creating your own objectives. Before entering the information into the computerized system, it is helpful to transfer the information from the meeting onto regular size paper, and to copy and distribute it back to the participants to review for errors, additions, etc. Because this information is serving as the child's IFSP/IEP, it is important to also have available at the MAPS meeting a signature page to be signed by the participants at the meeting (see example in chapter 7 appendix). When the MAPS information is transferred into its final form (the actual IFSP/IEP document), the signature page is included with that document.

Writing a Discipline-free IFSP/IEP

In an effort to create IFSP's and IEP's which are considered to be more "user-

friendly," Angela Capone and Karla Hull (1994) envisioned the concept of writing a "discipline free" IEP. The intent was to develop an IEP document in which any teacher, paraprofessional, therapist, or family member could pick up and read, understand, and effectively implement. Goals are no longer "assigned" to one particular service provider. Rather, the goals reflect the whole child. For example, a goal might read, "Sally will increase her skills in the area of independence." Within this goal, objectives might include speech (increased peer interactions, requesting assistance), motor (mobility from one area to another, reaching for and grasping toys), and self-help (serving self at snack, putting toys away). This goal takes a more holistic view of the child as opposed to goals written as, "Sally will increase her sentence length and complexity," or "Sally will improve her skills in the area of eye-hand coordination." Discipline free IFSP's and IEP's are developed by addressing the child's skills and strengths rather than weaknesses.

Whether or not your team chooses to implement the MAPS process or to write IFSP's and IEP's which are discipline free, it is important to remember that families and community early childhood staff will be reading the document and will be participating in the implementation of the child's educational plan on a daily basis. Because of this, it is extremely important that anyone working with the child be able to interpret the goals and objectives. This jargon-free approach is not only functional for community early childhood staff, but it is also family friendly! Also keep in mind that it is crucial that those staff members who will be working with the child on a regular basis be involved in the development of the educational plan. This not only fosters a sense of collaboration, but also gives the involved parties a feeling of investment and responsibility.

Implementing Goals and Objectives

Activity-based Intervention

Activity-based intervention is defined as a "child-directed, transactional approach that embeds intervention on children's individual goals and objectives in routine, planned, or child-initiated activities, and uses logically occurring antecedents and consequences to develop functional and generative skills" (Bricker & Cripe, 1992). Bricker and Cripe (1992) maintain that a true activity-based intervention model consists of four key elements which are described in further detail.

The first key element of activity-based intervention (ABI) is based on the premise that activities and actions initiated by children are more likely to attract and hold a child's attention and as a result maintain their involvement. The term transactional refers to the child acting upon his or her environment and the social and physical environment responding in a reciprocal manner (Bricker & Carlson, 1980; Sameroff & Chandler, 1975). When an child reaches out to his parent and the parent responds by smiling back and giving him a ball, the interaction is considered to be transactional. The child initiated the interaction and, because the adult responded in a positive manner the child will be more likely to make future social gestures.

The second element of ABI involves the embedding of training and intervention (addressing IFSP/IEP goals and objectives) within routine, planned, or child-initiated activities. Routine refers to those events that occur on a predictable or regular basis. Toileting, meal time, cleanup, and dressing are all examples of routine activities. Planned activities are those which the adults in the environment organize and prepare for the children's participation. Having a "beauty shop" in the dramatic play area, painting with sponges, and baking cookies are examples of activities that have been planned and set up by the teacher. Child-initiated activities are simply activities which the children initiate on their own. These three types of activities can and will often be combined. The focus of ABI is not on the activity itself, but rather

on the opportunity for the child to practice target skills during ongoing activities throughout the classroom day.

The third component of ABI involves the systematic use of appropriate antecedents and consequences which naturally occur during ongoing classroom activities. Antecedents include the materials, teaching strategies, and prompts (verbal and physical) which are presented to the child. Consequences are the logical outcome of the activity. For example, if a child sees a ball (antecedent) and requests to play with it, the outcome or consequence is the opportunity to play with the ball. It is extremely important to remember that all the individuals working with a child in an inclusive early childhood program must be aware of and understand the child's IFSP/IEP goals and objectives. It cannot be assumed that the child will learn just by "playing." ABI requires that the adults in the child's environment take an active role in the learning process. The teacher participates by providing materials and activities, and by demonstrating and assisting as needed.

The final component of ABI involves addressing skills for the child that are functional and generative. Functional skills are those skills which enable the child to become more independent in their physical and social environment. Functional skills might include dressing one's self, learning to sign "more," or even learning the names of one's classmates. Functional skills are skills which the child will need to use in current as well as future environments. It is of equal importance that the child acquire skills that will generalize to a variety of environments. For example, if a child is working on toilet training it is important that the child learn to use the toilet at home, at school and when out in the community. If a child is able to generalize acquired skills, then that child will learn to become a more independent individual.

ABI ACTIVITIES SHOULD:

* Make sense to the child

* Be interesting to the child

* Keep in mind the child's strengths and needs

* Encourage the learning of new skills

* Encourage the generalization of skills

* Involve social interactions, materials and environments which
are familiar to children

Transdisciplinary Team Involvement

For an inclusive early childhood program to truly be effective it is essential that those persons invested in the inclusion of a child work together as a team to ensure that the child's goals and objectives are being addressed and, as a result, being met. Investment in goals and objectives must be shared. If the IFSP/IEP is written in a functional and usable manner for the child in the inclusive classroom, then goals and objectives will be addressed on an ongoing basis throughout the child's day. This is why it is so important that community classroom staff be involved in the development of the IFSP/IEP.

One manner in which to view a child's goals and objectives in the context of the classroom day is to implement the use of a matrix system. The use of an instructional curriculum sequence (ICS) matrix for incorporating objectives into routines and ongoing activities was introduced by Doug Guess, Ph.D. and his colleagues at the University of Kansas (Guess, et al., 1978). We have found the matrix system to be an effective form of data collection within an inclusive setting. The matrix also serves as a reminder that goals and objectives should be addressed throughout the child's day rather than just at specific therapy times. When implementing this sys-

tem, classroom teachers, paraprofessionals and therapists will gather information that is not discipline specific. For example, while at the water table during center activities the teacher might record on the matrix that the child rolled to the designated area and imitated a peer's gestures three times during the activity (motor, communication, cognitive). At snack time, the child scooped apple sauce onto his/her spoon five times and was able to bring spoon to mouth three times (self-help, motor) (see example of completed Instructional Schedule Matrix).   When goals and objectives are viewed from the perspective that intervention occurs throughout the classroom day, then it is the responsibility of all of the team members to be aware of and understand what is on the child's IFSP/IEP.

INSTRUCTIONAL SCHEDULE MATRIX

Name: _____ Date: _____
School: _____

Schedule of Activities

Objectives	8:30 Arrival/ Check in	8:35 Free Play, Toileting	9:05 Clean up	9:10 Group, Stories	9:20 Center Activities	10:05 Clean up	10:10 Books, Toileting	10:25 Snack	10:45 Outside	11:25 Goodbye Group
Imitate gestures of peers and/or adults					+++					
Interact with objects with more purposeful intent										
Actively participate at large group activities										
Roll to activity/area with verbal or physical cues					+					
Follow through with activity given verbal prompts										
Sit on toilet for 3 minutes with physical assistance										
Bring spoon to mouth with minimal assistance								+++		
Scoop food onto spoon with minimal physical assistance								++++		
Hold cup with 2 hands and bring to mouth										

*Recording Key: + = correct response; - = incorrect response; N = no response.
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Monitoring Child Progress

In order to provide appropriate curriculum it is required that individuals working with young children learn about the individual child's needs, as well as the needs of the group (Peck, Odom, & Bricker, 1993). Assessment should be an ongoing process, be made both formally and informally, and incorporate a variety of meth-

ods. Assessment should include the use of periodic observations, use of a variety of tools and processes, and actively include parental input (Peck et al., 1993). Bricker and Cripe (1992) maintain that monitoring the effects of intervention practices is an essential feature of quality programs.

Those of us who work with young children acknowledge the importance of consistently updating assessment information and using that information in planning and developing programs and intervention strategies. Young children are constantly growing, developing new skills, and sometimes developing new concerns or difficulties. The issue seems not to be the importance of collecting data on individual child progress, but rather in determining how to address the need for collecting that information. Although standardized tests certainly have their function in regard to identification of area of need and qualification for special services, our focus will not be on the use of standardized pre- and post-tests, but rather on specific strategies one might use in monitoring the effects of early intervention within the inclusive setting.

Teacher-directed Versus Naturalistic Procedures

When thinking of "data collection," one might envision sitting down at a small table with a child, clip board, data sheet, pencil, and stop watch at hand. Data collection might be considered to be a task that requires the teacher's total attention, requires that the teacher provide many opportunities for the child to respond (mass-trial), and requires that the child respond to specific teacher directions and cues (teacher-directed). Within the inclusive setting, however, we believe that more "naturalistic" forms of data collection should be implemented which reflect the child's abilities and skills within that setting.

Setting up Realistic Data Collection Goals

When embedding the child's intervention in ongoing classroom activities, information collected on the child's progress should reflect the progress that is being made under usual or everyday conditions (Bricker & Cripe, 1992). For example, offering various toy dishes and cooking utensils in the house area would provide an excellent opportunity for gathering information on a child's progress in color recognition, sorting and matching skills, social interactions, etc. However, in order to obtain the information desired while the child is engaged in the activity the adult may need to "probe." Probing simply involves the adult (or a peer) asking specific questions of the child or requesting specific tasks. For example, the teacher might ask the child to count how many plates are on the table or request the child to stack all of the blue cups together. A peer might be prompted by the teacher to ask the child to "make dinner together" or to help "wash dishes."

EMBEDDING OBJECTIVES INTO A CLASSROOM ACTIVITY

The dramatic play area at center time is set up as a "kitchen". Toy pots and pans, colored dishes, and plastic food are available for the children to interact with. Examples of objectives embedded into the activity:

Cognitive:
identify primary/secondary colors
sort dishes by color
count plates, cups, etc.

Language:
identify foods and materials
initiate interactions with peers
request materials by name

Motor:
stack cups
crosses midline
opens/closes containers

Social:
attend to the activity for 7 minutes
use appropriate tone of voice
respond appropriately to peer
interactions/social gestures

It is important to remember that data collection within the inclusive early childhood program should be considered manageable by the participating staff. That is, classroom staff should not feel "stressed out" over who will take the data and when it will be taken. Data collection should be a shared responsibility between

the early childhood classroom staff, the paraprofessional, and the related service providers. One may find that data regarding individual child progress will be collected on a more consistent basis if the forms are simple and easy to use and if the staff is knowledgeable about the child's IFSP/IEP goals and objectives.

In sharing the responsibility of data collection, the classroom staff, paraprofessional, and special services staff may find it useful to establish a routine for data collection. A good time to discuss who will collect data and when data collection will occur is during team meetings. One person might be assigned the responsibility of collecting data for a specified period of time or the data collection might occur during specific classroom activities. Once again, if all of the staff working with the child with disabilities are aware of and understand the child's goals and objectives, then the responsibility can be a shared one. Whatever the team decides is the best approach for collecting information on child progress, the important thing to remember is that data should be gathered on an ongoing basis during ongoing classroom activities and routines whenever possible.

Data Collection Strategies

A variety of data collection strategies can be implemented within the inclusive early childhood program. Those strategies include: 1) observational data, 2) rating scales, 3) permanent products, and 4) anecdotal notes (Bricker & Cripe, 1992). There is no one right approach for collecting data. Rather, each individual team will need to look at the availability of time for data collection as well as the type of information that is desired. By discussing data collection during team meetings, issues such as what information is needed, when it will be collected, and who will be responsible can be resolved, and from that interaction specific data collection procedures can be developed.

Observational data involves observing the child during specified periods of

the day and recording information which targets the child's IFSP/IEP goals and objectives. Matrices are an excellent form of observational data collection (see chapter 7 appendix). The child's objectives are listed and the classroom schedule is included as well. The matrix serves as a constant reminder to the person working with the child that objectives are best addressed during ongoing activities throughout the classroom day. Another simple manner in which to collect observational data is to simply have a blank piece of paper handy. Classroom staff can jot notes and information as the child is being observed during classroom activities. Data taken in this manner requires that the staff be familiar with and understand the goals and objectives of the child as well as understand the concept of embedding objectives within ongoing classroom activities.

Rating scales are a type of data collection that are simple to use within the classroom setting (see chapter 7 appendix). Rating scales focus on whether or not a specified behavior occurred or the level of assistance a child needs to perform a particular behavior (Bricker & Cripe, 1992). For example, information collected on a rating scale system might include the amount of prompting required to get a child to come to large group time (no assistance, gestures or visual cues, verbal prompts, or physical prompts). A tally system might be utilized to record the number of times a child engages in a particular behavior. Rating scales are best utilized if they are readily accessible to the staff when and where the data collection is needed. For example, a rating system data sheet would be best located in the bathroom for monitoring a child's success during toilet training (see toileting data example). Data sheets can be posted in an inconspicuous place, kept on a clip board or in a notebook, or attached to one's clothing. When working with a child with disabilities in an inclusive setting, it is important to remember to gather information in a manner which is not obtrusive, does not set the child apart from the other children, and does not violate their privacy.

TOILETING DATA

CHILD: _____

DATE	TIME	TIME	TIME
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM

RECORDING KEY:
  D=Dry
  W=Wet
  S=Soiled (BM)
  U=Urinated in the toilet
  BM=Bowel movement in toilet

CHILD: _____

DATE	TIME	TIME	TIME
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM

RECORDING KEY:
  D=Dry
  W=Wet
  S=Soiled (BM)
  U=Urinated in the toilet
  BM=Bowel movement in toilet

The use of permanent products is also another effective manner in which to gather information regarding child progress. Permanent products can take on several forms, from videotapes and audio tapes to examples of art projects (Bricker & Cripe, 1992). Videotapes are an excellent manner in which to reflect change over a period of time. For example, videotapes of a child's behavior at the beginning of the year can be compared to tapes made later in the year to reflect improvement in behavior. Videotapes are also a great tool when transitioning a child from one program to another, especially when time does not permit the receiving staff to observe the child in the previous setting! Photographs can also document child progress. For example, taking photographs of a child's block structures made during free play can reflect the progression from building simple structures to more complex structures (and children love to see photographs of their work). Activities in which children cut out shapes, draw on the line, follow the path with a marker, and so on, are

examples of products one might save to reflect progress in the area of fine motor skills. Even photocopies of children's work can be made to keep for the files if the children are adamant about taking their work home.

Anecdotal records are also a means of recording the progress a child is making within the inclusive early childhood program. Anecdotal records are the recording of events or activities (from the perception of the individual working with the child) that are usually written later in the day from memory (Bricker & Cripe, 1992). Anecdotal data should not be used as a sole means of data collection, but rather as a supplement to more objective forms of data collection (such as matrices or rating forms).

While there is not one best way to gather information regarding student progress, the challenge is to discover the strategies and techniques which will be effective for the all of the staff members working with the child with disabilities. In order to determine whether or not a child's intervention program is having the desired effects, it is necessary to monitor and record child change throughout the classroom day. Documentation of progress (or the lack of) will help to establish the need for continuation of or modification of programs and interventions implemented for the child within the inclusive early childhood setting.

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OBSERVATION SHEET

Name of child: _____

Birthdate/age: _____

Date of observation: _____

Where child observed: _____

Classroom teacher: _____

Time/day to check back with the teacher: _____

Purpose of Observation:

Notes:

Recommendations/follow-up:

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OBSERVATION SHEET

Name: _____

Date: _____

Preschool: _____

Classroom Teacher: _____

The purpose of your observation is to give you a better perception of the classroom you may be working in. Be watchful of how the teacher and his/her assistant interacts with the children, staff, and the environment.

Listed below are a few questions to help guide you in what to look for while you are there. Please complete the Observation Sheet and return to _____ when the observation is completed. Most of all, have fun! I look forward to hearing all about your experiences at the preschools.

Number of children in classroom _____

Number of adults in classroom   _____

1. Locate the classroom schedule (should be located somewhere in the classroom) and write it down.

2. Describe the classroom. How is it set up? That is, is it set up into centers, is it an open setting, neat or cluttered, use multicultural materials or pictures, etc.?

    Is it a safe, warm, loving place to have children?

3. Follow the para/facilitator for 15 minutes and write down what she/he is doing.

4. Follow the child with special needs for 10 minutes and write down what she/he is doing.

5. Follow the teacher for 15 minutes and write down what she/he is doing. What is his/her role in the classroom?

6. How does the teacher interact with the children?

7. How does the teacher interact with his/her staff?

8. What techniques does the classroom staff use to motivate children to do things?

9. What is done when the child misbehaves? What is their discipline policy?

10. What is your overall impression of the classroom and the classroom staff?

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OBSERVATIONS IN THE COMMUNITY

Center Name: _____   **Date:** _____

Teacher(s): _____   Teacher(s): _____

Child(ren):   Child(ren):

1.   1.

2.   2.

3.   3.

4.   4.

Center Name: _____   **Date:** _____

Teacher(s): _____   Teacher(s): _____

Child(ren):   Child(ren):

1.   1.

2.   2.

3.   3.

4.   4.

Center Name: _____   **Date:** _____

Teacher(s): _____   Teacher(s): _____

Child(ren):   Child(ren):

1.   1.

2.   2.

3.   3.

4.   4.

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EVALUATIONS IN THE COMMUNITY

Center Name: _____   **Date:** _____

Teacher(s): _____   Teacher(s): _____

Child(ren):   Child(ren):

1.   1.

2.   2.

3.   3.

4.   4.

Center Name: _____   **Date:** _____

Teacher(s): _____   Teacher(s): _____

Child(ren):   Child(ren):

1.   1.

2.   2.

3.   3.

4.   4.

Center Name: _____   **Date:** _____

Teacher(s): _____   Teacher(s): _____

Child(ren):   Child(ren):

1.   1.

2.   2.

3.   3.

4.   4.

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EVALUATION MATRIX

Service Coordinator: X out areas not needing evaluation. Evaluators: Initial and date when assessment is complete.

Schedule of Evaluations

Child's Name	Referral Date/ Referral End Date	Service Coordi- nator	Health/ Motor	Vision/ Hearing	Social/ Emotion	General Intelli- gence	Pre-aca- demics/ Educa- tional	Speech/ Lan- guage	Staffing/ Team Meeting Date	IEP Confer- ence Date

Notes:

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MAPS LETTER TO PARENTS

_____
(Date)

Dear _____:

Please take time to look at the following questions taken from the MAPS, which stands
for **M**aking **A**ction **P**lans, for generating information to develop _____
Individualized Education Program (IEP).

MAPS is an exciting approach because it brings family members, friends of the family,
regular and special educators, the student, and the student's friends together to begin
planning for the full inclusion of a student with disabilities. In this planning process,
people are encouraged to look at what _____ can do, instead of work-
ing from the perspective of what he/she cannot do. MAPS can help lay the foundation
for the spirit of cooperation that is necessary for true inclusion, by giving members of
the MAPS team a "stake" in the student's integration.

Because of our program's current move toward family friendly services and a more
collaborative team approach, it would seem appropriate to implement this process at
_____ IEP meeting on _____.

Please complete the attatched worksheet and bring it to the IEP conference. The infor-
mation from the worksheets will help to "map out" what is necessary to make
_____ inclusion into school successful.

If you have any questions before the meeting, please call _____ at the
number _____.

Thank you!

Adapted from: <u>MAPS manual</u>, Kansas State Board of Education, (1990).

MAPS Worksheet for _____

<div align="right">(child's name)</div>

1. What is _____ history?

2. What is your dream for _____?

3. What is your nightmare?

4. What are _____ strengths/gifts?

5. What are _____ needs?

6. What would and ideal day at school be like for _____?

Adapted from: <u>MAPS manual</u>, Kansas State Board of Education, (1990).

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IEP PREPARATION WORKSHEET

Child: _____   **Date/Time/Location:** _____

In order to make the IEP's we produce more "user-friendly", we will be developing goals and objectives together. Please use your preparation time to provide us with a rich narrative description of what this child is able to do. We hope to expand and build on these current skills and strengths!

Strengths, Skills, and Talents:

Goals:

Now, prioritize your goals and label them as long term (L) or short term (S):

Ideally, my services will be delivered...

Form developed in conjuction with Raintree Montessori School and LIM Grant

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INDIVIDUALIZED EDUCATION PROGRAM

IEP Meeting Date: _____   Student:: _____

<div align="center">Signatures</div>

Name   Position   Date

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

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INSTRUCTIONAL SCHEDULE MATRIX

Name: _____

School: _____

Date: _____

Objectives

Schedule of Activities

*Recording Key:
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OBSERVATIONS

DATE	NOTES	COMMENTS

* Initial each entry made

TOILETING DATA

CHILD: _____

DATE	TIME	TIME	TIME
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM

RECORDING KEY:

        D=Dry
        W=Wet
        S=Soiled (BM)
        U=Urinated in the toilet
        BM=Bowel movement in toilet

CHILD: _____

DATE	TIME	TIME	TIME
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM
	D W S U BM	D W S U BM	D W S U BM

RECORDING KEY:

        D=Dry
        W=Wet
        S=Soiled (BM)
        U=Urinated in the toilet
        BM=Bowel movement in toilet

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Student:

Objective:

Data Code:

Task Analysis

Rate

_____

_____

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DATA COLLECTION SHEET

Student:

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	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
	I	V	G	PP	FP	R
Totals:	#	#	#	#	#	#

Children	Cognitive	Social	Self-Help	Language/Communication	Fine and Gross Motor
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

ANECDOTAL RECORDS
Child: _____
Month: _____

WEEKLY REVIEW OF CHILD PROGRESS

Child: _____   Date: _____

I. Informal Observations

II. Annual Goals and Short Term Objectives
    A. Speech/Language

    B. Cognitive

    C. Self Help

    D. Social/Emotional

    E. Motor

III. Problem Solving/Trouble Shooting

IV. Strategies/Activities to Promote Inclusion and Achievement of Goals and Objectives

V. Unfinished Business/New Business

WIN Grant

PROGRESS REPORT

Name: _____   Teacher/Therapist: _____

Date of Birth: _____   Date: _____

Objectives for	Progress Made	Met	No Progress	Comments

PROGRAM RECORD

Child's Name _____

Date	Program Name	Start	Stop	Change	Changes Made

LIM/WIN Grant