



Tennessee State Special Education Framework 2014 Implementation Guide

Tennessee Special Education: Implementation Manual 2014-15

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Component 1 Resources: General Instructionally Appropriate IEP Information

Sample Letter Inviting Parents/Guardians to IEP Meeting

(Edit to fit the particular conditions of the student's IEP meeting and print on school letterhead)

(Date)

Dear (Parent/Guardian Name):

You are invited to attend a meeting to develop your son/daughter's Individualized Education Program (IEP). The meeting will be held at (date/time) in (location). One of the purposes of the meeting is to develop (student's name) Statement of Transition Service Needs and, if appropriate, a Statement of Needed Transition Services. Based on (student's) preferences, needs, and interests, we will be discussing the courses and activities both in and outside of school that will help him/her reach his/her career goals and participate in the post-school activities of his/her choice.

Along with you and student, we have invited the following people to attend this meeting:

Name _____	Position/Agency _____

You may also invite other individuals who have knowledge or special expertise regarding your son or daughter's educational needs.*

During this meeting, we will:

- Discuss your son/daughter's post-school goals and need for post-school services, supports or programs.
- Develop a plan for the next school year that describes your son/daughter's post-school goals and the courses, activities, agencies and people who will help your student achieve these post-school goals.
- Determine the courses, educational experiences, school and community activities to help your son/daughter attain his/her post-school goals.

Please let me know whether the date and time are convenient for you by returning the attached response slip to me by (date). Also, please let me know if there are other people you will be inviting (or would like me to invite) to (student's) IEP meeting and I will facilitate the arrangements for the meeting.*

If you have any questions about this letter or the meeting, please give me a call at _____.

We look forward to working with you to help (student) attain his/her personal and professional goals.

Sincerely, (Name/Title)

** If your son or daughter has been granted, under state laws, the rights of majority these paragraphs do not apply to you.*

Student Input/Post-School Survey

Student Name: _____ Date: _____

Your Individual Educational Program (IEP) Committee will be meeting on _____ at _____ in _____.

Please answer the following questions to provide us with information for your IEP.

Please return to _____ by _____.

1. What is your goal for this school year? (Example: As and Bs on my report card, study more)
2. What are your hobbies and interests outside of school? (Example: reading, movies, golf)
3. Do you work or volunteer at a job now? If so, what is it?
4. What do you want to do after high school? (Example: go to college to study marine biology)
5. What job do you want to get after you finish your education?
6. Where do you plan to live after high school? (Example: my parents' house, college dorm)

What accommodations are you using in your classes now?

- | | |
|--|---------------------------------------|
| _____ Extra time to complete assignments | _____ Take tests in separate location |
| _____ Shortened assignments | _____ Hard copy of notes given to me |
| _____ Extra time to complete tests | _____ Someone reads the test to me |
| _____ Answers are written by the teacher | _____ Other _____ |

Do you have more information you wish to share with us in drafting your IEP? If you need more space, write it on the back of this page.

Sample IEP Best Practices Checklist

- 1) I know who is required to attend the IEP meeting (parent, general education teacher, special education teacher, representative of the district, individual who can interpret the instructional implications of evaluation results, others with knowledge or special expertise such as an English as a Second Language teacher, and the student).
 Yes No
- 2) Prior to the IEP meeting, I make sure every party is informed of the meeting time and date well in advance, send a reminder close to the meeting time, and make sure each person who will be present at the meeting knows their roles ahead of time. Yes No
- 3) I create a data folder for each student including all formal and informal assessments, progress monitoring, intervention logs, work samples, and other materials for writing the student's present level of performance, noting areas in which additional data are needed.
 Yes No
- 4) When writing the student's present levels of educational performance, I use multiple sources of meaningful data, both summative and formative, and address all areas of exceptionality with a narrative explaining the educational impact on grade-level Common Core State Standards. Yes No
- 5) I make sure the present levels of educational performance are well-written so that each member of the IEP team knows exactly what the student's abilities and challenges are (e.g. objective, measurable, easy-to-understand; establishes a basis for the other components of the IEP; provides a starting point for goal development; articulates any gaps between the student's grade level expectations and demonstrated performance). Yes No
- 6) I make sure the measurable annual goals address the student's individual needs and are aligned with individual specific areas of deficit. Yes No
- 7) I look at assistive technology as well as other supports and related services that will help the student with specific tasks and goals, considering their specific individual needs. Yes No
- 8) I ensure the team selects academic and behavioral interventions that are supported by research and are skill based.
 Yes No
- 9) When selecting the placement for the student, if the student is not 100% in the general education curriculum, I address why he/she is not, referring to the student's present level of educational performance, measurable annual goals, and the services needed to meet these goals. Yes No
- 10) When determining the best measure of monitoring progress, I consider what is most appropriate to allow the student to demonstrate his/her growth. Yes No

School Record of Attempts to Contact Parents

___ EVALUATION ___ REEVALUATION ___ CONSENT FOR IEP IMPLEMENTATION

Student: _____ School: _____

Student ID #: _____

Name parent/guardian: _____

Date of most recent conference: _____

Procedures used to notify parents:

1. Correspondence sent and date(s):

Please attach a copy.

2. Telephone calls:

3. Home/employment visits:

4. Other attempts:

To the best of my knowledge, the above information is accurate and indicates all our attempts to contact the parents regarding written permission for evaluation.

Signature of School Representative: _____

Date _____

IEP Checklist

Student Name: _____

School: _____

Year: _____

General Overview	Yes/No and Comments
<i>IEP committee includes all required participants</i>	
a. Teacher	
b. Individual responsible for providing or supervising special education (administrator/admin. designee)	
c. Parent	
d. Related Services Provider*	
e. Student—required after age 14*	
f. Evaluator*	
<i>IEP includes all required components</i>	
a. Present levels of educational performance	
b. Annual goals	
c. Short-term objectives	
d. Objective criteria and evaluation procedures	
e. Services (special education and related)	
f. Extent of participation in general ed. program	
g. Projected date of initiation and duration of services	
h. Transition plan	
Parent signature (or evidence of contacts is attached)	

Present Level of Educational Performance (PLEP)	Yes/No and Comments
<i>Based on information gathered from a combination of diagnostic procedures</i>	
a. Formal testing	
b. Informal testing	
c. Observation(s)	
d. Samples of the student's work	
e. Case history/current educational records	
f. Parent observations/information	
g. Feedback from student—required after 14	
Names and dates of instruments used to collect/document information	
Scores and ratings are explained	
Information is current (within one year)	
Contains statements on instructional needs	
Contains statements on learning style	
Contains statements on instructional material(s) that have/haven't been used successfully with the student	
Information is instructionally relevant	
Does each performance area described begin with the student's strengths and conclude with need(s)?	
Written in understandable language (avoids acronyms,	

abbreviations, jargon)	
Addresses how the student's disability affects the student's involvement and progress in the general education curriculum	
Lists strengths of the student related to each problem area	
Lists weaknesses of the student related to each problem area	

Annual Goals (required)	Yes/No and Comments
<i>Goals are clear, measurable, & understandable</i>	
a. not vague or ambiguous	
b. avoids education jargon	
c. states how progress toward the goal will be measured	
Positively stated	
At least one goal for each area of need as stated in the PLEP	
Goal is justified on the basis of the information in the PLEP	
Goal is practical and relevant to the student's academic, social, and vocational needs	
Goal is practical and relevant when the student's age and remaining school years are considered	
Goal can be accomplished within one year	
Goal enables the student to be involved in and progress in the general education curriculum	
Goal meets student's other educational needs that result for the student's disability	

Service Area		
Identified Area of Need? (Yes/No)	Service Offered?	(Yes/No)
Reading Comprehension		
Written Expression		
Math Computation		
Math Application		
Work Behaviors		

District IEP Team Assignment of Roles and Responsibilities

Role	Responsibilities
Parents/guardians	Represent parental concerns and provide informative feedback for communication and support.
Student	Participate actively by communicating preferences, interests in regards to careers after high school, areas of strengths, needs for accommodations, modifications, and supports. Also help develop measurable annual goals.
Administrators/Supervisors or Designee <ul style="list-style-type: none"> • Curriculum and Instruction • Special Education 	Assist in: <ul style="list-style-type: none"> • identifying, evaluating, selecting, and adopting materials and resources to establish and maintain procedures for high-quality instruction and intervention; • developing assessment protocols and fidelity monitoring; • and determining guidelines for assessing, planning, and delivering appropriate professional development.
Administrators <ul style="list-style-type: none"> • Elementary • Secondary 	Assist in establishing and maintaining procedures for instruction and intervention practices, assessment protocols, scheduling, fidelity monitoring, and guidelines for assessing, planning, and delivering appropriate professional development.
Educational Staff <ul style="list-style-type: none"> • Teachers • Instructional Coach • Classroom <ul style="list-style-type: none"> ○ Elementary ○ English/language arts ○ Mathematics ○ Other 	Evaluate established procedures for: <ul style="list-style-type: none"> • delivering high-quality instruction and intervention; • administering and analyzing of appropriate assessments; • delivering instruction and intervention with high levels of fidelity; • and participating in assessing, planning, and attending/facilitating in appropriate professional development sessions for the purpose of ensuring success of all students.
Specialists <ul style="list-style-type: none"> • School Psychologist • Special Education • Speech/Language • Others: School Counselors 	The specialist serves the district to help evaluate established procedures for delivering high-quality instruction and intervention and make appropriate recommendations for successful implementation.
Related Service Specialists <ul style="list-style-type: none"> • Occupational Therapist • Physical Therapist 	Provide additional relevant information regarding the student's strengths, areas to improve, and service needs.
Teachers of English Learners (ESL)	Serve students' whose native language is not English; deliver an appropriate program to teach English; deliver high-quality instruction and intervention; participate in appropriate professional development to ensure instructional consistency; and facilitate administration of assessment for accurate decision making.

IEP Preparation and Meeting Checklist for Parents

Before the meeting:

1. Review records

- Ask school in writing for copy of current IEP.
- Review goals on current IEP.
- Ask school district in writing to review records at district office.
- Contact school psychologist to get explanation of assessments prior to IEP meeting.
- Ask school district for summaries of any standardized tests your child has taken this year.
- Review all assessment results carefully.

2. Think about your child:

- Consider your vision for your child in the future, as well as for the next school year.
- List your child's strengths, needs and interests.
- Talk to your child and find out what they like best and least about school.
- Think about your child's education progress, what has been working and what has not.
- Brainstorm with people (teacher, friend, family members, tutor, therapist, and consultant) to get some ideas before the meeting.
- Consider ways of involving your child in developing his or her IEP.

3. Areas of need

- List your major concerns about your child's education.
- Consider how your child's disability affects his or her education.

4. Thinking about the IEP meeting

- Listen for early signs of problems
- Gather all facts and information
- Listen carefully to your child's responses

At the IEP Meeting:

1. Formal and informal assessments reviewed to identify strengths, performance gaps (weaknesses), present levels of performance, and needs:

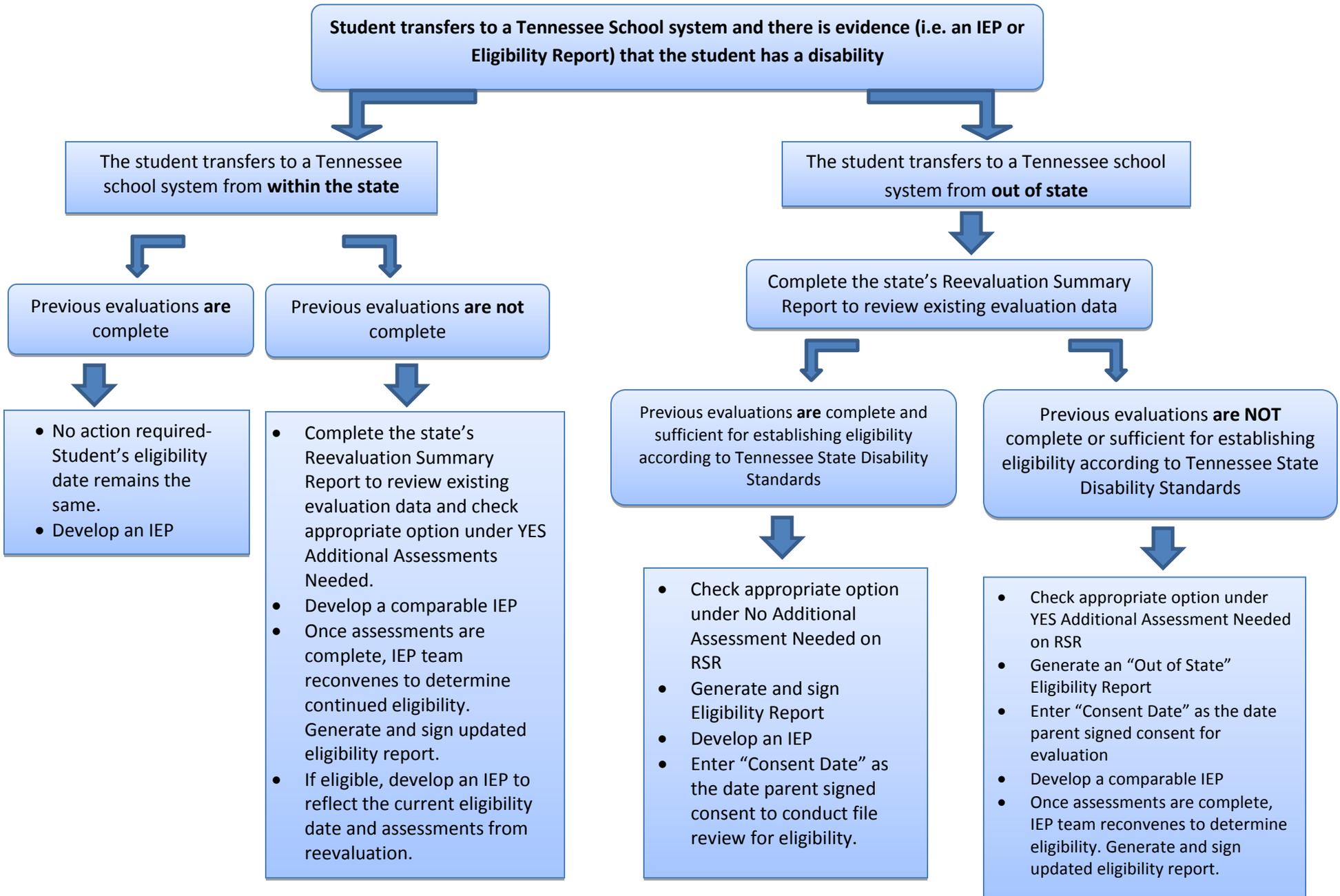
- Discuss student's strengths/ preferences/ interests.
- Discuss what helps your child to learn.
- Discuss what limits or interferes with your child's ability to learn.
- Discuss that you feel observations of your child do or do not accurately represent his/her performance.
- Have team review results from any district-wide assessments and/or individual assessments.
- Include statement of your child's present levels of education performance including a written statement of strengths and weaknesses in IEP.

2. List how the disability impacts the student academically and socially (includes behavior) in the school setting

- Document how your child's disability affects his or her ability to be involved and progress in the general curriculum.
- Identify areas of need in communication.
- Identify areas of gross/ fine motor development needs.
- Specify skills such as dressing, toileting, feeding, etc.
- Address sensory problems.

- Make sure that the present level of educational performance is included in all areas of need identified in the assessments.
3. Design appropriate goals that are in line with the student's needs and are based on your state's Content Standards.
- Make sure that all identified areas of need have goals.
 - Address student's educational needs with appropriate goal.
 - Determine baseline for each goal.
 - Write goals that are measurable.
 - Remember to consider what student will do, how, where and when he/she will do it when considering goals.
4. Determine placement in the Least Restrictive Environment
- Describe the extent your child will participate in the general curriculum.
 - Schedule special services so that your child will miss the least time in the regular classroom.
 - When determining the least restrict environment, consider potential harmful effects on the child and/ or quality of services.
 - Consider general education class with supplemental services or aids when determining LRE.
5. Determine appropriate supports and services, accommodations and modifications the student will need to receive educational benefit and to make progress in that placement
- Document how progress will be reported to parents.
 - Document how your child will be assessed on state and district assessments.
 - Clearly document supplementary aids and services in the IEP.
 - For each service to be provided, document specifics including personnel responsible, initiation date, frequency, location and duration.
 - Document modifications and accommodations in the IEP.
 - Document supports to be provided to school personnel in the IEP.
 - Document reasons why special education services are not to be provided at student's school of residence.
 - Discuss providing extended school year.
 - Consider transportation needs.
 - Clarify person directly responsible for each part of child's IEP.
6. Before the meeting is adjourned:
- Remind those in attendance to sign the IEP so that the IEP is accurate.
 - Sign that you attended the IEP meeting. Your signature that you attended does not mean that you agree with the IEP.
 - Ask to have your rights clarified before the IEP meeting adjourns.
 - Ask what you can do at home to reinforce skills being taught at school.
 - Request a copy of the IEP before you leave the meeting. Be certain that you have a complete copy, including all pages.

Procedures for Transfer Students Flowchart



Component 2 Resources: Eligibility and Evaluation

Contents

Component 2 Resources: Eligibility and Evaluation Assessments

Autism Assessment Documentation

Deaf-Blindness Assessment Documentation

Deafness-Hearing Impaired Assessment Documentation

Developmental Delay Assessment Documentation

Emotional Disturbance Assessment Documentation

Functional Delay Assessment Documentation

Hearing Impairment Assessment Documentation

Intellectual Disability Assessment Documentation

Intellectually Gifted Assessment Documentation

Language Impairment Assessment Documentation

Multiple Disabilities Assessment Documentation

Orthopedic Impairment Assessment Documentation

Other Health Impaired Assessment Documentation

Specific Learning Disability: RTI² Initial Assessment Documentation

Specific Learning Disability: RTI² Re-evaluation Assessment Documentation

Specific Learning Disability: Discrepancy Model Assessment Documentation

Speech Language Impairment Severity Rating Scale Assessment Documentation

Traumatic Brain Injury Assessment Documentation

Visual Impairment Assessment Documentation

Eligibility and Evaluation Resource Packet Links for all Areas

Autism
Assessment Documentation

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
Student's characteristics evident before age three (3) include:		
o difficulty relating to others or interacting in a socially appropriate manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o absence, disorder, or delay in verbal and/or nonverbal communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o unusual or inconsistent responses to sensory stimuli	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student's characteristics evident after age three (3) include:		
o significant affects in verbal and nonverbal communication and social interaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o engagement in repetitive activities and stereotyped movements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o resistance to environmental change or change in daily routines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o unusual responses to sensory experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• student meets criteria or has been diagnosed with an Autism Spectrum Disorder, including Autism, PDD-NOS, Asperger's Syndrome, PDD, Rett's, or Childhood Disintegrative Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• parental interview (including developmental history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• behavioral observations in 2 or more settings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• physical and neurological information from a licensed physician, pediatrician, or neurologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Report provides general health history evaluating the possibility of other impacting health conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of physician: _____ Date of report: _____		
• evaluation of speech/language/communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of cognitive/developmental skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation adaptive behavior and social skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation (observation and/or assessment) of how Autism Spectrum Disorder adversely impacts the child's educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Speech/ Language Therapist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Deaf-Blindness

Assessment Documentation

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
Evidence of concomitant hearing and visual impairments, the combination causes such severe communication and other developmental and educational needs they cannot be accommodated in special education programs by addressing any one of the impairments. The child has at least one of the following:		
<input type="checkbox"/> meets criteria for Deafness/Hearing Impairment and Visual Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures for Deafness or Hearing Impairments		
<input type="checkbox"/> audiological evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> evaluation of speech and language performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> school history and levels of learning or educational performance Deafness/Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> observation of the child's auditory functioning and classroom performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation Procedures for Visual Impairments		
<input type="checkbox"/> eye exam and evaluation that includes documentation of eye condition with <u>best possible correction and etiology, diagnosis, and prognosis</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Functional Vision and Media Assessment		
<input type="checkbox"/> observation of visual behaviors – school, home, other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> educational implications of eye condition (from eye report)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> assessment and/or screening - expanded core curriculum skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> school history and levels of educational performance related to visual impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> medical statement confirming condition or syndrome leading to Deaf Blindness and prognosis – if yes, complete below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Physician _____ Date of report _____		
<input type="checkbox"/> expanded core curriculum skills assessment that includes Deafness/ Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> assessment of speech/language functioning, including the child's mode of communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> assessment of developmental and academic functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> documentation (observation and/or assessment) of how Deaf-Blindness adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

**Deafness/Hearing Impairment
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition – Deafness		
A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance exhibits the following characteristics:		
<input type="radio"/> an inability to communicate effectively due to Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> an inability to perform academically on a level commensurate with the expected level because of Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> delayed speech and/or language development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Definition – Hearing Impairment		
An impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but does not include Deafness – exhibits one or more of the following characteristics:		
<input type="radio"/> inability to communicate effectively due to a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> delayed speech and/or language development due to a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation Procedures		
<input type="checkbox"/> audiological evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> evaluation of speech and language performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> school history and levels of learning or educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> observation of the child’s auditory functioning and classroom performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Documentation (observation and/or assessment) of how Deafness or Hearing Impairment adversely impacts the child’s educational performance in his/her learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Speech/Language Therapist or Audiologist

____/____/____
Date

Signature or Name of Physician or Audiologist

____/____/____
Date

Signature Other Assessment Team Member

____/____/____
Date

Signature Other Assessment Team Member

____/____/____
Date

Signature Other Assessment Team Member

____/____/____
Date

**Developmental Delay
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
• Child is aged 3 (<i>by IEP Begin Date</i>) through 9. Delays measured in one or more of physical, cognitive, communication, social/emotional, or adaptive development adversely affect child's educational performance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• initial eligibility was made before child's 7 th birthday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• DD is most descriptive disability category of child's strengths and weaknesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• physical development (fine and gross motor skills combined)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• cognitive/intelligence development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• communication development (receptive and expressive language skills combined)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• social/emotional development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• adaptive development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• standard scores in 2 of the 5 individually administered measures are ≥ 1.5 standard deviations (77/78) below the mean of the test instrument OR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• standard scores in 1 of the 5 individually administered measures is ≥ 2.0 standard deviations (70 or less) below the mean of the test instrument AND	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• when deficit is 2.0 standard deviations below test mean, the existence of another disability category that is more descriptive of the child's learning style has been ruled out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation of atypical development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• observation of developmental strengths and needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• observation to document delayed or atypical development in a natural environment by a qualified professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• interview with child's parent to discuss and confirm child's noted developmental strengths and needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• review of any existing records or data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation (observation and/or assessment) of how Developmental Delay adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• for initial eligibility OR reevaluation past the child's 7th birthday, a comprehensive psycho-educational evaluation measuring developmental skills, cognitive functioning, and other areas determined appropriate by IEP team was conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Speech/Language Therapist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

**Emotional Disturbance
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
Assessment documents manifestation to a marked degree and over an extended period of time in one or more of the following areas:		
o inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o inability to build or maintain satisfactory interpersonal relationships with peers and school personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o inappropriate types of behavior or feelings when no major or unusual stressors are evident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o general pervasive mood of unhappiness or depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o tendency to develop physical symptoms or fears associated with personal or school problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Student's ED is not due to social maladjustment (e.g., substance abuse, gang-related, oppositional defiant, and/or conduct problem behaviors).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• visual or auditory deficits ruled out as the primary cause of atypical behavior(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• physical conditions ruled out as the primary cause of atypical behavior(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• specific behavioral data which includes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o documentation of previous interventions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o evaluation of the locus of control of behavior to include internal and external factors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• direct and anecdotal observations over time and across various settings by three or more licensed professionals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• individual assessment of psycho-educational strengths and weaknesses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o intelligence, behavior, and personality factors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o take into account any exceptionality of the individual in the choice of assessment procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student's strengths and weaknesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o review of past educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o comprehensive social history/assessment that includes family history, family-social interactions, developmental, medical, and school history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child's educational performance in his/her learning environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Psychologist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

**Functional Delay
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
Continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in home or community is not significantly impaired and is at or near a level appropriate to the student's CA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • significantly impaired intellectual functioning which is two or more standard deviations below the mean 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning <ul style="list-style-type: none"> ○ limited English Proficiency ○ cultural background and differences ○ medical conditions that impact school performance ○ socioeconomic status ○ communication, sensory, or motor abilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> • intelligence evaluation with an individual, standardized test of cognition or intellectual ability with consideration to <ul style="list-style-type: none"> ○ intelligence test instrument(s) selected that are sensitive to cultural, linguistic or sensory factors ○ test interpretation that takes into account SEM and 68th percent confidence • achievement evaluation with an individual, standardized achievement and deficient scores at or below the 4th percentile in two (2) or more of these areas: <ul style="list-style-type: none"> ○ basic reading skills ○ reading fluency skills ○ reading comprehension ○ mathematics calculation ○ mathematics problem solving ○ written expression • home or school adaptive behavior with an individual, standardized instrument and scores determined to be appropriate • adaptive behavior scores are above the level required for meeting the Intellectual Disability eligibility standards • documentation (observation and/or assessment) of how Functional Delay adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Psychologist

Signature of Assessment Team Member

Signature of Assessment Team Member

Signature of Assessment Team Member

____/____/____
Date

____/____/____
Date

____/____/____
Date

____/____/____
Date

Deafness/Hearing Impairment

Assessment Documentation

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition – Deafness		
A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance – exhibits the following characteristics:		
o an inability to communicate effectively due to Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o an inability to perform academically on a level commensurate with the expected level because of Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o delayed speech and/or language development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Definition – Hearing Impairment		
An impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but does not include Deafness – exhibits one or more of the following characteristics:		
o inability to communicate effectively due to a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o delayed speech and/or language development due to a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation Procedures		
• audiological evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of speech and language performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• school history and levels of learning or educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• observation of the child’s auditory functioning and classroom performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Documentation (observation and/or assessment) of how Deafness or Hearing Impairment adversely impacts the child’s educational performance in his/her learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Speech/Language Therapist or Audiologist	____/____/____ Date
Signature or Name of Physician or Audiologist	____/____/____ Date
Signature Other Assessment Team Member	____/____/____ Date
Signature Other Assessment Team Member	____/____/____ Date
Signature Other Assessment Team Member	____/____/____ Date

**Intellectual Disability
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition – Deafness		
<ul style="list-style-type: none"> Significantly impaired intellectual functioning, existing concurrently with adaptive behavior deficits and manifested during the child’s developmental period that adversely affect his/her educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> significantly impaired intellectual functioning, which is ≥ 2 standard deviations below the mean on an individually administered, standardized measure of intelligence 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o intelligence test instrument(s) selected that are sensitive to cultural, linguistic or sensory factors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o test interpretation that takes into account SEM and 68th percent confidence level 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> adaptive home behavior composite score of ≥ 2 standard deviations below mean of an individually-administered, standardized instrument 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> additional documentation with systematic observations, impressions, developmental history was obtained for home adaptive behavior 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> significantly impaired adaptive behavior determined by systematic observations in the child’s educational setting which compares & addresses age-appropriate adaptive behaviors for child’s chronological age 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> additional adaptive school behavior composite score of ≥ 2 standard deviations below mean of an individually-administered, standardized instrument 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Intelligence and adaptive behavior evaluation results interpretation addresses and makes a determination that the student’s performance on the test is not due to the following factors and is not the primary reason for significantly impaired scores on measures of intelligence or adaptive behavior. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o limited English proficiency 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o cultural background and differences 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o medical conditions that impact school performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o socioeconomic status 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o communication, sensory, or motor abilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> history indicates delays in cognitive abilities (intellectual impairment) manifested during the developmental period (birth through 18) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> documentation (observation and/or assessment) of how Intellectual Disability adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Psychologist

Signature of Psychologist

Signature of Psychologist

____/____/____
Date

____/____/____
Date

____/____/____
Date

TN K-12 Intellectually Gifted Assessment Scoring Grid

Student Name _____ DOB ___ / ___ / ___ School System _____ School _____ Grade ___ Date ___ / ___ / ___

The Comprehensive Evaluation must include assessments in each of the three Assessment Categories. Record the highest score obtained in each Assessment Category. Record the single highest score for each Assessment Category in Category Points and calculate a Total Score. The assessment criteria for Intellectually Gifted are met if the student has an overall Total Score of 50 or more points which must include: a) Scoring in the Second or Third Range on at least one Target Instrument from any Assessment Category, and b) Scoring in at least the First Range on a Target Instrument in both Educational Performance (Assessment Option 1, 2 or 3) and Cognition (Assessment Option 14) Categories.

Assessment Category	Assessment Option	Scoring	First Range 10 Points	Second Range 20 Points	Third Range 30 Points	Target Instrument	Category Points
Educational Performance	1) Standardized Group Criterion-Referenced (e.g., TCAP) and/or Norm-Referenced Group or Individual Achievement Test (e.g., Stanford-10, ITBS, PLAN, Explore, PSAT, WIAT-III, WJIII, NU)	Area or Cluster Scores	<input type="checkbox"/> 1 Area $\geq 95\%$ ile or <input type="checkbox"/> 2 Areas $\geq 90\%$ ile	<input type="checkbox"/> 2 Areas $\geq 95\%$ ile or <input type="checkbox"/> 3 Areas $\geq 90\%$ ile	<input type="checkbox"/> 3 Areas $\geq 95\%$ ile or <input type="checkbox"/> 4 Areas $\geq 90\%$ ile	<input type="checkbox"/> 2nd/3rd Range	POINTS Educational Performance
	2) College Entrance Exams (e.g., ACT, SAT)	Area Scores or Full Scale or Total Battery	<input type="checkbox"/> $\geq 90\%$ ile – $\leq 93\%$ ile	<input type="checkbox"/> $\geq 94\%$ ile – $\leq 97\%$ ile	<input type="checkbox"/> $\geq 98\%$ ile		
	3) TN Supplementary Gifted Performance Checklist (TnSup) (Do not use TnSup if TnTOC or TnTOC+ used in Creativity/ Characteristics of Gifted Category)	Total Score TN Supplementary Gifted Performance Checklist	<input type="checkbox"/> 7/12	<input type="checkbox"/> 8/12	<input type="checkbox"/> 9/12		
	4) Grade Point Average (GPA) Middle School and High School	Current GPA	<input type="checkbox"/> \geq top 6%	<input type="checkbox"/> \geq top 4%	<input type="checkbox"/> \geq top 2%		
	5) Academic Awards: K—12	Awards won in last three years	<input type="checkbox"/> 1 school district	<input type="checkbox"/> 2 school district or 1 in-state regional	<input type="checkbox"/> 3 school district or 2 in-state regional or 1 national/ multi-state/ or statewide		
	6) TN Academic Product or Portfolio	Evaluation score	<input type="checkbox"/> Score total ≥ 27	<input type="checkbox"/> Score total ≥ 30	<input type="checkbox"/> Score total ≥ 33		
Creativity/ Characteristics of Gifted	7) Nationally Normed Standardized Test of Creativity (Torrance Test of Creative Thinking-TTCT – Figural or Verbal, Creative Assessment Packet by Frank Williams – Williams CAP, Profile of Creative Abilities – PCA)	Total TTCT-Figural/Verbal Williams CAP PCA	<input type="checkbox"/> $\geq 84\%$ ile – $\leq 89\%$ ile <input type="checkbox"/> 1 SD = 60 <input type="checkbox"/> CI ≥ 115 – ≤ 122 and HRS or SRS > 115 – < 122	<input type="checkbox"/> $\geq 90\%$ ile – $\leq 93\%$ ile <input type="checkbox"/> 1 ½ SD = 70 <input type="checkbox"/> CI ≥ 123 – ≤ 129 and HRS or SRS > 123 – < 129	<input type="checkbox"/> $\geq 94\%$ ile <input type="checkbox"/> 2 SDs = 80 <input type="checkbox"/> CI ≥ 130 and HRS or SRS > 130	<input type="checkbox"/> 2nd/3rd Range	POINTS Creativity/ Characteristics of Gifted
	8) TN Creative Product or Portfolio	Evaluation score	<input type="checkbox"/> Score total ≥ 27	<input type="checkbox"/> Score total ≥ 30	<input type="checkbox"/> Score total ≥ 33		
	9) TN Creative Thinking Rating Scale (TnCreat)	Evaluation score	<input type="checkbox"/> 40	<input type="checkbox"/> 45	<input type="checkbox"/> 50		
	10) Nationally Normed Gifted Characteristics Checklist (GES-3, GRS)	Refer to instrument manual for scoring	<input type="checkbox"/> GES-3 Quotient: 115-122 <input type="checkbox"/> GRS-3 T-Scores ≥ 60 (2 from IA, AA, or C)	<input type="checkbox"/> GES-3 Quotient: 123-129 <input type="checkbox"/> GRS-3 T-Scores ≥ 65 (2 from IA, AA, or C)	<input type="checkbox"/> GES-3 Quotient: ≥ 130 <input type="checkbox"/> GRS-3 T-Scores ≥ 70 (2 from IA, AA, or C)		
	11) TN Teacher Observation Checklist Plus (TnTOC + TnPIF = TnTOC+)	Evaluation score	<input type="checkbox"/> 16 (TnTOC)	<input type="checkbox"/> 19 (TnTOC)	<input type="checkbox"/> 22 (TnTOC)		
	13) Local Norms from Nationally Normed Characteristics Checklist	Based on local norms approved by SDE	<input type="checkbox"/> Score $\geq +1$ SD	<input type="checkbox"/> Score $\geq +1.5$ SD	<input type="checkbox"/> Score $\geq +2$ SD		
Cognition	14) Individually Administered Test of Intelligence or Cognition	Full Scale	<input type="checkbox"/> ≥ 118 – ≤ 122 Refer to Section 2.4 of the manual for SEM guidelines	<input type="checkbox"/> ≥ 123 – ≤ 129	<input type="checkbox"/> ≥ 130	<input type="checkbox"/> 2nd/3rd Range	POINTS Cognition
			Split Score	N/A	N/A	<input type="checkbox"/> Primary Cluster Score ≥ 130 with 1.5 SD Discrepancy	
► The student scored in at least the First Range on a Target Instrument in both Educational Performance (Assessment Option 1, 2, or 3) and Cognition (Assessment Option 14) Categories: <input type="checkbox"/> Yes <input type="checkbox"/> No			► Check the box which indicates the Target Instrument Assessment Category. <input type="checkbox"/> Educational Performance <input type="checkbox"/> 2nd Range <input type="checkbox"/> 3rd Range <input type="checkbox"/> Creativity/Characteristics of Gifted <input type="checkbox"/> 2nd Range <input type="checkbox"/> 3rd Range <input type="checkbox"/> Cognition <input type="checkbox"/> 2nd Range <input type="checkbox"/> 3rd Range			TOTAL SCORE	

TN K-12 Intellectually Gifted Assessment Documentation

(See the K-12 Intellectually Gifted Manual for approved tests and detailed instructions)

Student Name _____ DOB ____/____/____ School System _____ School _____ Grade _____ Date ____/____/____
 Previously Grade Skipped? Y N Race/Ethnicity (Check One): White (Not Hispanic) Black (Not Hispanic) Hispanic Asian/Pacific Islander American Indian/Alaskan Na

Assessment Category	Results/Notes
Educational Performance	<p>Record Highest Composite Academic Area Scores: 1) Reading or Reading/Language Arts 2) Language 3) Written Language (standardized, individual test only) 4) Academic Knowledge (WJIII NU) 5) Mathematics 6) Social Studies 7) Science 8) Total Achievement Battery Score</p> <p>1) Area: _____ Test _____ DOT ____/____/____ Scores: <input type="checkbox"/> CRT <input type="checkbox"/> NRT Percentile: ____ Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade 2) Area: _____ Test _____ DOT ____/____/____ Scores: <input type="checkbox"/> CRT <input type="checkbox"/> NRT Percentile: ____ Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade 3) Area: _____ Test _____ DOT ____/____/____ Scores: <input type="checkbox"/> CRT <input type="checkbox"/> NRT Percentile: ____ Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade 4) Area: _____ Test _____ DOT ____/____/____ Scores: <input type="checkbox"/> CRT <input type="checkbox"/> NRT Percentile: ____ Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade</p> <p>Area, Cluster, Composite, or Brief (WJIII NU) scores from more than one instrument or type of instrument (Group or Individual) may be used, but only one score from any academic area (e.g., TCAP Reading/Language Arts OR WJIII NU Brief Reading) may be used for scoring. <u>The TCAP Writing Assessment may not be used.</u> Districts must provide previously grade skipped students with a nationally normed test if they are disqualified by a criterion referenced test. The use of percentile conversion scores from CRTs other than the TCAP must be approved by SDE.</p>
	<p>• College Entrance Exams (e.g., ACT, SAT)</p> <p>Test: _____ DOT: _____ Student's Grade Level ____ Out of Level? <input type="checkbox"/> Y <input type="checkbox"/> N List Academic Area or Full-scale/Battery Percentile Scores: _____</p>
	<p>• TN Supplementary Gifted Performance Checklist (TnSup)</p> <p>Using the TN Assessment Team Instrument Selection Form (TnATISF) the Gifted Assessment Team documented that the TN Supplementary Gifted Performance Checklist (TnSup) is appropriate for this student: <input type="checkbox"/> Y <input type="checkbox"/> N TnSup Score ____ Date ____/____/____ If the TnTOC or TnTOC+ is used to meet criteria in the Creativity/Characteristics of Gifted Category, the TnSup cannot be used to meet criteria in the Educational Performance Category.</p>
	<p>• Grade Point Average (GPA) Middle School and High School</p> <p>GPA Rank ____ GPA Percentile: ____ Method: <input type="checkbox"/> School Ranking <input type="checkbox"/> Lottery The "Lottery Scholarship" method must be used in High School if rank is available.</p>
	<p>• Academic Awards: K-12</p> <p>Award 1 ____ Placement (1st, 2nd, or 3rd) Date ____/____/____ <input type="checkbox"/> District <input type="checkbox"/> In state Regional <input type="checkbox"/> Statewide to National Award 2 ____ Placement (1st, 2nd, or 3rd) Date ____/____/____ <input type="checkbox"/> District <input type="checkbox"/> In state Regional <input type="checkbox"/> Statewide to National Award 1 ____ Placement (1st, 2nd, or 3rd) Date ____/____/____ <input type="checkbox"/> District <input type="checkbox"/> In state Regional <input type="checkbox"/> Statewide to National</p>
	<p>• TN Academic Product or Portfolio</p> <p>Product Title _____ Score _____ Date ____/____/____ May use an Academic or Creative Product or Portfolio, but not both.</p>
Creativity/ Characteristics of Gifted	<p>• Nationally Normed Standardized Test of Creativity (TTCT Verbal or Figural, Williams Creative Assessment Packet, PCA)</p> <p>Test: _____ DOT ____/____/____ Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade Percentile Score (Torrance Verbal) ____ Percentile Score (Torrance Visual) ____ Standard Deviation (Williams CAP) ____ Standard Deviation (Profile of Creative Abilities) Creativity Index SS ____, Home Rating Scale SS ____, School Rating Scale SS ____</p>
	<p>• TN Creative Product or Portfolio</p> <p>Product Title _____ Score _____ Date ____/____/____ May use a Creative or Academic Product or Portfolio, but not both.</p>
	<p>• TN Creative Thinking Rating Scale (TnCreat)</p> <p>Score ____ Date ____/____/____</p>
	<p>• Nationally Normed Gifted Characteristics Checklist</p> <p>Instrument: _____ DOT ____/____/____ Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade Score ____ Use the following scale (Refer to instrument manual for specific guidelines) <u>GES-3 Quotient Score</u> <u>GRS-S (School-age) or GRS-P (Pre-school/Kindergarten) Domain Scores</u> Intellectual Ability (IA), Academic Ability (AA), Creativity (C), Artistic Talent (AT), Leadership (L), Motivation (M) First Range: 115-122 Three domain T-Scores ≥ 60 – two of the three from Intellectual Ability, Academic Ability (AA), and Creativity (C) Second Range: 123-129 Three domain T-Scores ≥ 65 – two of the three from Intellectual Ability, Academic Ability (AA), and Creativity (C) Third Range: ≥ 130 Three domain T-Scores ≥ 70 – two of the three from Intellectual Ability, Academic Ability (AA), and Creativity (C)</p>
	<p>• TN Teacher Observation Checklist (TnTOC)</p> <p>TnTOC Score ____ TnTOC + Score ____ Date ____/____/____ (Scoring Guide may be requested from the SDE) The TnTOC and TnTOC+ scores are also used for scoring of Supplementary Gifted Performance Checklist (TnSup).</p>
	<p>• TN Teacher Observation Checklist Plus (TnTOC+): TnTOC + TnPIF</p> <p>Instrument Used _____ DOT ____/____/____ Score Percentile ____ Local norms must be approved by the SDE.</p>
Cognition	<p>Individually Administered Test of Intelligence or Cognition</p> <p>Test: _____ DOT ____/____/____ Composite, Global, or Full Scale Score ____ (Refer to Section 2.4 of the manual for SEM guidelines) Split Discrepancy Highest Cluster Score (3 or more subtests) is ≥130 and Lowest Cluster Score is at least 1.5 SDs lower than the Highest Score. Highest Cluster Component Score ____ Component Area ____ Lowest Cluster Component Score ____ Component Area ____</p>

**Language Impairment
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Language Impairment Definition		
There is a significant deficiency not consistent with the student’s chronological age in one or more of the following areas:		
<input type="checkbox"/> deficiency in receptive language skills to gain information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> deficiency in expressive language skills to communicate information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> deficiency in processing (auditory perception) skills to organize information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Language Impairment Evaluation Procedures		
<input type="checkbox"/> at least 1 standardized comprehensive measure of language ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> receptive, expressive, and/or composite test scores fall ≥ 1.5 SDs below mean of language assessment instrument(s) administered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> includes at least 2 measures—criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> hearing screening completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> receptive language: vocabulary, syntax, morphology completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> expressive language: MLU, syntax, semantics, pragmatics, morphology completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> auditory perception: selective attention, discrimination, memory, sequencing, association, and integration completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> documentation (observation and/or assessment) of how Language Impairment adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Signature of Speech and Language Pathologist

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____

Date

 Signature of Assessment Team Member

____/____/____

Date

 Signature of Assessment Team Member

____/____/____

Date

**Multiple Disabilities
Assessment Documentation**

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

1. Definition		
• there are concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• the disabilities do not include Deaf-Blindness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• evaluation procedures were followed and documented for two	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• determination of eligibility was based on the definition and standards for two (2) or more disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o assessment documentation is attached for each disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• the nature of the combination of student’s disabilities require significant developmental and educational programming that cannot be accommodated with special education by addressing any one of the identified disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation (observation and/or assessment) of how Multiple Disabilities adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Assessment Team Member

Date

____/____/____
____/____/____

Signature of Assessment Team Member

Date

**Orthopedic Impairment
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
<ul style="list-style-type: none"> The Orthopedic Impairment includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures). 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> there is documentation of a severe orthopedic impairment that adversely affects the child's educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> medical evaluation of child's Orthopedic Impairment by licensed physician 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of physician: _____ Date of report: _____		
<ul style="list-style-type: none"> social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Documentation (observation and/or assessment) of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Physical Therapist (or representative)	____/____/____ Date
Signature of Assessment Team Member	____/____/____ Date
Signature of Assessment Team Member	____/____/____ Date
Signature of Assessment Team Member	____/____/____ Date
Signature of Assessment Team Member	____/____/____ Date

**Other Health Impairment
Assessment Documentation**

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

1. Definition		
Chronic or acute health problems that require specially designed instruction are documented in one of the following:		
<input type="radio"/> impaired organizational or work skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> inability to manage or complete tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> excessive health related absenteeism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> medications that affect cognitive functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
medical assessment and documentation of student's health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of physician: _____		Date of report: _____
<input type="bullet"/> any diagnoses and prognoses of child's health impairments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="bullet"/> information, as applicable, regarding medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="bullet"/> special health care procedures, special diet, and/or activity restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="bullet"/> comprehensive psycho-educational assessment that includes measures documenting the student's education performance in the following areas:		
<input type="radio"/> pre-academics or academic skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> adaptive behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> social/emotional development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> motor skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="radio"/> cognitive ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="bullet"/> documentation (observation and/or assessment) of how Other Health Impairment adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Psychologist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

RTI² Assessment Documentation

Elementary Schools (as of July 1, 2014)

Middle School (as of July 1, 2015)

High School (as of July 1, 2016)

Specific Learning Disability Assessment Documentation (RTI²) for Initial and Reevaluation are downloadable in adaptable Microsoft Word template at:

RTI² Initial (for consents signed after July 1, 2014)

http://www.tn.gov/education/student_support/eligibility.shtml

(Under Specific Learning Disabilities)

RTI² Comprehensive Reevaluation

http://www.tn.gov/education/student_support/eligibility.shtml

(Under Specific Learning Disabilities)

The ***Discrepancy Model Assessment Documentation*** (for consents signed prior to July 1, 2014 and Middle/High school phase-in) follows this page of the Special Education Framework 2014 Implementation Guide.

**Specific Learning Disability
Assessment Documentation (page 1 of 2)**

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

1. Definition		
Assessment documents SLD – a disorder in one or more of basic psychological processes in understanding or in using language which is manifested in deficient ability to listen, think, speak, read, write, spell, or do mathematical calculations, and adversely affects educational performance and includes perceptual disabilities, brain injury not due to an external physical force, minimal brain dysfunction, dyslexia, developmental aphasia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluation Procedures		
<ul style="list-style-type: none"> • pre-referral interventions based on scientifically-validated instruction in reading and math are documented 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • pre-referral interventions are based on State-approved grade level standards 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • instruction is researched using rigorous, well-designed, objective, systematic, and peer-reviewed studies 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • the student was provided appropriate instruction prior to or as a part of • referral process in general education settings 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • pre-referral instruction was delivered by appropriately trained personnel 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • data-based documentation of repeated formal assessment of student progress during instruction—1 data point weekly 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • progress monitoring data provided to student’s parents at least once per 4½ week period 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence that the child did not achieve at a proficiency level or rate consistent with State- approved grade level standards or with the child’s age when provided scientifically-validated instruction and appropriate interventions and learning experiences in one or more of these areas:		
<ul style="list-style-type: none"> o oral expression 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o listening comprehension 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o written expression 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o basic reading skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o reading fluency skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o reading comprehension 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o mathematics calculation 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o mathematics problem solving 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of a pattern of strengths and weaknesses in performance, achievement, or both relative to State-approved grade-level standards, the student’s age, or intellectual development.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There is evidence and documentation that the Specific Learning Disability is <u>not primarily due to</u> :		
<ul style="list-style-type: none"> o Visual Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Hearing Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Orthopedic Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Emotional Disturbance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Intellectual Disability 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Limited English proficiency 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Environmental or cultural factors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> o Situational trauma 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation (observation and/or assessment) of how SLD adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Specific Learning Disability
Assessment Documentation (page 2 of 2)**

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

Responsiveness to Intervention		
• State-approved RTI Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• data demonstrating child’s non-responsiveness to scientifically-validated interventions from comprehensive, curriculum-based data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation ruling out other disabilities or factors, including administration of a culturally-fair cognitive ability test (may be short form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• comprehensive psycho-educational assessment when brief assessment results are inconclusive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IQ/Achievement Discrepancy		
• individual standardized multi-factored assessment of cognitive ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• individual standardized assessment of academic achievement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• IQ/achievement severe discrepancy** (1.5 SDs with SEe) and regression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o severe discrepancy** of IQ/achievement is not evidenced through standardized tests; however, student’s response to pre-referral interventions documents a severe IQ/Achievement discrepancy and clinical judgment providing rationale for determination of SLD is evidenced and documented in the Written Psychoeducational Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation of performance on group or individually administered achievement tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation of performance on criterion-referenced or curriculum/performance-based assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documented observations, indirect by the child’s general education teacher, direct by a professional other than the person providing the indirect observation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Psychologist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Date

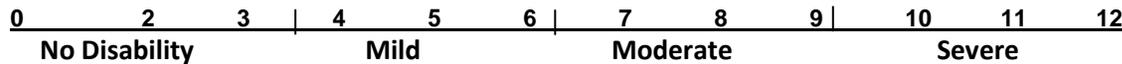
LANGUAGE SEVERITY RATING SCALE

Determination of Language Impairment

Student _____ School _____ Grade _____ Date of Rating _____ DOB _____ Age _____ SLP _____

	0	2	3	4
FORMAL ASSESSMENT Comprehensive, standardized measure(s) and scores:	Standard score* of 78 or above	>1.5 SD below test mean (standard score between 70-77) or 2 nd - 6 th Percentile	>2 SD below test mean (standard score between 62-69) or 1 st -2 nd Percentile	>2.5 SD below test mean (standard score below 62) or below 1 st Percentile
INFORMAL ASSESSMENT <i>Check descriptive tools used:</i> <input type="checkbox"/> Language/communication sample <input type="checkbox"/> Checklist(s) <input type="checkbox"/> Observations <input type="checkbox"/> Other: _____	0 Language skills are within expected range.	2 <i>At least one of the following areas are deficient</i> Check areas of weakness: <input type="checkbox"/> Sentence length/complexity <input type="checkbox"/> Word order/syntax <input type="checkbox"/> Vocabulary/semantics <input type="checkbox"/> Word finding <input type="checkbox"/> Word form/morphology <input type="checkbox"/> Use of language/pragmatics <input type="checkbox"/> Auditory perception	3 <i>At least two of the following areas are deficient</i> Check areas of weakness: <input type="checkbox"/> Sentence length/complexity <input type="checkbox"/> Word order/syntax <input type="checkbox"/> Vocabulary/semantics <input type="checkbox"/> Word finding <input type="checkbox"/> Word form/morphology <input type="checkbox"/> Use of language/pragmatics <input type="checkbox"/> Auditory perception	4 <i>At least three of the following areas are deficient</i> Check areas of weakness: <input type="checkbox"/> Sentence length/complexity <input type="checkbox"/> Word order/syntax <input type="checkbox"/> Vocabulary/semantics <input type="checkbox"/> Word finding <input type="checkbox"/> Word form/morphology <input type="checkbox"/> Use of language/pragmatics <input type="checkbox"/> Auditory perception
FUNCTIONAL/ACADEMIC LANGUAGE SKILLS	0 Functional/Academic Language skills within expected range.	2 The student performs effectively most of the time with little or no assistance required.	3 The student needs more cues, models, explanations, and checks on progress or assistance than the typical student in class	4 The student does not perform effectively most of the time, despite the provision of general education modifications and supports

- Instructions:
1. Do not include regional or dialectal differences when scoring.
 2. Circle score for the most appropriate description for each category: *Formal (Standardized) Assessment* and the *Informal (Descriptive) Assessment*.
 3. Compute the total score and record below.
 4. Circle the total score on the bar/scale below to determine the severity rating.



TOTAL SCORE _____

Based on compilation of the assessment data, this student scores in the *Mild*, *Moderate* or *Severe* range for a Language Disability. Yes No
 There is documentation/supporting evidence of adverse effects of the Language Disability on educational performance. Yes No
 (BOTH STATEMENTS ABOVE MUST BE CHECKED YES)

*Standard scores are based on a mean of 100 and a standard deviation of 15. The standard score can be a receptive, expressive or total language quotient

SPEECH SOUND PRODUCTION SEVERITY RATING SCALE

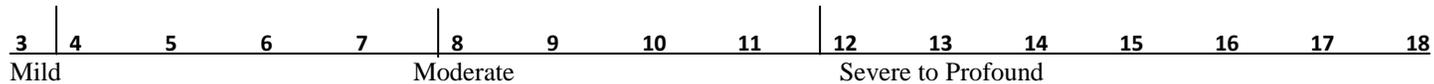
Determination of Speech Impairment: Articulation

Student _____ School _____ Grade ____ Date of Rating _____ DOB _____ Age _____ SLP _____

Sound Production	0 No sound/phonological process errors; errors consistent with normal development	1 Sound errors/ phonological processes less than one year below age	3 Sound errors/phonological processes one to two years below age	4 Sound errors/phonological processes two or more years below age
Stimulability	0 Most errors stimuable in several contexts	1 Most errors stimuable in at least one context	2 Although not correct, most errors approximate correct production	4 No error sounds are stimuable for correct production
Oral Motor and/or Motor Sequencing	0 Oral motor and/or sequencing adequate for speech production	0 Oral motor and/or sequencing difficulties are minimal and do not contribute to speech production problems	3 Oral motor and/or sequencing difficulties interfere with speech production	4 Oral motor and/or sequencing greatly interfere with speech production, use of cues, gestures or AD needed
Intelligibility	0 Connected speech is intelligible	2 Connected speech is intelligible; some errors noticeable; more than 80% intelligible	4 Connected speech sometimes unintelligible when context is unknown; 50-80% intelligible	6 Connected speech mostly unintelligible; gestures/cues usually needed; less than 50% intelligible

- Instructions:
1. Do not include regional or dialectal differences when scoring.
 2. Circle the score for the most appropriate description for each of the four categories, i.e., *Sound Production, Stimulability, Oral Motor, and Intelligibility*.
 3. Compute the total score and record below.
 4. Circle the total score on the bar/scale below.

Note: Disability standards for Phonological Processing require ratings at the Moderate, Severe, or Profound Levels of Severity.



TOTAL SCORE _____

Based on compilation of the assessment data, this student scores in the *Mild, Moderate* or *Severe* range for Speech Sound Production on the rating scale for Speech Sound Production.

- Yes No
 Yes No

There is documentation/supporting evidence of adverse effects of the Speech Sound Production on educational performance.

Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.

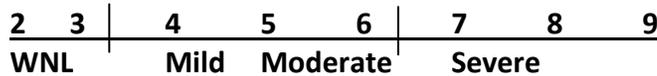
FLUENCY SEVERITY RATING SCALE

Determination of Speech Impairment: Fluency

Student _____ School _____ Grade _____ Date of Rating _____ DOB _____ Age _____ SLP _____

Forma/Informal Assessment	0	1	2	3
Frequency	<input type="checkbox"/> Frequency of dysfluency is within normal limits for age, sex and speaking situation and/or <input type="checkbox"/> ≤ 2 stuttered words per minute and/or <input type="checkbox"/> ≤ 4 % stuttered words	<input type="checkbox"/> Transitory dysfluencies are observed in speaking situations and/or <input type="checkbox"/> 3-4 stuttered words per minute and/or <input type="checkbox"/> 5% to 11% stuttered words	<input type="checkbox"/> Frequent dysfluent behaviors are observed in many speaking situations and/or <input type="checkbox"/> 5-9 stuttered words per minute and/or <input type="checkbox"/> 12% to 22% stuttered words	<input type="checkbox"/> Habitual dysfluent behaviors are observed in majority of speaking situations and/or <input type="checkbox"/> More than 9 stuttered words per minute and/or <input type="checkbox"/> ≥23% stuttered words
Descriptive Assessment	<input type="checkbox"/> Speech flow and time patterning are within normal limits. Developmental dysfluencies may be present	<input type="checkbox"/> Whole-word repetitions <input type="checkbox"/> Part-word repetitions and/or <input type="checkbox"/> Prolongations are present with no secondary characteristics. Fluent speech periods predominate	<input type="checkbox"/> Whole-word repetitions <input type="checkbox"/> Part-word repetitions and/or <input type="checkbox"/> Prolongations are present. Secondary symptoms, including blocking avoidance and physical concomitants may be observed.	<input type="checkbox"/> Whole-word repetitions <input type="checkbox"/> Part-word repetitions and/or <input type="checkbox"/> Prolongations are present. Secondary symptoms predominant. Avoidance and frustration behaviors are observed.
Speaking Rate	<input type="checkbox"/> Speaking rate not affected	<input type="checkbox"/> Speaking rate affected to mild degree. Rate difference rarely notable to observer, listener and/or <input type="checkbox"/> 82-99 WSM 125-150 WSM	<input type="checkbox"/> Speaking rate affected to moderate degree. Rate difference distracting to observer, listener and/or <input type="checkbox"/> 60-81 WSM 150-175 WSM	<input type="checkbox"/> Speaking rate affected to severe degree and distracting to listener/observer and/or <input type="checkbox"/> <59 WSM > 175 WSM

- Instructions:
1. Circle the score for the most appropriate description for each of these categories: *Frequency, Descriptive Assessment, Speaking Rate.*
 2. Compute the total score and record below.
 3. Circle the total score on the rating bar/scale below.



TOTAL SCORE _____

Based on compilation of the assessment data, this student scores in the *Mild, Moderate* or *Severe* range for Fluency disorder. Yes No
 *This assessment provides documentation/supporting evidence of adverse effects of the Fluency Disability on educational performance. Yes No

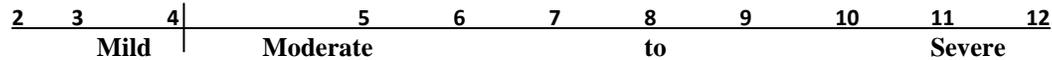
Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.

VOICE SEVERITY RATING SCALE
Determination of Speech Impairment: Voice

Student _____ School _____ Grade _____ Date of Rating _____ DOB _____ Age ____ SLP _____

Pitch	0 Pitch is within normal limits.	1 There is a noticeable difference, which may be intermittent.	3 There is a persistent, noticeable inappropriate raising or lowering of pitch for age and sex.
Intensity	0 Intensity is within normal limits.	1 There is a noticeable difference in intensity, which may be intermittent.	3 There is persistent, noticeable, inappropriate increase or decrease in the intensity of speech or the presence of aphonia.
Quality	0 Quality is within normal limits.	1 There is a noticeable difference in quality, which may be intermittent.	3 There is persistent, noticeable, breathiness, glottaltry, harshness, hoarseness, tenseness, stridency or other abnormal quality.
Resonance	0 Nasality is within normal limits.	1 There is a noticeable difference in nasality, which may be intermittent.	3 There is persistent, noticeable cul de sac, hyper or hyponasality, or mixed nasality.

- Instructions:
1. Do not include regional or dialectal differences when scoring.
 2. Circle the score for the most appropriate description for each category, i.e., Pitch or Intensity.
 3. Compute the total score and record below.
 4. Circle the total score on the bar/scale below.



TOTAL SCORE _____

Based on compilation of the assessment data, this student scores in the *Mild, Moderate or Severe* range Voice Disorder.

Yes No

There is documentation/supporting evidence of adverse effects of the Voice disorder on educational performance.

Yes No

Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.

**Traumatic Brain Injury
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
• there is evidence that the TBI is from an acquired open or closed injury to brain caused by an external physical force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• there is documentation the TBI resulted in total or partial functional disability or psychosocial impairment that adversely affects student's educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• there is documentation the TBI is not due to brain injuries that were congenital or degenerative, or to brain injuries induced by birth trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student's TBI includes the following:		
○ an insult to the brain caused by an external force that produced a diminished or altered state of consciousness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The insult to the brain induced a partial or total functional disability and results in one or more of the following:		
○ physical impairments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ cognitive impairments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ psycho-social impairments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• appropriate medical statement obtained from a licensed physician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Physician _____		
Name(s) of other caretakers: _____		
Medical rehabilitation or hospital: _____		
Date of trauma: _____ Date(s) of medical report(s): _____		
• parent/caregiver interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• educational history and current levels of educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• functional assessment of cognitive/communicative abilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• social adaptive behaviors which relate to TBI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• physical adaptive behaviors which relate to TBI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation (observation and/or assessment) of how Traumatic Brain Injury adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Assessment Team Member

____/____/____
Date

____/____/____
Date

____/____/____
Date

____/____/____
Date

**Visual Impairment
Assessment Documentation**

School System _____ School _____ Grade _____
 Student _____ Date of Birth ____/____/____ Age _____

1. Definition		
• Visual Acuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o Legal Blindness—20/200 or less at distance and/or near	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o Low Vision—20/50 or less at distance and/or near	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Visual Field Restriction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o Legal Blindness—remaining visual field of 20 degrees or less	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o Low Vision—remaining visual field of 60 degrees or less	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other Visual Impairment, not perceptual in nature, resulting from a medically documented condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• Eye exam and evaluation by ophthalmologist or optometrist that includes documentation of eye condition with best possible correction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of physician: _____ Date of report: _____		
o eye exam report includes etiology, diagnosis, and prognosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Functional Vision and Media Assessment includes		
• observation of visual behaviors – school, home, other environments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• educational implications of eye condition (from eye report)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Expanded Core Curriculum Skills Assessment and/or Screening		
o orientation and mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o social interaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o visual efficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o independent living	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o recreation and leisure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o career education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o assistive technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o compensatory skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o evaluation of reading and writing skills, needs, appropriate reading and writing media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o evaluation current and future needs for braille	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• school history and levels of educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation (observation and/or assessment) of how Visual Impairment adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

Date

Eligibility and Evaluation Resource Packets

Instructional Guidance Resource Packets

The resource packets listed in this section are tools to help provide guidance with determining diagnostic criteria, the referral process, determination of eligibility, guidelines for evaluation, and instructional support for teachers. All of the resource packets can be found at http://www.tn.gov/education/student_support/eligibility.shtml under the drop down menu titled *Resource Packets-Questions & Answers-Instructional Guidance*.

Autism Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309autismRP.pdf

Deaf-Blindness Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309DeafBlindRP.pdf

Deafness/ Hearing Impaired Resource Packet

http://www.tn.gov/education/student_support/eligibility/71309DandHI.pdf

Developmental Delay: Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309Developmentally.pdf

Intellectually Gifted Assessment Resources Packet

http://www.tn.gov/education/student_support/eligibility/91610assessmentpack.pdf

Intellectually Gifted Manual Revised 2010

http://www.tn.gov/education/student_support/eligibility/11210igmanual.pdf

Intellectual Disability / Functional Delay: Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309MntlRtddelay.pdf

Specific Learning Disabilities: Evaluation - Discrepancy & Processing Deficits Resource Packet

http://www.tn.gov/education/student_support/eligibility/71309SLDEval.pdf

Speech and Language Impairments: (General) Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309SLIGEN.pdf

Speech and Language Impairments: (Language) Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309SLILANG.pdf

Speech and Language Impairments: (Articulation) Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309SLIART.pdf

Speech and Language Impairments: (Fluency) Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309SLIfluency.pdf

Speech and Language Impairments: (Voice) Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309SLIvoice.pdf

Traumatic Brain Injury: Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309TBIpacket.pdf

Visual Impairment: Resources Packet

http://www.tn.gov/education/student_support/eligibility/71309TBIpacket.pdf



STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
 SIXTH FLOOR, ANDREW JOHNSON TOWER
 710 JAMES ROBERTSON PARKWAY
 NASHVILLE, TN 37243-0375

BILL HASLAM
 GOVERNOR

**KEVIN
 HUFFMAN**
 COMMISSIONER

TO: Special Education Supervisors

FROM: Tie Hodack, Director of Instructional Programming

DATE: May 9, 2013

RE: End of Year Report for Gifted (Table 7) and Gifted Screenings

The End of Year Report for Gifted will no longer be a requirement for your submission to the Tennessee Department of Education (TDOE), Division of Special Populations. Previously, the local education agency (LEA) submitted four reports for students who were screened for Intellectually Gifted, which included: Section A (Systematic Grade Level Screening), Section B (Individual Screening), Section C (Comprehensive Evaluation and Eligibility) and Section D (Program Delivery). The Division of Special Populations will now collect information from Section C and D internally through EasyIEP. Section A and B will continue to be useful for decision making within the district but will not be submitted to the TDOE.

If the proposed Specific Learning Disability rule change (i.e. from discrepancy to Response to intervention) is approved and becomes effective as of July 1, 2014, a nationally normed universal screener in reading, mathematics, and writing will be required three times per year (fall, winter, and spring) in grades Kindergarten through 12. The required universal screening will detect advanced students who may be in need of supplemental intervention and will therefore eliminate the need for the LEA to conduct a system-wide, grade-level screening. A student's individual score on the universal screening, however, may indicate a need for additional individual screening and/or a comprehensive evaluation pursuant to Intellectually Gifted standards.

Individual student screenings and the provision of supplemental interventions should be based on student need and the resources available to meet the needs of the student within a tiered support model. Moreover, a multi-tiered intervention model is a best practice approach for all students and should include procedures for students scoring in the advanced range relative to peers within the district. LEA's that do not have a nationally

normed universal screening in place for the 2013-2014 school year will continue to conduct a system-wide grade level screening in a minimum of one elementary grade (grades 1-4) where all classrooms across the district in the specified grade level are screened. However, LEA's that currently have or will have a universal screening tool in place for the 2013-2014 school year will not be required to complete a grade level gifted screening as the universal screener will satisfy that requirement. This data will address underrepresented populations by ensuring all students are considered for possible individual screening and/or a comprehensive evaluation. There are no changes to the Intellectually Gifted criteria at this time, only support for a best practice model. Parents will continue to have the right to request a comprehensive evaluation at any time. If you have questions, please contact Tie.Hodack@TN.gov or Nathan.Travis@TN.gov.

Component 3: IEP Narratives

Descriptions of Student Behavior (Strengths and Weaknesses)

These lists of phrases may help you to prepare positive, descriptive statements for an IEP.

attentive alert calm cheerful well-groomed coordinated makes appropriate eye contact understandable speech animated spontaneous fluent engaging articulate thoughtful open stays on task consistent goal-directed	well-mannered uses trial and error approach orderly deliberate persistent inquisitive variable motivation level accepts mistakes adaptable transitions well learns from doing notes detail willing to try again applies him- or herself shows effort thinks before acting asks for help cooperative	follows one-step directions follows two-step directions follows multi-step directions requires repetition of directions ignores distractions needs time to transition recognizes errors able to spell creatively spells memorizes words passive learner actively involved in learning requires information in a variety of modes needs visual cues requires auditory cues requires preparation for transition helpful takes initiative
--	--	---

Student Strength Adjectives	Student Weakness Adjectives
Responsible Thorough Self-Confident Capable Cooperative Efficient Talented Self-disciplined Hard-working Dependable Creative Mature Curious Artistic/Creative Enthusiastic Focused Self-motivated	Lacking Unclear Unfocused Inactive Inadequate Limited Delayed Incomplete Unclear Inconsistent/Inconsistently Difficulty Unfocused Reluctant Resists

Student Strength Phrases	Student Weakness Phrases
Has expansive knowledge of Enthusiastically participates in Demonstrates superior work in Takes pride in his/her work Listens and follows directions well Asks for responsibility and follows through Expresses ideas clearly Writes wonderful stories Exhibits organization skills Does neat, thorough work Seeks information independently Enjoys dramatizations Learning preferences/styles	Not using/seldom using Seldom/seldom meets Experiencing difficulty with Insufficiently/insufficient Lacking in Unclear about/when Unfocused during Often refuses to/fails to Very limited in Development in/of delayed

Adapted from: <https://www.teachervision.com/report-cards/resource/5589.html>

Phrases that Describe Student Academic, Motor, and Social Strengths and Weaknesses

Comprehension	
Strengths	Weaknesses
Follows directions that student reads himself Readily participates in class discussions Excellent note taking skills	Experiences difficulty following directions, especially when it's more than one at a time Infrequently participates in class discussions Rarely raises his/her hand to respond Unable to follow oral discussion Unable to take notes
Oral Language	
Strengths	Weaknesses
Verbally tells events in correct and logical sequence Speaks with appropriate voice intonation and expression Grade appropriate use of grammar Expanding vocabulary	Difficulty expressing self orally both individually and in a group Grammar skills are quite weak Experiences difficulty distinguishing between similar sounds Vocabulary below grade level
Reading	
<i>General Descriptions of Reading Level</i>	
Difficulty with/has not achieved or accomplishes as compared to peers/grade level: Overall pre-reading /reading skills Accurately identifies majority of sounds associated with each letter Accurately sounds out unfamiliar words, sight word mastery Answers who, what, when where questions about story or in general conversation Able to follow written directions Able to recall facts after reading story/passage	
Strengths	Weaknesses
Grade-appropriate word discrimination Strong visual tracking skills when reading Seems to enjoy reading Fluent reader Grade-appropriate reading rate Reads accurately and with expression Strong scanning or skimming skills Ability to re-tell what was just read Predicts what may happen based on what has happened in the passage Uses context clues to identify unknown vocabulary	Confuses similar words and letters Often loses place when reading, requires finger tracking Difficulty when silent reading, needs to mouth words or whisper when reading Reading is slow and deliberate Lots of word substitutions, omissions and invented words Cannot skim or scan for pertinent information Cannot re-tell parts of the story Cannot sequence events in a story Cannot state main idea of a story Difficulty making predictions
Written Expression	
<i>General Descriptions of Written Expression</i>	
Difficulty with/has/has not achieved, as compared to peers Writes sentence or paragraph comparable to peers Understands/utilizes conventions/grammar rules	
Mathematics	
<i>General Descriptions of Mathematics Difficulty</i>	
Difficulty with/has not achieved as compared to peers/grade level:	

Overall math, mastery of basic math facts appropriate to grade level Math reasoning/word problems	
Strengths	Weaknesses
Sequences numbers, equations and formulas at grade level/above grade level Is able to perform 'mental math' Computation is typically accurate Completes math work logically and with minimal errors Understands mathematical concepts Uses mathematical terms appropriately both orally and in written work Knows math facts from memory	Difficulty sequencing numbers, equations and formulas accurately Unable to perform 'mental math' Computations are frequently inaccurate Many careless errors Frequently chooses the wrong operation Has difficulty understanding mathematical concepts Has difficulty using mathematical terms accurately both orally and in written work Does not know math facts Difficulty with mathematical word problems
Motor Skills	
Strengths	Weaknesses
Large motor coordination typical for age group Strong fine motor skills (evidenced in art, written work, copy etc.) Holds pencils, pens, crayons, scissors appropriately Exhibits large motor co-ordination typical to age group	Large motor coordination not typical for age group Weak fine motor skills (evidenced in art, written work, copy etc.) Inappropriate grasp when holding pencils, pens, crayons, scissors
Social Skills	
Strengths	Weaknesses
Easily establishes friends within peer group Gets along well peers Accepts responsibility well Likes to get involved Accepts rules and routines well Study and work skills are strong Initiates interactions with peers Cooperates with other students Is appropriately assertive	Has a difficult time establishing friends or has friends that are younger Rarely accepted by peers Argues with peers Has difficulty accepting responsibility for own actions Avoids peer contact Teases other students Attention seeking behavior Difficulty following routines and rules Tantrum behavior, at times Difficulty controlling impulses within the classroom and in other areas Difficulty managing own behavior especially during unstructured times such as lunch, recess, etc.
Behavior Skills	
<i>General Descriptions of Behavior/Work Habits</i>	
Work completion in allotted time Cooperates with peers/adults Works independently/requires much redirection/cueing back to task Completes homework/classwork Keeps agenda appropriately/able to organize assignments, materials, etc.	
<i>Strategies for Improving Behavior/Work Habits</i>	
Reminder card on desk Motivated by computer time Allowed to stand up when doing work	

Daily repetition of facts	
Strengths	Weaknesses
Completes tasks in the allotted time Displays appropriate classroom behavior Strong organization skills Is attentive in class Strong ability to manage own behaviors Gets along well with peers Strong decision making skills	Difficulty staying on task Difficulty staying in own area Difficulty keeping hands to self Difficulty with organization/managing materials Difficulty completing tasks in the allotted time Acts out frequently in the classroom by...arguing with adults, hitting others, calling names, etc. Difficulty following classroom/school routines and rules Difficulty organizing work Difficulty getting along with peers Becomes easily frustrated when tasks or requirements seem difficult for him/her

Adapted from: <file:///C:/Users/CA18759/Desktop/Phrases%20that%20DescribeStrengths-Weakneseses%20list RTI.pdf>

Parent Involvement Questionnaire

To assist us in preparing for your child's meeting, please take a few seconds to complete this questionnaire and return it with your Parent/Student Invitation Response Form. Use the back of this page or attach additional pages if necessary.

Student: _____ Parent: _____

1. List any concerns you have regarding your child's education that you would like to be discussed at the meeting:

I have no concerns at this time.

2. List any changes at home that you feel the school should be made aware of (including address/phone # changes):

No changes at this time.

3. List what you feel are your child's greatest strengths. Include interests and hobbies.

4. List what you feel is/are your child's greatest area(s) of need:

5. List any other information or concerns that you have at this time that you wish to be addressed at the meeting.

Component 4: Present Levels of Educational Performance (PLEP)

Using Specific Language in PLEPs

It is important to use specific descriptions when developing PLEPs. The PLEP should be clear enough that even a teacher or interventionist who has not worked with the student before can read the PLEP and understand that student's capabilities and limitations.

The following examples contrast inadequate vague phrases with more appropriate, specific descriptions.

Vague phrases	Specific phrases
Is friendly and loves attention	Greets peers appropriately for her age level
Received a math score of 50	Can count to 25
Can't talk well	Speaks in one-or two-word sentences

Vague phrases	Specific phrases
Can add	Writes answers to double-digit addition problems
Knows different careers	Can count five careers and five jobs associated with each
Difficulty reading third-grade materials	Reads third-grade materials at 70 words per minute
Difficulty following classroom rules	Follows classroom rules using visual cues
Spends a lot of time in suspension due to behavior problems	When redirected she becomes angry and disrupts class
She has a language difficulty and will have trouble meeting language arts standards	Her language impairment affects her progress in grade-level standards that include words with multiple meaning
She seldom completes assignments	She completes 25 percent of her homework and turns in 10 percent of the assignments

Sample Template for PLEP Narrative

(Student) has a (classification optional) disability that affects his/her performance in (list areas of general curriculum, e.g. math, reading, writing, or preschool activities, such as motor, language, social), and requires specially designed instruction.

According to (data source), given on (date), (student) is functioning (at identified level).

Example:

Matthew has a **comprehension** deficit that affects his performance in **reading** and requires specially designed instruction. According to **DIBELS**, given on **October 10th, 2013**, **Matthew** is functioning at a **third-grade level**.

Adapted from: <http://www.weber.edu/wsuiimages/COE/speced/Student%20Teaching/IEP%20guide.pdf>

Tips for PLEP Writing

General Tips:

- Address individual student's performance
- Multiple sources of information: subjective (informal observation - parent, student, teacher) and objective (formal evaluative results)
- Include results of recent evaluations, assessments, and observations; performance data should be gathered within the last year
- Include dates for every item listed
- Spell out names of tests and avoid acronyms
- Describe results in detailed terms
- Review of last year's IEP if applicable

Writing PLEPs

Based On	Strengths	Effects of Exceptionality	Priority Educational Needs
Individual student performance Multiple sources of data Informal observations Assessments Formal evaluative results Data should be no older than a year Dates for each item listed must be included Spell out names of assessments Review of last year's IEP for additional guidance if needed	Describes what the student is currently able to do within the domain that you are addressing using specific student information from sources listed in the "based on" statement.	<p>Tell what the student is not able to do within a Domain</p> Describes specific skills, behaviors, and capabilities impacted by disability.	The specific skill or behavior that the student will be working on during the course of this IEP year. One need per goal. More than one need listed here will result in a goal being written for each need.
		How the disability impacts progress in general curriculum or age-appropriate abilities. <p>What services, accommodations, and supports are we going to give the student?</p> Services and supports are to be listed in a bulleted format for each domain that they are relevant.	

Adapted from: <https://excentonline.brevard.k12.fl.us/ExcentIEPweb/QIEP.htm>

Component 5 Resources: Measurable Annual Goals (MAGs)

MAGs Template

Measurable Annual Goals at a Glance					
Condition	Name	Clearly Defined Behavior	Performance Criteria		
Describe the situation (<i>materials, settings, accommodations</i>) in /with which the student will perform the behavior.	Student's Name	Describe behavior (<i>what will she/he actually DO</i>) in <u>measurable, observable</u> terms using stems from standards	The <u>level</u> (<i>how well?</i>) the student must demonstrate for mastery:	<u>Number of times</u> needed to demonstrate mastery (<i>how consistently?</i>)	<u>Evaluation Schedule</u> (<i>how often?</i>) and method, (<i>how measured?</i>)
<i>Given...</i> ,	<i>he she</i>	<i>will do this,</i>	<i>this well,</i>	<i>this many days/times,</i>	<i>as measured this often, using this.</i>

Template:

Given (condition/materials/setting/accommodation), (student name) will (do what measurable/ observable skill/behavior in functional terms), (to what extent/how well to determine mastery), (#of times/frequency/how consistently), by (how often) evaluated/determined by (measure).

Examples:

Given a picture schedule, Anna will transition from recess to science without crying or yelling, 4 out of 5 days per week, as measured by her science teacher on a weekly token chart.

Given enlarged text, Cameron will independently read and comprehend two paragraphs of grade-level text in reading class every day well enough to answer at least 80% of the questions correctly on weekly reading class quizzes.

Writing a Measurable Annual Goal

A MAG must contain Who, Where, What, How or How Much, and When statements. The “Who” will be the student; see the table below for some options for the remainder of the MAG statements.

Where	What	How or How Much	When	
After being read a passage, After reading a ____ paragraph passage, After reading a teacher given passage, During class change time, During large group instruction, During lunch, During reading instruction, During small group activities, During small group sessions, During structured instruction, During unstructured time, In _____ class, In the classroom setting, In the school setting, Using a model, Using a standard clock, Using flashcards, When directed by the teacher, When given a ____ paragraph passage, When given a model, When given a passage, When given a topic prompt, When given a writing prompt, When given pictures/words, When given word problems, When shown unfamiliar words, When given a 4 step equation, When given a choice between ____ items,	Alphabetize Answer Arrange Ask Calculate Chart Choose Classify Compare Complete Compose Contrast Correct Count Create Define Describe Design Differentiate Divide Estimate Explain Express Follow Formulate Generalize Generate Give Greet Identify Initiate	Interpret Label List Match Modify Name Order Outline Paraphrase Point Produce Pronounce Predict Prepare Rank Read Recall Record Restate Retell Say Select Separate Share Solve Spell State Summarize Tell Type Use Write	with ____% accuracy ____% of the time ____ out of ____ trials with no more than ____ errors with fewer than ____ prompts independently in ____ minutes with no more than ____ redirections without assistance with a main idea and ____ supporting details with hand over hand assistance with verbal prompts with no more than ____ verbal prompts With visual prompts With no more than ____ visual prompts	over ____ consecutive assignments. over ____ consecutive days. over ____ consecutive informal assessments. over ____ consecutive observations. over ____ consecutive therapy sessions. over ____ consecutive trials. over ____ consecutive weeks. over ____ consecutive given attempts

Component 6 Resources: Special Education Interventions

Intervention Inventory: Tennessee Districts

The following interventions were identified through a district program inventory. The State Department of Tennessee is not endorsing any vendors or companies by providing this resource list submitted by school districts in Tennessee.

6 Minute Solution

The following excerpts were taken directly from the independent review that was conducted by the highly respected Florida Center for Reading Research (complete report available at www.fcrr.org)

Strengths of *Six Minute Solution*:

- Repeated reading and paired reading derive from a strong research base.
- Materials are well-organized, user-friendly, and complete.
- Assessment is an integral part of the program.
- Readings that are timed and graphed can be motivating for students.
- Available for primary, intermediate, and secondary students.

The Six-Minute Solution Supports Response to Intervention

The Six-Minute Solution materials contain high-interest, varied readability passages that support content scaffolding and differentiation. The unique instructional materials make Six-Minute a highly effective tool for all tiers of instruction.

<http://www.soprislearning.com/literacy/six-minute-solution/research-and-results>

Earobics

Earobics[R] is an interactive software that provides students in pre-K through 3rd grade with individual, systematic instruction in early literacy skills as students interact with animated characters. Earobics[R] Foundations is the version for pre-kindergarten, kindergarten, and first grade. Earobics[R] Connections is for second and third graders and older struggling readers. The program builds children's skills in phonemic awareness, auditory processing, and phonics, as well as the cognitive and language skills required for comprehension. Each level of instruction addresses recognizing and blending sounds, rhyming, and discriminating phonemes within words, adjusting to each student's ability level.

<http://eric.ed.gov/?q=earobics+intervention&id=ED504059>

Florida Center on Reading Research

The Florida Center on Reading Research (FCRR) has taken initiative in disseminating information about research-based practices related to literacy instruction and assessments for students in grades pre-K to 12th. FCRR has provided a selection of resources and materials for the development of literacy. This includes a number of classroom activities empowering teachers with the skill knowledge for effective instruction in the classroom. Educators will have access to understanding the reading blocks of reading, reading skills needed to be at mastery in primary grades, guidance for measuring reading skills, the practice of using assessment data, and determining the effectiveness of reading instruction and intervention.

<http://www.fcrr.org/for-researchers/>

Lexia Learning Systems

Lexia Learning Systems provide explicit, systematic, personalized learning on foundational reading skills for students of all abilities, and delivers norm-referenced performance data and analysis without interrupting the flow of instruction to administer a test. This research-proven, technology-based approach accelerates reading skills development, predicts students' year-end performance and provides teachers data-driven action plans to help differentiate instruction.

Lexia Reading Core5 provides students immediate corrective feedback, multiple levels of scaffolding, and explicit instruction both online and through direct instruction with the teacher. Students work independently to develop reading skills in a structured, sequential manner with a focus on:

- Foundational skills to develop automaticity and fluency
- Listening and reading comprehension with complex text
- Academic and domain-specific vocabulary to improve comprehension

Lexia Reading's scope and sequence incorporates all five of the core reading skills determined essential by the National Reading Panel for reading proficiency. These essential reading skills are:

- Phonological Awareness
- Phonological Awareness/Phonics
- Vocabulary
- Fluency
- Comprehension

<http://lexialearning.com/product/lexia-reading>

<http://lexialearning.com/lexiaresearch>

Language for Learning – English Learners

- Learn vocabulary commonly used by teachers, in textbooks and by other instructional material.
- Develop precise knowledge of small, but important, words such as first, next, between, who, what, and where.
- Use different sentence forms, ask and answer questions, and follow instructions.
- Acquire important background information and world-knowledge, such as days of the week, months, and seasons.
- Work out the logical aspects of language, such as classification and “if-then” reasoning.
- Also available, [Language for Thinking](#), [Language for Writing](#), [Reasoning and Writing](#)

<http://www.mcgraw-hill.co.uk/sra/languageforlearning.htm>

Lindamood Phoneme Sequencing Program (LIPS)- Program for Reading, Spelling, and Speech

Lindamood-Bell programs improve reading, spelling, comprehension, critical thinking, and math skills for kids and adults (Pre-K through college and beyond). Lindamood-Bell programs focus on the process of reading, rather than the subject.

An individual learning ability evaluation measures:

- Oral Vocabulary
- Oral Language Comprehension
- Oral Directions
- Phonemic Awareness
- Symbol Imagery
- Word Attack
- Word Recognition
- Reading Comprehension
- Spelling
- Math Computation

<http://www.lindamoodbell.com/research/articles/>

Read 180! Scholastic Reading Inventory

Scholastic Reading Inventory (SRI), an adaptive reading comprehension assessment that uses the Lexile Framework for Reading, identifies students' skills and needs for effective placement and differentiated

instruction. Software captures actionable data on key literacy skills of comprehension, decoding, and fluency to identify students' most urgent needs, helping teachers develop academic achievement goals and strategies for additional support. **System 44** was designed for older struggling students who are not yet ready for an intervention program like *READ 180* (Tier II). System 44 helps students understand that the English language is a finite system of 44 sounds and 26 letters that can be mastered. **iRead** provides targeted instruction and ongoing practice in phonological awareness, alphabet knowledge, phonics, decoding, word recognition, fluency, syntax and morphology helping ensure mastery of foundational reading by the end of second grade.

http://research.scholastic.com/sites/default/files/publications/R180_Compndium_2014.pdf

Read Naturally

Read Naturally's oral reading fluency assessments and diagnostic phonics assessment have been designed to monitor and document student progress. Read Naturally assessments can be used to screen for students who are at risk for reading difficulty, to diagnosis specific instructional needs, and/or to assess student progress over time. Read Naturally incorporates curriculum and instruction, research-based interventions at increasing levels of difficulty and intensity, instructional supports to empower self-directed learning, and systematic documentation of student performance for instructional decision-making. **Word Warm-Ups** is a quick, timed, independent phonics program that builds automaticity in phonics and decoding for students who have had some phonics instruction but have not yet mastered decoding words. Students work mostly independently with audio support on CDs.

<http://www.readnaturally.com/knowledgebase/documents-and-resources/27/19>

Read Well

Read Well K-2 can be implemented as an intervention program for struggling students in grades K–3. Systematic programming and explicit teaching help students acquire the foundation skills necessary to become skilled readers. Every student progresses at a rate based on his or her mastery of skills. Unit assessments also provide ongoing progress monitoring.

http://readwellteachwell.com/images/results/Read_Well_Research_Base_Brochure.pdf

Reading Recovery

Reading Recovery is a short-term intervention for first graders having extreme difficulty with early reading and writing. Teachers work individually with students in daily 30-minute lessons lasting 12 to 20 weeks. After a full series of lessons, formerly struggling students reach grade-level standard. Reading Recovery aligns with the five essential components of reading instruction. Teachers learn how to systematically observe children's behavior, build on the child's strengths, and select teaching moves that make it easy for children to learn. Reading Recovery focuses on one-to-one instruction to allow students to accelerate their learning and meet grade-level standard.

<http://readingrecovery.org/rrcna/journals>

Science Research Associates (SRA)

SRA – Reading Literacy

Corrective Reading is designed to promote reading accuracy (decoding), fluency, and comprehension skills of students in grades 4–12 who are reading below their grade level. The program includes four sequential levels that address students' decoding skills and six sequential levels that address students' comprehension skills. The levels are designed to target students who need assistance with particular types of reading skills. The decoding and comprehension components can be used separately as a supplemental reading intervention or combined for use as a reading intervention curriculum. All lessons in the program are sequenced and scripted. Corrective Reading can be implemented in small groups of four to five students or in a whole-class format. Corrective Reading is intended to be taught in 45-minute lessons four to five times a week.

<http://digitalscholarship.tnstate.edu/dissertations/AAI3390671/>

<http://www.mcgraw-hill.co.uk/sra/mathematics.htm>

SRA- Mathematics

Corrective Mathematics is a series of seven modules intended as an intervention program for students' grade 3 through adult. The series focuses on core concepts, rules and mathematical reasoning from addition and subtraction, multiplication and division, to fractions and ratios. By focusing on core content and breaking this content into a series of small conceptual steps and embedded skills, the series helps students learn efficiently from grade-level instructional materials.

<http://www.mcgraw-hill.co.uk/sra/mathematics.htm>

SRA- Reading Mastery

- Strategy-based instruction that allows students to learn more efficiently
- Intensive, explicit, systematic teaching to help students achieve a high rate of success
- Carefully scaffolded lessons that build confidence and independence
- Ongoing assessments and specific guidelines make effective instructional decisions
- Addresses all five essential components of Reading: phonemic awareness, phonics and word analysis, fluency, vocabulary and comprehension
- Provide spelling instruction to help students make the connection between decoding and spelling patterns
- Develop decoding, word recognition and comprehension skills that transfer to other subject areas

Wilson Reading System- Multi-Tiered System

- Offers a research-based program with more than twenty years of data collected and analyzed from school districts implementing the program.
- Provides a systematic and cumulative approach to teach total word structure for decoding and encoding.
- Follows a ten-part lesson plan that addresses decoding, encoding, oral reading fluency, and comprehension in a sensible and logical fashion.
- Has one of the most extensive collections of controlled and decodable text (word lists, sentences, stories) for students beyond the primary grades.
- Provides two levels of vocabulary, making this program appropriate for students in elementary, middle, and high school, as well as adults.
- Uses criterion-based assessments built into the program to measure student progress and success.

Tier I	Tier II	Tier III
Prevention and Early Intervention (Grades PK-3): Wilson Foundations	Intervention (Grades 4-12): Wilson Just Words Program	Intensive (Grades 2-12): Wilson Reading System

http://www.wilsonlanguage.com/FS_PROGRAM_WRS.htm

Example of Assistive Augmented Communication Plan (Daily Checklist)

Time	Date: _____
7:45	Arrival: Answer teacher and peer questions such as “What did you have for breakfast?” Initiate conversations with teacher and peers.
8:00-8:30	Interventions: Morning meeting - greet 3 people per day; formulate questions about peers’ shared news; ask and answer teacher and peer questions.
8:30-9:00	Reading: Answer a variety of teacher questions related to reading selections. Participate in shared writing and journal. At times, students are allowed to ask other students how to spell words. Encourage peers to ask student to help them spell difficult words (only to use when the class is allowed to use this strategy).
9:05-10:05	Special Areas: Ask and answer teacher and peer questions.
10:05-11:30	Math: Explain his thinking about math problem solving.
11:30-12:15	Lunch and Recess: Respond to peer questions. Initiate conversation with peers from a given list of topics previously generated by teacher. Ask friends to play.
12:15-2:45	Science/Social Studies: Respond to discussions. Ask relevant questions.
2:45-3:00	Dismissal: Respond to teacher requests. Say goodbye to teacher and peers.

Assistive communication device trouble-shooting

If there are any technical issues with the current device please follow the following steps:

- Try a reset (hold power button down for 10 seconds).
- Notify Assistive Technology team.

OT/PT Data Sheet Example

Name: _____

School: _____

Grading period: _____

Frequency of treatment: _____

ANNUAL GOAL: Consistent sizing and orientation with letters/numbers & draw/cutting skills 80%	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	%
1. Write full name from memory/letters resting on line 3 consecutive days										
2. Cut out simple shapes, curves a ¼" of bolded line, ¾ times										
3. Complete visual motor activities w/spatial orientation, visual memory, discrimination with less than 3 prompts										
4. copy/write letters/numbers correct orientation, sizing, alignment 3/4										

KEY:

V- Visual prompt

VV – Visual and verbal prompt

P – Physical assistance

PP – Partial Physical Assistance

I – Independent

G - Gesture

Functional Communication Checklist

NAME: _____

DOB: _____

SCHOOL: _____

EVALUATOR: _____

RATING SCALE <i>Never – 1 Rarely – 2 Sometimes – 3 Usually – 4 Consistently – 5</i>	Date:	Date:	Date:
1. Rate the methods of communication used by the student:			
Eye gaze			
Gesture			
Physical manipulation			
Vocalization (i.e. non-speech, grunts)			
Facial expression			
Sign language (___ idiosyncratic ___ formal)			
Verbalization			
Augmentation (i.e., picture board, device)			
Other			
2. Rate communication interactions:			
Initiates communication interactions			
Appropriately maintains communication interactions			
Demonstrates turn-taking behaviors			
Appropriately terminates communication interactions			
Appropriately responds to communication interactions			
3. Rate communication functions:			
Gains attention of people within environment			
Makes requests (i.e. want, help)			
Expresses rejection (i.e. no, don't want)			
Expresses wants and needs within an activity			
Expresses activity choice			
Responds to questions with "yes" and "no"			
Expresses recurrence (more)			
Expresses "finished" or "all gone" or "gone"			

Provides greetings/farewells			
Expresses comments (i.e. I like it; It's soft)			
Expresses feelings			
Expresses physical conditions			
Answers basic questions			
Asks questions			
4. Rate expressive language skills:			
<p>A. <i>Phonology: Sound Production Patterns</i> Check the phonemes or speech sounds produced by the student—include sound/word inventory:</p> <ul style="list-style-type: none"> • Speech sounds _____ _____ • Babbling—consonant-vowel combinations _____ _____ • Jargon-speech sounds combined into patterns with intonations _____ _____ <p>B. <i>Echolalia</i> Check if student demonstrates echolalia in communication.</p> <p>Timing: Immediate _____ Delayed _____</p> <p>Echolalia: Exact depends on the word _____ Mitigated (changed) _____</p> <p>Function: To continue interaction _____ To demonstrate comprehension _____</p> <p>Comments _____ _____ _____</p>			
<p>C. <i>Rate oral language skills demonstrated</i> Produces single word approximations (i.e., “ma”/”mamma”)</p>			
Produces single word utterances— <i>Check categories observed:</i> ___agent (baby) ___action (drink) ___ object (cup) ___location (up) ___ recurrence (more) ___ possession (mine)			
Imitates new words			
Produces two-word utterances			
Produces three-word utterances			
Produces short sentences			

5. Receptive Language: Rate receptive language skills			
Alert to environmental noises			
Localizes to sound source/speaker's voice			
Responds to name			
Anticipates familiar routines			
Follows simple directions with visual cue			
Follows simple directions with verbal cue			
Follows one/two-step directional commands			
Identifies familiar people/objects within environment			
Identifies photographs of familiar objects			
Identifies drawings of familiar objects			
Identifies objects through function			
Identifies objects by color/size/shape			
Demonstrates comprehension of directional concepts			
Demonstrates comprehension of basic "wh" questions			
Demonstrates object permanence (ability to represent objects and events not perpetually present)			
Demonstrates mean-end behaviors (actions to achieve a goal)			
Demonstrates functional object use and object classification (perception of relationships)			
Demonstrates symbolic behavior (ability to internalize and reproduce information)			

Functional Communication Checklist AWM 112008. Assessing Basic Communication Skills: A Functional Communication Checklist. Developed by Speech-Language Pathologists in the Cobb County School System, Marietta, GA, Permission to photocopy for in-house use granted by The Clinical Connection, 708 Pendleton Street, Alexandria, VA 22914.

Sample Speech-Language Screening: Primary

Date: _____ Name: _____
 Teacher: _____ School: _____

ARTICULATION: Say the following words, asking the student to imitate them. Write exactly what the student says.

MOM ____ DAD ____ VALUES ____ ZOOS ____ POP ____ TOOT ____ LITTLE ____
 SIS ____ WON ____ GAG ____ JUDGE ____ RARE ____ BIB ____ COKE ____
 SHUSH ____ THIRTEEN ____ NINE ____ FIFE ____ CHURCH ____ SPRING ____

LANGUAGE

A. Body Parts (Criterion: 5/6)

Show me your:

Head ____ Arm ____ Knee ____ Hand ____ Shoulder ____ Neck ____

B. Opposites (Criterion: 2/3)

Brother is a boy, sister is a _____. A turtle is slow, a rabbit is _____.

The sun shine shines during the day, the moon shines at _____.

C. Distinguishes Prepositions (Criterion 3/4)

Put the block:

On the chair ____ under the chair ____ in front of the chair ____ beside the chair ____

D. Verbal Expression and Reasoning (Criterion 3/3)

What do you do when you are tired? _____

What do you do when you are hungry? _____

What do you do when you are cold? _____

E. Function (Criterion 4/5)

What do you do with?

A cup _____ scissors _____ a brush _____ a shovel _____ a pencil _____

F. Observations

Voice Quality --- Comments: _____

Stuttering --- Comments: _____

Intelligibility --- Comments: _____

RETURN THIS SCREENING FORM TO: _____

Sample Speech-Language Screening: Grades 1-5

NAME _____ AGE ____ GRADE _____ DATE _____

SCHOOL _____ TEACHER _____ EXAMINER _____

Articulation

Ask the child to repeat the following sentences. Circle the words that the child mispronounced.

1. Today Pete's job was to bake a cake for Kurt.
2. Suzie repaired five television sets.
3. Push the garage door closed.
4. George is watching the magic show.
5. We will ride with Lucy to the yellow house.
6. Nancy found some hangers in my brown bag.

Language

For grades 1-5: Engage the student in a conversation and note his use of language, articulation, fluency and voice. Things that you can ask to elicit speech are:

"Why did your family move to _____?"

"How is your other school like (different from) this new school?"

"Tell me about your family, hobbies."

Likenesses and Differences

For grades 3-5:

For each pair, tell one way they are alike and tell one way they are different:

watch --- clock (L)

bus ---- train (D)

RETURN THIS SCREENING FORM TO: _____

Sample Speech-Language Screening Checklist: Grades 6-12

Student's Name _____ Date _____

DOB ___ / ___ / ___ Age ____ School _____

Student's Counselor _____ ID# _____

Homeroom Teacher _____ Date Entered School _____

This checklist is to be completed for every student who is new to this school by the student's Language Arts teacher.

This student has been ridiculed by his/her peers for (specify): _____

F=Frequently	O=Occasionally	N=Not at all	N/O=Not Observed
---------------------	-----------------------	---------------------	-------------------------

This student avoids talking in class. _____

This student appears frustrated when trying to talk. _____

This student avoids talking to peers/adults. _____

This student seems concerned about his/her speech. _____

This student withdraws from group activities. _____

I feel uncomfortable when trying to communicate with this student. _____

Academic

This student is experiencing difficulties with:

Listening skills _____

Concept work _____

Following directions _____

Oral reading _____

Reading comprehension _____

Other (Specify) _____

Observations

_ Voice Quality ---Comments: _____

_ Stuttering---Comments: _____

_ Intelligibility---Comments: _____

_ Articulation---Comments: _____

RETURN THIS SCREENING FORM TO: _____

Sample Checklist Speech/Language

How do I know if my school-age child needs speech-language services?

If your child is experiencing problems meeting the milestones on this checklist, speech-language intervention may be helpful.

5 YEARS

- Can use many descriptive words spontaneously, both adjectives and adverbs
- Knows common opposites: big-little, hard-soft, heavy-light, etc.
- Can count to ten
- Speech should be completely intelligible, in spite of articulation problems
- Should have all vowels and these consonants: m,p,b,h,w,k,g,t,d,n,ng,y (as in yellow)
- Should be able to define common objects in terms of use (hat, shoe, chair)
- Should be able to follow three commands given without interruptions
- Should know his age
- Should have simple time concepts: morning, afternoon, night, day, later, after, while
- Should be using fairly long sentences and should use some compound and some complex sentences
- Speech on the whole should be grammatically correct
- Understands approximately 2,500-2,800 words

6 YEARS

- In addition to the above, these consonants should be mastered: f, v, sh, zh, th, ch
- Speech should be completely intelligible and socially useful
- Should be able to tell a rather connected story about a picture, seeing relationships
- Understands approximately 20,000-26,000 words
- Understands concepts of time: hour, minute, day
- Answers the phone, remembers simple message, and delivers to correct person
- Realizes that other people have ideas and feelings that may be different from his or her own

7 YEARS

- Should have mastered the consonants s-z, r, voiceless th, ch, wh, and the soft g as in George
- Should handle opposite analogies easily: girl-boy, man-woman, flies-swims, short-long, etc.
- Understands such terms as: alike, different, beginning, end, etc.
- Should be able to do simple reading and to write or print many words

8 YEARS

- Can relate rather involved accounts of events, many of which occurred at some time in the past
- Complex and compound sentences should be used easily
- Should be few lapses in grammatical constrictions-tense, pronouns, and plurals
- All speech sounds, including consonant blends, should be established
- Should be reading with considerable ease and now writing simple compositions
- Social niceties should be present in his speech in appropriate situations
- Control of rate, pitch, and volume are generally strong and appropriately established
- Can carry on conversation at rather adult level

Component 7 Resources: Progress Monitoring

Sample Speech/Language Progress Monitoring

The following are various checklists/tools that Speech Language Pathologists (SLPs) use to monitor a student's progress towards IEP goals, determine an area of need for the student, or help informally assess skills to determine what the area of need really is for that student. The following are examples checklists, data forms, and skill lists.

1. Monitoring a student's progress towards IEP goals:

- Tools used in therapy:
 - Data taken from (for example) HearBuilder Following directions Pre and Posttests, along with data taken from other HearBuilder programs (Sequencing, Auditory Memory, Phonological Awareness)
 - Data taken from (for example) Super Duper deck cards/materials from <http://www.superduperinc.com/>
 - Administering portions (subtests) of various assessments after focus on that skill during therapy to assess progress
 - Use teacher input forms and various checklists to **informally assess skills** prior to testing or even during therapy (after eligibility has been determined) to assess student progress

2. Determining an area of need for the student

- Formal assessments for speech/language determine eligibility as well as area of deficit under receptive/expressive language, pragmatics, speech articulation, and fluency. <http://www.state.tn.us/education/speced/doc/71309SLILANG.pdf>
- The checklists on the state website (listed above) can be used to gather teacher input, as well as to gather information in order to **determine specific area of need during the testing process**. These teacher input forms and various checklists can be used to **informally assess skills** prior to testing, during RTI, or even during therapy (after eligibility has been determined) to assess how the student is doing prior to an annual IEP meeting. SLP rating scales can be used to **determine severity of speech/language impairments**. The checklists and rating scales include the following:
 - Language and speech severity rating scale
 - Teacher input forms for speech, for language, and for functional communication
 - Functional communication severity rating scale
 - Informal language assessment checklist
 - Speech, Language, and Motor Development Checklist
 - Language/Play Developmental Scales
 - Checklist for Phonological Awareness/Emerging Literacy Progression
 - Early Identification of Language Based Reading Disabilities
 - Determining the Type Token Ratio
 - Type token Ratio for the Analysis of Semantic Skills
 - Assessing Basic Communication Skills: A Functional Communication Checklist
 - Narrative Analysis
 - Development of Narrative Skills
 - Developmental Milestones of Narrative Production Used for Macrostructure
 - Story Structure Levels – Ordered from Least to Most Complex
 - Narrative Levels Analysis
 - Story Grammar Assessment
 - Style of Narration Assessment
 - Pragmatic Language Checklist
 - Socio-emotional Dimensions in Communication
 - Evaluation of Classroom Listening Behavior
 - Class Performance/Listening Behaviors

Student Goal Setting Worksheet

By the end of this year I want to...

Things that will help me meet my goal are...

Things that will make it difficult to meet my goals are...

What I plan to do to help myself meet my goals in the next month is...

What I plan to do to help myself meet my goals in the next week is...

To help myself meet my goals today I will...

Skills I need to work on are...

I need the following type of information...

I will need help to ...

I can get help from...

Opportunities to Respond

Directions: Make tally marks.

of Minutes observed: _____ Was this during the regular observation time or after? _____

Class: _____

Class opportunities to respond	Individual opportunities to respond (to target student)
Class opportunities taken by target student	Individual Opportunities taken by target student

Summary Observations

- If there were inappropriate behaviors, what appeared to be the antecedents?
- What were the consequences for those behaviors?
- Was there a relationship between opportunities to respond and time on- or off-task?
- Does there appear to be a relationship between teacher interactions and time on- or off-task?
- What interventions/accommodations were used for the student during the observation?
- What was the effect of those interventions/accommodations?

Physical Development Checklist: Gross Motor

(The Frost-Wortham Developmental Checklist)

Motor Development: Preschool (Gross Movement)			
Level III (approx. age 3)	Introduced	Progress	Mastery
1. Catches a ball with both hands against the chest			
2. Rides a tricycle			
3. Hops on both feet several times without assistance			
4. Throws a ball five feet with accuracy			
5. Climbs up a slide and comes down			
6. Climbs by alternating feet and holding on to a handrail			
7. Stands on one foot and balances briefly			
8. Pushes a loaded wheelbarrow			
9. Runs freely with little stumbling or falling			
10. Builds a tower with nine or ten blocks			
Level IV (approx. age 4)			
1. Balances on one foot			
2. Walks a straight line forward and backward			
3. Walks a balance beam			
4. Climbs steps with alternate feet without support			
5. Climbs on a jungle gym			
6. Skips haltingly			
7. Throws, catches, and bounces a large ball			
8. Stacks blocks vertically and horizontally			
9. Creates recognizable block structures			
10. Rides a tricycle with speed and skill			
Level V (approx. age 5)			
1. Catches and throws a small ball			
2. Bounces and catches a small ball			
3. Skips on either foot			
4. Skips rope			
5. Hops on one foot			
6. Creates Tinker Toy and block structures			
7. Hammers and saws with some skill			
8. Walks a balance beam forward and backward			
9. Descends stairs by alternating feet			

Physical Development Checklist: Fine Motor

(The Frost-Wortham Developmental Checklist)

Motor Development: Preschool (Fine Movement)			
Level III (approx. age 3)	Introduced	Progress	Mastery
1. Places small pegs in pegboards			
2. Holds a paintbrush or pencil with the whole hand			
3. Eats with a spoon			
4. Buttons large buttons on his or her own clothes			
5. Puts on coat unassisted			
6. Strings bead with ease			
7. Hammers a pound toy with accuracy			
8. Works a three- or four-piece puzzle			
Level IV (approx. age 4)			
1. Pounds and rolls clay			
2. Puts together a five-piece puzzle			
3. Forms a pegboard design			
4. Cuts with scissors haltingly and pastes			
5. Eats with a fork correctly			
6. Holds a cup with one hand			
7. Puts a coat on a hanger or hook			
8. Manipulates large crayons and brushes			
9. Buttons and zips zippers haltingly			
Level V (approx. age 5)			
1. Cuts and pastes creative designs			
2. Forms a variety of pegboard designs			
3. Buttons buttons, zips zippers, and ties shoes			
4. Creates recognizable objects with clay			
5. Uses the toilet independently			
6. Eats independently with a knife and fork			
7. Dresses and undresses independently			
8. Holds and manipulates pencils, crayons, and brushes of various sizes			
9. Combs and brushes hair			
10. Works a twelve-piece puzzle			

Sample Speech/Language Data Collection Form

Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:

Sample Gross Motor Skills Development Checklist

Teachers may periodically use this checklist to monitor a student's perceptual/motor skills development.

Name: _____ Date: _____

Participates in activities designed to improve perceptual/motor skills	YES	NO	Comments
Is increasing speed: e.g. runs fast			
Reaction time is improving: e.g. stops when signalled by a bell or clap			
Agility is improving: e.g. dodges a ball			
Large muscle coordination is improving: e.g. skips, gallops			
Uses muscles for self-help skills: e.g. zips jacket, ties shoes			
Is developing eye-hand coordination; e.g. throws a ball at a target, catches a bean bag.			
Is developing eye-foot coordination: e.g. kicks a ball			
Is developing awareness of body space: e.g. finds a space on the floor where no one else can be reached			
Is beginning to be aware of laterality: e.g. twirls other hand, raises other foot			
Directionality is developing: e.g. moves forwards, backwards, sideways, and over, under, through, inside, outside and around objects			
Changes direction with ease			
Is developing kinaesthesia: e.g. touches knees with eyes closed			
Demonstrates good posture			
Is developing balance: e.g. hops on one foot, walks on low balance beam, walks with bean bag on head			
Is beginning to sequence: e.g. claps four times, then jumps			

Component 8 Resources: Core Instruction & Least Restrictive Environment

Contents

Component 8 Resources: Core Instruction & Least Restrictive Environment

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Hierarchy of Skills for Reading Comprehension

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Sample Collaboration Team Meeting Worksheet

Persons Present: (Note late arrivals)

Absentees:

Others Who Need to Know:

Roles	This Meeting	Next Meeting
Timekeeper		
Recorder		
Equalizer		
Other		

Agenda

Items:	Minutes:	Time Limit:
1. Positive Comments:		
2.		
3.		
4.		
5. Processing (task & relationship):		
6.		
7.		
8.		
9. Processing (task & relationship):		

Minutes of Outcomes

Action Items:

Person(s) Responsible:

1. Communicate outcomes to absent member
- 2.
- 3.
- 4.

Agenda Building for Next Meeting

Date:

Time:

Location:

Expected Agenda Items:

- 1.
- 2.
- 3.
- 4.

Sample Classroom Teacher and Case Manager Collaboration

	Case Manager	General Education Teacher	Paraprofessional	Administrative Team	Student	Notes
Curriculum						
Daily class work						
Homework						
Reinforcements/Redirection of curricular understandings						
Assessments						
DRA						
TCAP—CoAlt						
Summative IB/ Unit Tests/ Quizzes						
Every Child a Writer						
Communication						
EPR						
General Education Events and IB planner information to <i>parents</i>						
General Education Events and IB planner information to <i>student</i>						

General Education Events and IB planner information to <u>case manager</u>						Please add us as a "parent" on your parent email list.
General Education Events and IB planner information to <u>classroom teacher</u>						
Paraprofessional responsibilities, (needs, wants, wishes, changes requested, procedures, etc.)						Our Paraprofessionals are amazing but busy, a message given to them may not be given to us in time or as you intended
Behavior						
Points Sheets						
Expectations						
Redirection						
Celebrations						
Misc.						
TOR Awards						
Morning Check In Routine						

Classroom Adaptations to consider for Common Related Service Referral Complaints

(Prior to Comprehensive Assessment)

Referral Complaint	Possible Adaptations
Poor lunch skills/behaviors	Provide a wheeled cart to carry lunch tray Provide large handled utensils Clamp lunch tray to table to avoid slipping Serve milk in sealed cup with straw
Poor toileting skills	Provide a smaller toilet Provide looser clothing Provide a setup stool for toilet/sink
Can't stay in seat; fidgety	Allow student to lie on floor to work Allow student to stand to work Provide lateral support to hips or trunk (e.g. rolled towels) Adjust seat to correct height for work Be sure feet are flat on floor when seated Provide more variety in seatwork
Clumsy in classroom/halls; gets lost in building	Move classroom furniture to edges of room Send student to new locations when halls are less crowded Provide visual cues in hall to mark locations Match student with partner for transitions
Can't get on or off bus independently	Allow student to back down stairs Provide additional smaller steps
Can't get jacket/coat on/off	Place in front of student, in same orientation each time Provide larger size for easier handling
Drops materials; can't manipulate books, etc.	Place tabs on book pages for turning Provide small containers for items Place all items for one task on a lunch tray
Poor attention, hyperactive, distractible	Decrease availability of distracting stimuli (e.g. visual or auditory) Provide touch cues only when student is prepared for it Touch student with firm pressure Provide frequent breaks in seatwork
Poor pencil/crayon use	Use triangle grip on pencil/crayon Use fatter writing utensil Provide larger sheets of paper Provide paper without lines Provide paper with wider-spaced lines
Poor cutting skills	Provide adapted scissors Provide stabilized paper (e.g. tape it down, use large clips, c-clamps)
Unable to complete seatwork successfully	Provide larger spaces for answers Give smaller amounts of work Put fewer items per page Give more time to complete task Change level of difficulty
Loses personal belongings; disorganized	Make a map showing where items belong Collect all belongings and hand them out at the beginning of each activity
Doesn't follow directions	Provide written or picture directions for reference Provide cassette tape of directions

From: Dunn, W. *Pediatric Occupational Therapy: Facilitating Effective Service Provision*. Thorofare, NJ: Slack, 1991

Procedural Fidelity Checklist

Name: _____

Date: _____

Implementer: _____

Observer: _____

Start time: _____

End Time: _____

Implementation Ratings:

+ = Implemented as recommended during observation

- = Never implemented during observation

N/A = Not applicable; no opportunity to observe

Procedure	Description	Implementation rating	Comments/Examples
<i>List all accommodations required in the IEP as well as suggestions from the special education team.</i>			
<i>Visuals</i>	The student/s daily schedule is easily accessible and visible	+ - N/A	
	The student is redirected with a visual prompt	+ - N/A	
	Lanyards with visuals available and used during observation.	+ - N/A	
	The student's daily schedules are visibly manipulated and in used with consistency	+ - N/A	
	The student's daily schedule has a matching component	+ - N/A	
	The student's daily schedule has a "done" component	+ - N/A	
	The student is exposed to a first/then and used appropriately		
<i>Prompting</i>	The student prompts are in a hierarchy without repeating verbal instructions	+ - N/A	
	Teacher and paraprofessional used gestures	+ - N/A	
	Teacher and paraprofessional used light physical prompts	+ - N/A	
	Teacher and paraprofessional used physical prompts	+ - N/A	
	Teacher and paraprofessionals give students choices (teacher-driven)	+ - N/A	
	Prompts given in appropriate hierarchy have improved behaviors	+ - N/A	

Procedure	Description	Implementation rating	Comments/Examples
<i>Social Skills</i>	The student is reminded of appropriate behavior prior to an activity or transition using a social story	+ - N/A	
	Visuals, models or videos are used to build social skills.	+ - N/A	
	The student is given sensory breaks.	+ - N/A	
<i>Token Economy</i>			
	The student receives more tokens for activities that are difficult for increased compliance	+ - N/A	
	Tokens are paired with behavior specific praise.	+ - N/A	
	Token boards are visual and used with consistency	+ - N/A	
	Reinforces are appropriate and improving behaviors.	+ - N/A	
	Reinforces are varied with choices	+ - N/A	
	Teacher pairs specific verbal praises with tokens	+ - N/A	
<i>Work Systems</i>			
	Materials are organized and appropriately selected as an independent task	+ - N/A	
	Student is able to match visuals within work task with little to no prompts	+ - N/A	
	Student is able to move left to right with little to no prompts	+ - N/A	
	Student is able to complete task using a "DONE" component with little to no prompts	+ - N/A	
	Students are demonstrating increased independence on task with little to no prompts		
<i>Physical Environment</i>			

Procedure	Description	Implementation rating	Comments/Examples
	Students are transitioning with little to no prompts within the classroom environment	+ - N/A	
	Students are demonstrating a higher frequency of engagement with little to no prompts		
	Students are accessing instruction in a variety of settings	+ - N/A	
	Students materials are easily accessible	+ - N/A	
	Visual and physical boundaries are appropriately used to improve time on task	+ - N/A	

Sample Classroom Strategies Checklist

Student: _____ Teacher: _____
 School: _____ Class/subject: _____
 DOB: _____ Date completed: _____

What strategies have you tried to correct the problem? Please indicate those strategies you have applied to the problem and give an estimate of how long the strategy has been in effect in terms of days or weeks. Also comment on the success of these strategies in terms of "Yes" or "No".

Environmental:

Strategies	Duration (Days/Weeks)	Success (Yes or No)
1. Seating change		
2. Isolation (how often?)		
3. Change subject/class to a different hour, same teacher		
4. Change to a different teacher		
5. Other:		

Organizational:

Strategies	Duration (Days/Weeks)	Success (Yes or No)
1. Setting time limits for assignments/ completion during class		
2. Questioning at end of each sentence/paragraph to help focus on important information		
3. Allowing additional time to complete task		
4. Highlighting main facts in the book		
5. Organizing notebook or providing folder to organize work		
6. Asking student to repeat directions given		
7. Other:		

Motivational:

Strategies	Duration (Days/Weeks)	Success (Yes or No)
1. Checking papers, showing "C" for correct		
2. Sending home daily progress report		
3. Immediate reinforcement of correct response		
4. Keeping graphs/charts of student's progress		
5. Conferencing with student's parents		
6. Conferencing with student's other teachers		
7. Student reading lesson to aide, peer tutor or teacher		
8. Home/school communication system for assignments		
9. Using tapes of materials the rest of class is reading		
10. Student using tapes at home, school		
11. Classmate take notes with carbon		
12. Other:		

Presentation:

Strategies	Duration (Days/Weeks)	Success (Yes or No)
1. Giving assignments both orally and visually		

2. Taping lessons so student can listen again		
3. Giving student sample or practice test		
4. Providing legible material		
5. Immediate correction of errors		
6. Providing advance organizers		
7. Providing tests in smaller blocks of questions/wider spaced		
8. Providing tests in small segments; student hands in at end of each segment and gets next		
9. Providing modified tests, fewer questions, simpler material		
10. Giving tests orally		
11. Other:		

Curriculum:

Strategies	Duration (Days/Weeks)	Success (Yes or No)
1. Providing opportunities for extra practice		
2. Providing study guide/outline to follow		
3. Reducing quantity of material		
4. Providing instructional materials geared to lower level of basic skills		
5. Vocabulary flash cards		
6. Vocabulary words in context		
7. Special materials		
8. Other:		

Are there any other strategies you have used that are not listed above? Please describe, including duration and success:

Sample Teacher Collaboration Log

Student Name:

Date:

Strengths	Needs
Celebrations	Next Steps

Core Instruction for Students with TBI

Students with TBI have a wide range of abilities and needs. Educators must consider each student's individual profile of strengths and needs when designing an educational program.

The Assessment-Instruction Cycle

Hypothesize

Use available knowledge to make a hypothesis about the student's starting level and select a strategy that fits. Obtain information from the student's history through:

- Classroom assessments
- Observations
- Work samples

Select 1 or 2 target goals.

Design

Design instruction for the tasks that you are going to teach.

Teach

Teach the material using the following sequence:

- Gain the student's attention.
- Demonstrate what you want the student to do, using mostly positive and some negative examples.
 - Show examples of what you do and don't want.
 - Point out how the positive examples are the same.
 - Use consistent wording to reduce the chance for error.
- Practice (with assistance).
- Give opportunities for repetition with guidance to prevent errors.
- Allow independent practice in old and new settings.
- Use pacing that is brisk (in the student's perception).
 - Request frequent student involvement and responses.
 - Provide time for the student to think.
- Monitor student performance to prevent errors in practice and responses.
- Give feedback in a positive way.
- Include systematic reinforcement and correction in a positive way.

Evaluate

- Was the starting level correct?
- Did you monitor the student's performance?
- Record the student's progress.
- Review student progress.
- Change the instruction as needed until the student is making progress in the designated curriculum.

Strategies for Memory (TBI)

The following strategies are to be used within an instructional design for students with TBI. The effectiveness of any strategy should be evaluated for each student.

- Maintain a consistent routine.
- Give information in several ways: verbal, written, demonstration, pictures.
- Limit the amount of information given at one time.
- Give the student a homework-only folder, and check it with the student at the beginning and end of each class.
- Designate a bag or pack in which to keep materials that go to and from school.
- Give the student an extra set of textbooks for home.
- Provide photocopies of notes or overheads.
- Regularly summarize information.
- Use review sheets.
- Give verbal reminders of upcoming significant events.
- Repeat or rephrase directions and ask the student to confirm them.
- Teach the student to use external aids such as notes, memos, daily schedules, and assignment sheets. Provide repetition and frequent review of instructional materials.
- Provide immediate and frequent feedback to enable the student to interpret success or failure.
- Teach the student to categorize, associate, rehearse, and/or chunk information.
- Allow the use of audio taping for later review.

Possible Signs of TBI Students

Teachers (general and special education) can use this information if they have concerns about a student who may have TBI that is not yet identified.

Communication

- How does the student follow directions?
- What types of directions are most easily followed?
 - Spoken directions, written or visual directions
- How much structure does the student need to follow directions?
- Does the student often forget verbal directions - even with reminders?
- How is the student's vocabulary, rate of speech, grammar and ability to respond to questions?
- What is the student's ability to carry on a conversation (e.g. fluency, ability to track conversation and respond appropriately)?
- How are the student's listening skills? (e.g. interrupting the class, asks for information or directions multiple times)

Organization

- Does the student become confused, irritated or lost when changing tasks within the classroom?
- Does the student become physically lost when changing classes - even if it is a familiar route?
- How are the student's organizational abilities?

Physical

- Does the student show signs of fatigue or irritability?
- How is the student's dress and hygiene?
- What is the student's rate of body movements (e.g. slow, halting, rapid or impulsive)?
- How are the student's spatial skills (e.g. getting lost, misreaching)?
- What are the student's motor mannerisms (e.g. balance, muscle tone, restlessness)?

Academic

- Does the student begin and end assignments independently?
 - Are cues needed? What cues are needed?
- Does the student stay on task? How long? Under what circumstances?
 - Does the student need cues or structure to stay on task?
- Are assignments incomplete or do they have errors that appear to be careless?

Social

- How is the student's judgment about safety and social situations?
- How is the student's affect (e.g. flattened, aroused, depressed, under responsive)?

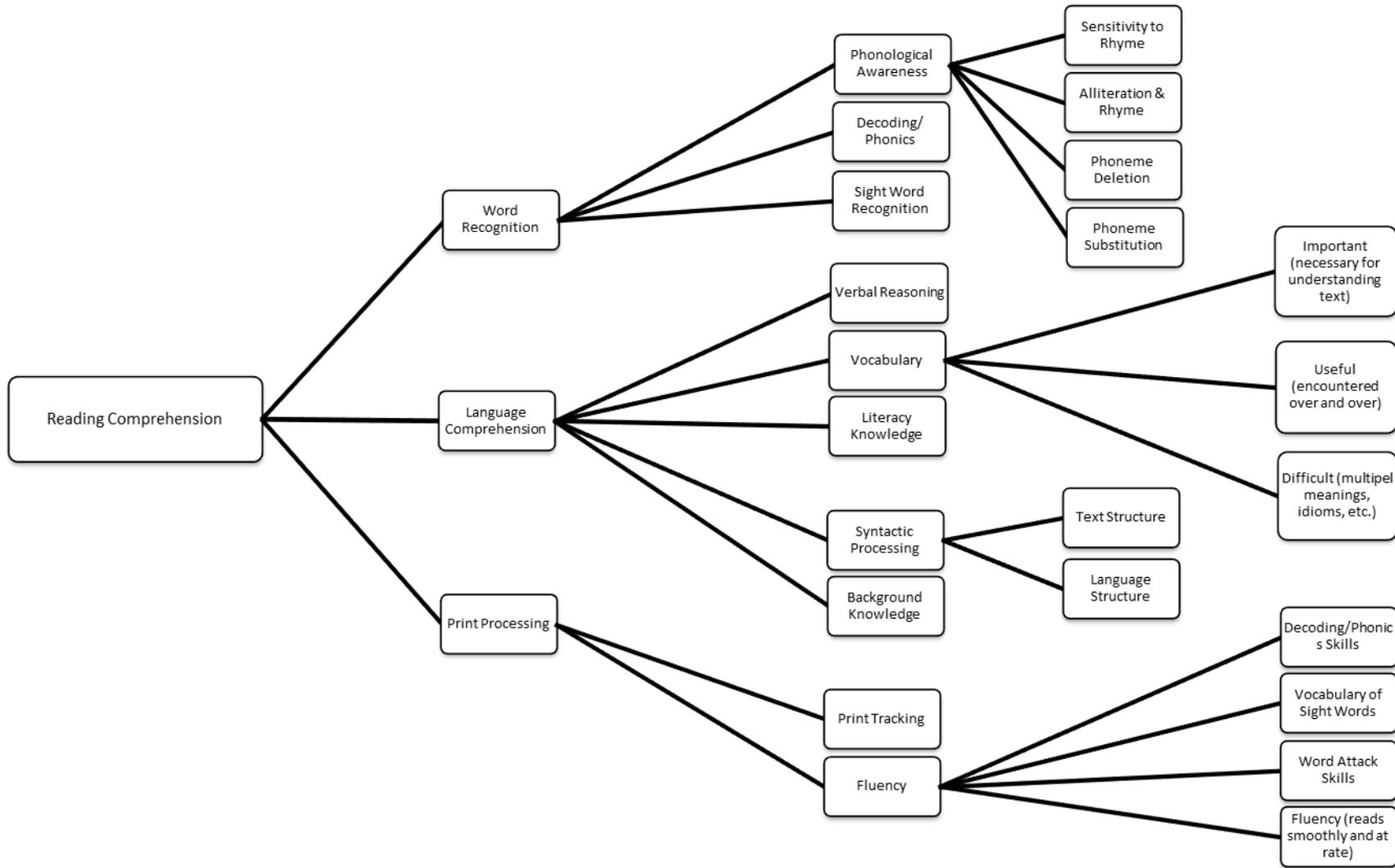
Cognitive

- Does the student have difficulty knowing what to pay attention to when there are several distractions?
- How is the student's attention span (e.g. attentive, distractible, variable throughout the day)?
- Does the student have difficulty understanding new concepts in a specific academic area?
- Is the student's rate of learning and performance slow or reduced?
- How is the student's behavior (e.g. social appropriateness and ability to modify behavior to fit the situation)?
- How is the student's memory for new learning?

Sample Mastery Spelling List

Done	Spelling Word	Date on Test	Date in Writing
<input type="checkbox"/>			

Hierarchy of Skills for Reading Comprehension



Links to Graphic Organizers

Graphic Organizers

Note: some of these sites have ads/sponsors. Including them here does not indicate an endorsement of any product.

- Comprehensive lists of graphic organizers –For all grades and English Learners
 - <http://www.greece.k12.ny.us/academics.cfm?subpage=478>
 - <http://www.eduplace.com/graphicorganizer/>
 - <http://www.thinkport.org/technology/template.tp>
 - <https://www.teachervision.com/graphic-organizers/printable/6293.html>
- For younger grades:
 - http://edhelper.com/teachers/graphic_organizers.htm
- Focused on reading comprehension:
 - <http://www.scholastic.com/teachers/lesson-plan/graphic-organizers-reading-comprehension>
 - http://www.teacherfiles.com/resources_organizers.htm

Other Resource Links

General Education Teachers' Responsibilities in IEP Meetings:

<http://teachers.henrico.k12.va.us/exed/ExEdHCPS/References/GenEdResponsibilities.pdf>

Component 9 Resources: Post-Secondary Transition

Sample Student Transition Interview

Please read these statements and finish in your own words.
If you are unsure of how to answer, please ask but you can choose to leave it blank.

Name:

Date completed:

1. What I enjoy most about high school:

2. What I am involved in or hope to get involved in at high school:

3. What I am involved in after school (ex: clubs, sports, volunteer work, job):

4. What I hope to do after high school (work, BCC, college/university, travel):

5. What my dream job is:

6. Where I hope to live someday (ex: city, apartment, house):

7. What I like to do for fun when I'm not in school:

8. I hope to get my driver's permit soon. [circle one] YES NO
I have my driver's permit. [circle one] YES NO
I have my driver's license. [circle one] YES NO

9. I currently have a part-time job. [circle one] YES NO
I have had a part-time job in the past. [circle one] YES NO

If yes, please list: _____

Sample Guide to a Focused Plan of Study

During the student's 8th grade year, the student, parents/guardians, school counselor, special education teacher, and/or other school personnel should collaborate to develop an initial focused plan of study (e.g. four-year plan) as deemed appropriate. Best practice would be to complete this at the same time the IEP Team completes the transition components of the student's IEP. When developing the focused plan of study, the student's academic history, career interests, learning styles and preferences, strengths and weaknesses, and educational assessments should be taken into consideration.

During the student's 10th grade year, the team needs to focus on what the student will need in order to transition to postsecondary study and/or work upon graduation. The plan should contain information about the student's career options and long term goals of and identify the courses that the student will need to take throughout his/her high school career.

A signed copy of the focused plan of study should be placed in the student's cumulative/permanent record and attached to the student's current IEP. When updates are made to the plan, the revised copy should be attached to the current IEP.

The focused plan of study should be reviewed annually and revised/adjusted based on changes in the student's coursework, interests, and career goals. The student's case manager, in collaboration with the school counselor and other IEP Team members, should be responsible for reviewing and updating the focused plan of study. The purpose of the annual review is to ensure that the student is making progress toward meeting graduation requirements, accruing the number of credits necessary during each semester to be on track to graduate, and for advising the student on the appropriate courses to take.

When completing the transition IEP component and the focused plan of study, consider the following questions:

1. Is there evidence that the student was involved in this process?
2. Is there evidence to support that an age appropriate transition was administered and the results were used to help determine measurable post-secondary goals?
3. Is there evidence in the student's transition IEP that the measurable post-secondary goals address education, training, employment, and independent living?
4. Does the IEP Course of Study section accurately reflect what is on the student's focused plan of study, and will it reasonably enable the student to meet his/her post-secondary goals?
5. Are there transition services in the student's IEP that will reasonably enable the student to meet the post-secondary goals?
6. Is there at least one IEP goal related to the student's transition services in the student's IEP?

Formal Transition Assessments

Functional Academics – Formal and informal curriculum-based measures, end-of-course and -grade assessments, state-wide tests, and observations of student classroom behaviors (e.g. participation in group work, on-task behaviors, assignment completion) provide useful information regarding a student’s strengths, needs, and interests in the area of academics that are relevant to future education or training environments.

- End of Course tests
- Alternative End of Course tests
- Basic Achievement Skills Inventory (BASI, Bardos, 2002)
- Brigance Inventory of Essential Skills
- Iowa Test of Basic Skills
- Kaufman Test of Educational Achievement - Second Edition (KTEA-2, Kaufman & Kaufman, 2004)
- Wechsler Individual Achievement Test-2 (WIAT-2)
- Woodcock-Johnson III (WJIII)

Learning Styles – Personality inventories measure individual differences in social traits, motivational drives and needs, attitudes, and adjustment. Personality measures offer a means of evaluating support for, or critique of, a career under consideration.

- Barsch Learning Style Inventory
- Piney Mountain Learning Styles Inventory

Vocational Aptitudes – An aptitude test is a measure of a specific ability relative to a given norm group (e.g. age peers, employees in a given job). Ability involves what a person can do now or, given the adequate opportunities and support, in the future (Betz, Fitzgerald, & Hill, 1989).

- Armed Services Vocational Aptitude Battery (ASVAB)
- Enderle-Severson Transition Rating Scales
- The Environmental Job Assessment Measure: E-JAM
- EXPLORE
- Occupational Aptitude Survey and Interest Schedule—3rd ed. (OASIS-3, Parker, 2002)
- O*NET Ability Profiler (U.S. Department of Labor Employment and Training Administration, 2002)
- Practical Assessment Exploration System (PAES)

- Vocational Interest, Temperament, and Aptitude System (VITAS)

Manual Dexterity – A means to determine a student’s ability and aptitude for certain work related applications and for recommending job placement that requires manual dexterity.

- Crawford Small Parts Dexterity Test
- Minnesota Manual Dexterity Test
- Pennsylvania Bi-Manual Dexterity Test

Vocational Interests – Interest inventories help a person determine his/her likes and dislikes, favorite activities, and personality. Students then compare those qualities with the qualities of people who are already working in specific careers.

- Ashland Interest Assessment (AIA)
- Becker Reading Free Interest Inventory 2– Revised
- Harrington-O’Shea Career Decision Making System - Revised
- O*NET Career Interest Inventory (U.S. Department of Labor, 2002)
- Picture Interest Career Survey (Brady, 2007)

Daily Living Skills – Adaptive behavior assessments help determine whether a student needs a post-secondary goal in the area of independent living, including the type and amount of special assistance he/she may need to be successful in a given environment (e.g. residential, self-care, transportation, social communication, and community participation).

- AAMR Adaptive Behavior Scales – School
- AAMR Supports Intensity Scale
- Ansell-Casey Life Skills Assessment (Level III)
- Brigance Life Skills Inventory (Brigance, 1994)
- Comprehensive Adult Student Assessment system (CASAS)
- Functional Skills Screening Inventory

Informal Transition Assessments

Interviews/questionnaire – Gathering information to determine a student’s interests and needs as well as knowledge about his/her strengths, aptitudes, and resources in relation to goals and dreams.

- Self-Advocacy Curriculum – UT Center for Literacy, Education and Employment
- Career Planning Begins with Assessment: A Guide for Professionals Serving Youth with Educational and Career Development Challenges – National Collaborative on Workforce & Disability (NCWD)
- ARC Self Determination Scale – Dr. Michael Wehmeyer, Zarrow Center (may not be modified without specific permission from Dr. Wehmeyer)

Direct Observations – An informal protocol that can be used by a variety of observers to assess a student’s ability to learn new tasks, to perform those tasks in a variety of settings, and to use good workplace behaviors.

- National Secondary Transition Technical Assistance Center (NSTTAC) - Age Appropriate Transition Assessment Toolkit 3rd Edition
- National Secondary Transition Technical Assistance Center (NSTTAC) – Lesson Plan Starters
- Informal Assessments in Transition Planning - Clark, G. M., Patton, J. R., Moulton, R. (2000)
- Informal Assessments for Transition: Employment and Career Planning - Synatschk, K.O., Clark, G.M., Patton, J.R. (2007)
- Informal Assessments for Transition: Independent Living and Community Participation - Synatschk, K.O., Clark, G.M., Patton, J.R. (2007)

Curriculum-Based Assessments (CBI) - An assessment process that aligns with a curriculum that the LEA has chosen for a particular student group. Assessments may be provided through the curriculum or derived directly from the curricular material.

- Brigance Transition Skills Inventory (TSI) - Brigance, A.H. (2010) (2010)
- Microcomputer Evaluation of Careers and Academics (MECA®) - Conover Company
- Skills to Pay the Bills: Mastering Soft Skills for Workplace Success – Office of Disability Employment Policy

Component 10 Resources: Accommodations

Sample School-Age Checklist: OT/PT Services (5-12 Years)

Name: _____ Age: _____ DOB: _____ Date: _____

Please fill out the following checklist in order to help us determine the most appropriate evaluation for your child.

Does your child exhibit the following:	Frequently	Sometimes	Never	Comments
Gross Motor Skills				
1. Seems weaker or tires more easily than other children his/her age.				
2. Difficulty with hopping, jumping, skipping or running compared to others his/her age.				
3. Appears stiff and awkward in movements.				
4. Clumsy or seems not to know how to move body, bumps into things.				
5. Tendency to confuse right and left body sides.				
6. Hesitates to climb or play on playground equipment.				
7. Reluctant to participate in sports or physical activity; prefers table activities.				
8. Seems to have difficulty learning new motor tasks.				
9. Difficulty pumping self on swing; poor skills in rhythmic clapping games				
Fine motor skills				
1. Poor desk posture (slumps, leans on arm, head too close to work, other hand does not assist).				
2. Difficulty drawing, coloring, copying, cutting, avoidance of these activities.				
3. Poor pencil grasp; drops pencil frequently.				
4. Pencil lines are tight, wobbly, too faint or too dark; breaks pencil more often than usual.				
5. Tight pencil grasps; fatigues quickly in writing or other pencil and paper tasks.				
6. Hand dominance not well established (after age six).				
7. Difficulty in dressing; clothing off or on, buttons, zippers, tying bows on shoes.				
Touch				
1. Seems overly sensitive to being touched; pulls away from light touch.				
2. Has trouble keeping hands to self, will poke or push				
3. Touches things constantly "learns" through his/her fingers.				
4. Has trouble controlling his interactions in group games such as tag, dodge ball.				
5. Avoids putting hands in messy substances				
6. Seems to be unaware of being touched or bumped.				
7. Has trouble remaining in busy or group situations				

Does your child exhibit the following:	Frequently	Sometimes	Never	Comments
Movement and Balance				
1. Fearful moving through space (teeter-totter, swing).				
2. Avoids activities that challenge balance; poor balance in motor activities				
3. Seeks quantities of movement including swinging, spinning, bouncing and jumping.				
4. Difficulty or hesitancy learning to climb or descend stairs.				
5. Seems to fall frequently.				
6. Gets nauseated or vomits from other movement experiences, e.g., swings, playground merry-go rounds.				
7. Appears to be in constant motion, unable to sit still for an activity.				
Visual perception				
1. Difficulty naming or matching colors, shapes or sizes.				
2. Difficulty in completing puzzles; trial and error placement of pieces.				
3. Reversals in words or letters after first grade.				
4. Difficulty coordinating eyes for following a moving object, keeping place in reading, copying from blackboard to desk.				
Auditory Language				
1. Appears overly sensitive to loud noises (e.g., bells, toilet flush).				
2. Is hard to understand when she/he speaks.				
3. Appears to have difficulty understanding or paying attention to what is said to him or her.				
4. Easily distracted by sounds; seems to hear sounds that go unnoticed by others.				
5. Has trouble following two-three step commands.				
Emotional				
1. Does not accept changes in routine easily.				
2. Becomes easily frustrated.				
3. Difficulty getting along with other children.				
4. Apt to be impulsive, heedless, accident-prone.				
5. Easier to handle in small group or individually.				
6. Marked mood variations, tendency to outbursts or tantrums.				
7. Tends to withdraw from groups; plays on the outskirts.				
8. Trouble making needs known in an appropriate manner.				
9. Avoids eye contact.				

Academic Difficulties

- ___ Reading
- ___ Distractible
- ___ Slow writer
- ___ Following directions
- ___ Phys. Ed.
- ___ Math
- ___ Restless
- ___ Poorly organized
- ___ Spelling
- ___ Hyperactive
- ___ Finishing tasks
- ___ Short attention span
- ___ Remembering information

How concerned are you about the above-checked problems?

Not concerned ___ Slightly ___ Moderately ___ Very ___

Child's Name: _____ Date of Birth: _____ Age: ___ Date completed _____

Name of Case Manager/Therapist/Teacher: _____

Name of School: _____

Parent(s)' Name: _____

Signature of person completing form: _____ Phone: _____

Safety Plan

Safety Plan Sample	
Behavioral Signs:	Response:
* <u>Calm</u> : Following directions and participating	* Keep the momentum going – points; positive feedback. Offer encouragement like “good listening.”
1. <u>Trigger/Beginning agitation</u> :	* Step 1:
2. <u>Increased agitation</u> :	* Step 2:
3. <u>Acceleration</u> :	* Step 3:
4. <u>Peak escalation</u> :	* Step 4:
5. <u>De-escalation</u> :	*Step 5:

Component 12 Resources: Behavior

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5 Point Self-Graphing Data Collection Sheet

Name: _____

Goals: Date																		Specific Supports Used to Address Goal
Criteria: _____	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	ND																	
Criteria: _____	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	ND																	
Criteria: _____	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	ND																	

- 5= Independent OR does 100% of task within the classroom environment
- 4 = Supervision, cues, or set up needed OR does at least 80% of task but not fully independent
- 3 = Needs minimal assistance OR does between 60-80% of task
- 2 = Needs moderate assistance OR does between 25-60% of task
- 1 = Needs maximum assistance OR does less than 25% of task
- 0 = Child does not respond; walks away, ignores adult, says “no”, tantrums
- ND = No data for that session

OR Use to tally 5 trials of a task
 When trial does not meet goal criteria, X out top #
 When trial meets goal, circle bottommost # (start with 1)

Sample Daily Point Sheet

Daily Point Sheet for (M T W R F) _____ / _____ / _____

Behavior	AM Routine	Specials	AM 5th grade	Lunch	Recess	PM 5 th grade	End of Day
Complying with adult requests the first time							
Appropriate language and interactions with peers							
Respectful behavior towards adults							
Quietly paying attention during instruction							
Completing assignments, staying on task							
TOTAL POINTS							

Total Points earned _____ / 70 =

_____ % daily points

Level for next week _____

PARENT SIGNATURE:

	M	T	W	R	F	Total
Daily Points						
Daily Percentage						

Notes:

2=compliance with 0-1 redirects
 1=compliance with 2 reirects
 0=non-compliance

Intensity Data Collection

Date _____

Student _____

Time Period	Monday	Tuesday	Wednesday	Thursday	Friday	Teachers Initials
Specials 8:45-9:35	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Reading 9:35-10:30	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Reading 10:30-11:20	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Lunch	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Reading 12:05-12:30	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Math 12:30-1:30	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Sci/SS 2:00-2:35	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Intervention Block 2:35-3:15	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	

Level 1

- Off-task but no disruptions
- Low-level verbal disruption
- Low-level physical disruption (walking around the room)

Level 2

- Escalated verbal disruption (repeated calling out)
- Escalated physical disruption (property misuse)
- Failure to follow adult directives in a timely manner (5-10 secs)

Level 3

- Overt defiance
- Tries to leave room/area
- Tries to leave time out

Level 4

- Physical violence

Sample Daily Behavior Tool

Student's Name: _____

Teacher's Name/ Activity	Comments	Student's Overall Behavior
Teacher/ Class		 
Teacher/ Class		 
Teacher/ Class		 
Teacher/ Class		 
Teacher/ Class		 

Hypothesizing Function(s) Form

Under these situations: (Slow Triggers)

When this occurs: (Fast Triggers)

Student does/says (Problem Behavior):

Student gets/avoids: (Consequences)

We think it is because: (Perceived Function)

Hypothesis statement format: Under these situations _____

and _____ occur(s), student does _____ and gets _____
(Fast Triggers) (Problem Behavior) (Actual Consequences)

We think it is because _____
(Perceived Function).

Sample Behavior Observation Form

Target Student: _____ Sex: _____ Grade: _____ Date: _____
 School: _____ Teacher: _____
 Observer: _____ Type of Class: _____
 Class Activity: _____
 Position (circle 1): Teacher-directed whole class Teacher-directed small group Independent work session

Directions: Ten-second interval. Observe each student **once**; then record the data. This is a partial interval recording. If possible, collect full 15 minutes under teacher-directed or independent conditions. If not, put a slash when classroom conditions change. **Classmates observed must be the same sex as the target student.**

Target Student																		
Classmate																		

Target Student																		
Classmate																		

Target Student																		
Classmate																		

Target Student																		
Classmate																		

Note: To observe class – begin with the first same-sex student in row 1. Record each subsequent same-sex student in following intervals. Data reflect an average of classroom behavior. Skip unobservable students.

ON-TASK CODES: // = Eye contact with teacher or on-task and performing the requested task.

OFF-TASK CODES:

- T = Talking out/noise: Inappropriate verbalizing or making sounds with object, mouth, or body.
- O = Out of seat: Student fully or partially out of assigned seat without teacher permission.
- I = Inactive: Student not engaged with assigned task and passively waiting, sitting, etc.
- N = Noncompliance: Breaking a classroom rule or not following teacher direction within 15 seconds.
- P = Playing with object: Manipulating objects without teacher permission.

OTHER CODES (to be done in addition to on- and off-task codes):

- + = Positive Teacher Interaction: One-on-one positive comment, smiling, touching, or gesture.
- = Negative Teacher Interaction: One-on-one reprimand, implementing negative consequence, or negative gesture.

Comments/Notations:

Behavior Observation Totals

Directions: Count up the total number of intervals you observed the student for, and write that number under the line in each box. Then total each behavior for the target student and write it above the corresponding line. To calculate the percentage, do top number divided by bottom number, and move the decimal two spaces to the right. Total percentages in each column should add up to be 100%.

	Student A/B = ____%	Task A/B = ____%
On Task (/)	= %	= %
Talking Out (T)	= %	= %
Out of Seat (O)	= %	= %
Inactive (I)	= %	= %
Noncompliance (N)	= %	= %
Playing with Object (P)	= %	= %

Teacher Interaction Totals

of Minutes observed: _____

of Positive Interactions: _____

of Negative Interactions: _____

Ratio of Positive to Negative: _____:_____

Sample Behavior Plan: Baseball League

Dear Bobby Doe,

Welcome to the Krazy Baseball League. Like all good ball players, you are starting as a rookie. Rookies are the newest guys on the team and they need to show their coaches how good they are to get exciting chances and choices. You have that chance to move up to being on the Starting Line-Up and then to All-Stars but it is up to you how well you do.

Each day you have 3 chances before you strike out for the day. Each time you have trouble controlling your temper or acting like a fourth grader you get a strike. If you get three strikes in the same day, you struck out and have to wait until tomorrow for another chance to score. If you don't strike out, then you get a

SCORE!!!!

And get 1 point. Mom and Dad will help keep track of you points that you can trade-in for cool choices. Good Luck! I know you can do it and show that you are ready for the Starting Line-up and All-Stars.

Mom, Dad, and Your Teacher

5 Points:

- Treat at Sonic
- Little Caesars
- Bike ride with mom or dad to the park

10 Points:

- Swimming at the rec. center
- Dairy Queen
- Subway
- Stay up 30 minutes past bedtime

15 Points:

- Overnight with a friend (on the weekend)
- Family game night

20 points:

- Trip to the aquarium
- Trip to the museum
- Go to the movies

25 Points:

- \$10 gift card to the store of your choice

50 Points:

- Wii game
- DSi game
- Sample Behavior Plan Letter

Dear Bobby Doe,

I want to congratulate you on your success as a rookie in the Krazy Baseball League. You have grown from a young player who was just learning to control his frustration and anger to a young man who shows fourth grade behavior at school and at home. Your coaches, Mom, Dad and Mrs. G have talked and agree, you are ready to be promoted to...

THE STARTING LINE-UP!!!

Each day you now have 2 chances before you strike out for the day. Just like when you were a rookie, each time you have trouble controlling your temper or acting like a fourth grader you get a strike. If you get two strikes in the same day, you struck out and have to wait until tomorrow for another chance to score. If you don't strike out, then you get a

SCORE!!!!

And get 1 point. Mom and Dad will help keep track of you points which you can trade-in for cool choices.

Good Luck! I know you can make it to the All-Stars.

Mom, Dad, and Your Teacher

Sensory-Motor Preference Checklist

Directions: This checklist was developed to help adults recognize what strategies their own systems employ to attain an appropriate state of alertness. Mark the items below that you use to increase (>) or to decrease (<) your state of alertness. You might mark both (> <) on some items. Other you might not mark the items at all.

SOMETHING IN YOUR MOUTH (ORAL MOTOR INPUT):

- | | |
|---|--|
| <input type="checkbox"/> drink a milkshake | <input type="checkbox"/> chew gum, eat popcorn |
| <input type="checkbox"/> suck on hard candy | <input type="checkbox"/> crunch on nuts, pretzels or chips |
| <input type="checkbox"/> crunch or suck on ice pieces | <input type="checkbox"/> eat cut up vegetables |
| <input type="checkbox"/> tongue in cheek movement | <input type="checkbox"/> smoke cigarettes |
| <input type="checkbox"/> "chew" on pencil/pen | <input type="checkbox"/> eat chips and a spicy dip |
| <input type="checkbox"/> chew on coffee swizzle sticks | <input type="checkbox"/> bite on nails or cuticles |
| <input type="checkbox"/> Take slow deep breaths | <input type="checkbox"/> chew on buttons or collars |
| <input type="checkbox"/> Drink carbonated drink | <input type="checkbox"/> chew on sweatshirt strings |
| <input type="checkbox"/> Eat a cold Popsicle | <input type="checkbox"/> whistle while you work |
| <input type="checkbox"/> Eat a pickle | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Suck, lick, bite on your lips or the inside of your cheeks | |
| <input type="checkbox"/> Drink coffee, caffeinated tea, hot cocoa or warm milk | |

MOVE (VESTIBULAR INPUT):

- | | |
|--|---|
| <input type="checkbox"/> Doodle while listening | <input type="checkbox"/> Extreme exercise (run, bike, etc.) |
| <input type="checkbox"/> rock in a rocking chair | <input type="checkbox"/> Ride Bike |
| <input type="checkbox"/> shift or "squirm" in a chair | <input type="checkbox"/> Toe tap, heel or foot |
| <input type="checkbox"/> Push chair back on 2 legs | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Aerobic exercise | <input type="checkbox"/> Tap pencil or pen |
| <input type="checkbox"/> Isometrics, lift weights | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Rock own body slightly | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Scrub kitchen floor | <input type="checkbox"/> Shake body parts |
| <input type="checkbox"/> Roll neck and head slowly | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sit with crossed legs and bounce one slightly | |

TOUCH (TACTILE INPUT):

- | | |
|--|--|
| <input type="checkbox"/> Twist own hair | Fidget with the following: |
| <input type="checkbox"/> Move keys or coins in pocket with your hand | <input type="checkbox"/> a straw |
| <input type="checkbox"/> Cool shower | <input type="checkbox"/> paper clips |
| <input type="checkbox"/> Warm bath | <input type="checkbox"/> cuticle or nails |
| <input type="checkbox"/> Receive a massage | <input type="checkbox"/> pencil or pen |
| <input type="checkbox"/> Pet a dog or cat | <input type="checkbox"/> earring or necklace |
| <input type="checkbox"/> Drum fingers or pencil on table | <input type="checkbox"/> keys while talking |
| <input type="checkbox"/> Rub gently on skin or clothes | <input type="checkbox"/> put fingers near mouth, eye, nose |

LOOK (VISUAL INPUT): How do you react to:

- | | |
|---|--|
| <input type="checkbox"/> Open window | <input type="checkbox"/> a rose colored room |
| <input type="checkbox"/> Watch a fire in fireplace | <input type="checkbox"/> dim lighting |
| <input type="checkbox"/> Watch a fish tank | <input type="checkbox"/> fluorescent lighting |
| <input type="checkbox"/> Watch a sunset or sunrise | <input type="checkbox"/> sunlight through bedroom window |
| <input type="checkbox"/> Watch "oil and water" toys when sleeping | |
| <input type="checkbox"/> a cluttered desk or room when needing to concentrate | |

LISTEN (AUDITORY INPUT): How do you react to:

- | | |
|--|--|
| <input type="checkbox"/> Listen to classical music | <input type="checkbox"/> scratch on a chalkboard |
| <input type="checkbox"/> Listen to Hard Rock | <input type="checkbox"/> "squeak" of a mechanical pencil |
| <input type="checkbox"/> Listen to others "hum" | <input type="checkbox"/> fire siren |
| <input type="checkbox"/> work in "quiet room" | <input type="checkbox"/> waking to an unusual noise |

___work in “noisy room”
___sing or talk to self

___trying to sleep with noise outside
___dog barking (almost constantly)

Questions to Consider

- Review this Sensory-Motor Preference Checklist. Think about what you do in a small subtle manner to maintain an appropriate alertness level that a child with a less mature nervous system may need to do in a larger more intense way.
- Notice which types of sensory input are comforting to your nervous system and which types of sensory input bother your nervous system. Are your items clustered in a certain category of sensory input?
- Consider how often (frequency), how long (duration) how much (intensity) and with what rhythm (fast, slow, uneven, even) you use these inputs to change your state of alertness.
- When you need to concentrate at your work space, what sensory input do you prefer to work most efficiently?
 - What do you put in or around your mouth? (food, gum, etc.)
 - What do you prefer to touch (clothing, fidget items, etc.)
 - What types of movement do you use (rock in chair, tap fingers, move foot, stretch breaks, etc.)
 - What are your visual preferences? (natural lighting, visual distractions, clutter, etc.)
 - What auditory input do you use? (music, people talking, TV in background, etc.)

Changing How Alert You Feel

1. Put Something In Your Mouth:
 - Eat hard candy (sugarless)
 - Eat crunchy food (pretzels, popcorn, nuts, apples)
 - Eat chewy food (gum, raisins, bagels, chunks of cheese)
 - Eat sour food (pickles, sour candy)
 - Eat sweet food (fruit or candy)
 - Drink from a straw, an “exercise bottle” to drink liquids such as a milkshake, a “Slurpee” (partially frozen drink) or other drinks
 - Try a combination: trail mix (crunchy and chewy & sweet), Starbursts (chewy, sweet & tart) or chips dipped into salsa (crunchy & spicy)
2. Move: (try moving before you need to concentrate)
 - Do isometrics (push arms on a wall or push hands together)
 - Walk quickly (take a dog for a walk)
 - Run up and down stairs
 - Shake your head quickly
 - Roll your neck slowly in a circular motion
 - Jump up and down or try to jump to touch a door frame
 - Play sports (basketball, swimming, baseball, Frisbee, etc.)
 - Do aerobics with a group or at home to music
 - Dance
 - “Doodle” on paper
 - Use a therapy ball
3. Touch:
 - Try holding and fidgeting with a Koosh Ball, paper clips, rubber bands, straw, jewelry or clay
 - Rub gently or vigorously on your skin or clothing
 - Take a cool shower or warm bath
 - Wash your face with a cold or hot wash cloth
 - Pet or play with an animal
 - Hold or lean up against stuffed animal or large pillows.
4. Look:
 - Put bright lights on in room if you are in low speed
 - Dim the lights if you are in high speed
 - Clear off the table you are working on if it distracts you
 - Watch fish in an aquarium
 - Read a book or look at magazines
5. Listen:
 - Listen to classical type music (even, slow beat)
 - Listen to hard rock type music (loud bass, uneven beat)
 - Use a MP3 player if the music bothers someone else
 - Avoid loud, noisy places if you are in a high speed or if it bothers you when you are trying to concentrate

Occupational Therapy Referral Checklist

Gross Motor (Upper Body Strength, muscle tone, trunk stability)

- Slumps in chair
- Holds head up with hand
- Fidgety in chair
- Leans on things when standing
- Tires easily (fatigues before peers, difficulty finishing assignments)
- Muscles seem tight and rigid
- Muscles seem weak and floppy
- Low Endurance
- Tremors
- Difficulty with hopping, skipping, running, compared to same age peers
- Clumsy or seems to not know how to move body; bumps into things
- Tendency to confuse left and right body sides (after age 6)
- Falls frequently
- Reluctant to participate in sports or physical activity

Fine Motor (grasp patterns, hand/wrist strength, in-hand manipulation)

- Awkward grasp on pencil/scissors
- Writing pressure too light/too heavy
- Drops things easily
- Flexes wrist when writing/cutting
- Experiences hand fatigue/pain
- Excessive hand perspiration
- Poor isolation on fingers on keyboard
- Writing not fluid
- Tries to avoid drawing, coloring, cutting, or writing
- Non-dominant hand fails to hold paper stable when writing/coloring
- Shows inconsistent hand dominance if older than age 6
- Difficulty manipulating fasteners
- Written assignments illegible (spacing, letter height)
- Immature/awkward scissors grasp
- Difficulty with keyboarding skills

Visual Perceptual/Motor/Handwriting/Oculomotor (body perception, visual perception, visual motor integration, eye-hand coordination, visual focus and tracking)

- Poor letter recognition
- Poor letter formation
- Poor letter/word spacing/alignment
- Inaccurate or slow copying/reading
- Difficulty completing reading/writing (loses place, omits words, add words)
- Poorly organized writing
- Cannot think of what to write about
- Poor drawing skills
- Unable to accurately draw a person
- Letter/word reversals (past 1st grade)
- Difficulty coloring within boundaries
- Difficulty staying on lines with cutting
- Confuses right/left (past kindergarten)
- Poor alignment of numbers in math
- Poor memory for written directions

- Poor spelling skills
- Moves head back and forth while reading
- Eye watering/rubbing/squinting
- Poor eye-hand coordination in gym
- Does not recognize or fix own errors well
- Difficulty with mazes and/or dot-to-dots
- Difficulty copying designs with manipulatives or on paper/graphs/dot maps
- Rubs eyes, squints, head close to paper
- Difficulty duplicating shapes, words, and numbers from the board, book, or model
- Loses place on page (reading or writing)

Sensory Processing (touch, visual processing, auditory processing, movement, body awareness)

- Avoids or has difficulty with eye contact
- Is easily distracted by visual stimulation
- Seems not to understand what was said
- Seems overly sensitive to sounds
- Appear reluctant to participate in sports
- Distracted by lots of noise and games
- Unable to follow 2-3 directions
- Prefers to touch rather than be touched
- Often seems overly active
- Avoids getting hands messy (art)
- Hits or pushes other children
- Seems more sensitive to pain than others
- Oblivious to bruises/heavy falls
- Complains that others hit/push him/her
- Mouths clothing/objects frequently
- Difficulty making friends
- Tends to prefer to play alone
- Has strong desire for routine/sameness
- Intense and easily frustrated
- Has strong outbursts of anger/frustration
- Lacks carefulness/Impulsive
- Bumps into things frequently
- Moves in/out of chair while working
- Falls out of chair
- Seems clumsy
- Seems to deliberately fall or tumble
- Distracted by background noises
- Fearful moving through space (swing)
- Avoids activities that challenge balance
- Avoids playing on playground equipment
- Extremely picky eater; often refuses foods kids typically eat at school/daycare

Adapted Sensory Processing Disorder Checklist: Signs and Symptoms of Dysfunction

Please check all that apply

Tactile Sense: input from the skin receptors about touch, pressure, temperature, pain, and movement of the hairs on the skin.	
Signs Of Tactile Dysfunction:	
1. Hypersensitivity To Touch (Tactile Defensiveness)	
	Becomes fearful, anxious or aggressive with light or unexpected touch
	As an infant, did/does not like to be held or cuddled; may arch back, cry, and pull away
	Distressed when diaper is being, or needs to be, changed
	Appears fearful of, or avoids standing in close proximity to other people or peers (especially in lines)
	Becomes frightened when touched from behind or by someone/something they cannot see (such as under a blanket)
	Complains about having hair brushed; may be very picky about using a particular brush
	Bothered by rough bed sheets (i.e., if old and "bumpy")
	Avoids group situations for fear of the unexpected touch
	Resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them too!)
	Dislikes kisses, will "wipe off" place where kissed
	Prefers hugs
	A raindrop, water from the shower, or wind blowing on the skin may feel like torture and produce adverse and avoidance reactions
	May overreact to minor cuts, scrapes, and or bug bites
	Avoids touching certain textures of material (blankets, rugs, stuffed animals)
	Refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts, etc.
	Avoids using hands for play
	Avoids/dislikes/aversive to "messy play", i.e., sand, mud, water, glue, glitter, play dough, slime, shaving cream/funny foam etc.
	Will be distressed by dirty hands and want to wipe or wash them frequently
	Excessively ticklish
	Distressed by seams in socks and may refuse to wear them
	Distressed by clothes rubbing on skin; may want to wear shorts and short sleeves year round, toddlers may prefer to be naked and pull diapers and clothes off constantly
	Or, may want to wear long sleeve shirts and long pants year round to avoid having skin exposed
	Distressed about having face washed
	Distressed about having hair, toenails, or fingernails cut
	Is a picky eater, only eating certain tastes and textures; mixed textures tend to be avoided as well as hot or cold foods; resists trying new foods
	May refuse to walk barefoot on grass or sand
	May walk on toes only
2. Hyposensitivity To Touch (Under-Responsive):	
	May crave touch, needs to touch everything and everyone
	Is not aware of being touched/bumped unless done with extreme force or intensity
	Is not bothered by injuries, like cuts and bruises, and shows no distress with shots (May even say they love getting shots!)
	May not be aware that hands or face are dirty or feel his/her nose running

May be self-abusive; pinching, biting, or banging his own head
Mouths objects excessively
Frequently hurts other children or pets while playing
Repeatedly touches surfaces or objects that are soothing (i.e., blanket)
Seeks out surfaces and textures that provide strong tactile feedback
Thoroughly enjoys and seeks out messy play
Craves vibrating or strong sensory input
Has a preference and craving for excessively spicy, sweet, sour, or salty foods
3. Poor Tactile Perception And Discrimination:
Has difficulty with fine motor tasks such as buttoning, zipping, and fastening clothes
May not be able to identify which part of their body was touched if they were not looking
May be afraid of the dark
May be a messy dresser; looks disheveled, does not notice pants are twisted, shirt is half un tucked, shoes are untied, one pant leg is up and one is down, etc.
Has difficulty using scissors, crayons, or silverware
Continues to mouth objects to explore them even after age two
Has difficulty figuring out physical characteristics of objects; shape, size, texture, temperature, weight, etc.
May not be able to identify objects by feel, uses vision to help; such as, reaching into backpack or desk to retrieve an item
Vestibular Sense: input from the inner ear about equilibrium, gravitational changes, movement experiences, and position in space.
Signs Of Vestibular Dysfunction:
1. Hypersensitivity To Movement (Over-Responsive):
Avoids/dislikes playground equipment; i.e., swings, ladders, slides, or merry-go-rounds
Prefers sedentary tasks, moves slowly and cautiously, avoids taking risks, and may appear "wimpy"
Avoids/dislikes elevators and escalators; may prefer sitting while they are on them or, actually get motion sickness from them
May physically cling to an adult they trust
May appear terrified of falling even when there is no real risk of it
Afraid of heights, even the height of a curb or step
Fearful of feet leaving the ground
Fearful of going up or down stairs or walking on uneven surfaces
Afraid of being tipped upside down, sideways or backwards; will strongly resist getting hair washed over the sink
Startles if someone else moves them; i.e., pushing his/her chair closer to the table
As an infant, may never have liked baby swings or jumpers
May be fearful of, and have difficulty riding a bike, jumping, hopping, or balancing on one foot (Especially if eyes are closed)
May have disliked being placed on stomach as an infant
Loses balance easily and may appear clumsy
Fearful of activities which require good balance
Avoids rapid or rotating movements
2. Hyposensitivity To Movement (Under-Responsive):
In constant motion, can't seem to sit still
Craves fast, spinning, and/or intense movement experiences
Loves being tossed in the air
Could spin for hours and never appear to be dizzy
Loves the fast, intense, and/or scary rides at amusement parks
Always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside down positions

	Loves to swing as high as possible and for long periods of time
	Is a "thrill-seeker"; dangerous at times
	Always running, jumping, hopping etc. instead of walking
	Rocks body, shakes leg, or head while sitting
	Likes sudden or quick movements, such as, going over a big bump in the car or on a bike
3. Poor Muscle Tone And/or Coordination:	
	Has a limp, "floppy" body
	Frequently slumps, lies down, and/or leans head on hand or arm while working at his/her desk
	Difficulty simultaneously lifting head, arms, and legs off the floor while lying on stomach ("superman" position)
	Often sits in a "W sit" position on the floor to stabilize body
	Fatigues easily!
	Compensates for "looseness" by grasping objects tightly
	Difficulty turning doorknobs, handles, opening and closing items
	Difficulty catching him/herself if falling
	Difficulty getting dressed and doing fasteners, zippers, and buttons
	May have never crawled as a baby
	Has poor body awareness; bumps into things, knocks things over, trips, and/or appears clumsy
	Poor gross motor skills; jumping, catching a ball, jumping jacks, climbing a ladder etc.
	Poor fine motor skills; difficulty using "tools", such as pencils, silverware, combs, scissors etc.
	May appear ambidextrous, frequently switching hands for coloring, cutting, writing etc.; does not have an established hand preference/dominance by 4 or 5 years old
	Has difficulty licking an ice cream cone
	Seems to be unsure about how to move body during movement, for example, stepping over something
	Difficulty learning exercise or dance steps
Proprioceptive Sense: input from the muscles and joints about body position, weight, pressure, stretch, movement, and changes in position in space.	
Signs Of Proprioceptive Dysfunction:	
1. Sensory Seeking Behaviors:	
	Seeks out jumping, bumping, and crashing activities
	Stomps feet when walking
	Kicks his/her feet on floor or chair while sitting at desk/table
	Bites or sucks on fingers and/or frequently cracks his/her knuckles
	Loves to be tightly wrapped in many or weighted blankets, especially at bedtime
	Prefers clothes (and belts, hoods, shoelaces) to be as tight as possible
	Loves/seekes out "squishing" activities
	Enjoys bear hugs
	Excessive banging on/with toys and objects
	Loves "roughhousing" and tackling/wrestling games
	Frequently falls on floor intentionally
	Would jump on a trampoline for hours on end
	Grinds his/her teeth throughout the day
	Loves pushing/pulling/dragging objects
	Loves jumping off furniture or from high places
	Frequently hits, bumps or pushes other children
	Chews on pens, straws, shirt sleeves etc.
2. Difficulty With "Grading Of Movement":	
	Misjudges how much to flex and extend muscles during tasks/activities (i.e., putting arms into sleeves or climbing)

	Difficulty regulating pressure when writing/drawing; may be too light to see or so hard the tip of writing utensil breaks
	Written work is messy and he/she often rips the paper when erasing always seems to be breaking objects and toys
	Misjudges the weight of an object, such as a glass of juice, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy
	May not understand the idea of "heavy" or "light"; would not be able to hold two objects and tell you which weighs more
	Seems to do everything with too much force; i.e., walking, slamming doors, pressing things too hard, slamming objects down
	Plays with animals with too much force, often hurting them
Signs Of Auditory Dysfunction: (no diagnosed hearing problem)	
1. Hypersensitivity To Sounds (Auditory Defensiveness):	
	Distracted by sounds not normally noticed by others; i.e., humming of lights or refrigerators, fans, heaters, or clocks ticking
	Fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, squeaky shoes, or a dog barking
	Startled with or distracted by loud or unexpected sounds
	Bothered/distracted by background environmental sounds; i.e., lawn mowing or outside construction
	Frequently asks people to be quiet; i.e., stop making noise, talking, or singing
	Runs away, cries, and/or covers ears with loud or unexpected sounds
	May refuse to go to movie theaters, parades, skating rinks, musical concerts etc.
	May decide whether they like certain people by the sound of their voice
2. Hyposensitivity To Sounds (Under-Registers):	
	Often does not respond to verbal cues or to name being called
	Appears to "make noise for noise's sake"
	Loves excessively loud music or TV
	Seems to have difficulty understanding or remembering what was said
	Appears oblivious to certain sounds
	Appears confused about where a sound is coming from
	Talks self through a task, often out loud
	Had little or no vocalizing or babbling as an infant
	Needs directions repeated often, or will say, "What?" frequently
Signs Of Oral Input Dysfunction:	
1. Hypersensitivity To Oral Input (Oral Defensiveness):	
	Picky eater, often with extreme food preferences; i.e., limited repertoire of foods, picky about brands, resistive to trying new foods or restaurants, and may not eat at other people's houses)
	May only eat "soft" or pureed foods past 24 months of age
	May gag with textured foods
	Has difficulty with sucking, chewing, and swallowing; may choke or have a fear of choking
	Resists/refuses/extremely fearful of going to the dentist or having dental work done
	May only eat hot or cold foods
	Refuses to lick envelopes, stamps, or stickers because of their taste
	Dislikes or complains about toothpaste and mouthwash
	Avoids seasoned, spicy, sweet, sour or salty foods; prefers bland foods
2. Hyposensitivity To Oral Input (Under-Registers)	
	May lick, taste, or chew on inedible objects
	Prefers foods with intense flavor; i.e., excessively spicy, sweet, sour, or salty

	Excessive drooling past the teething stage
	Frequently chews on hair, shirt, or fingers
	Constantly putting objects in mouth past the toddler years
	Acts as if all foods taste the same
	Can never get enough condiments or seasonings on his/her food
	Loves vibrating toothbrushes and even trips to the dentist
Signs Of Olfactory Dysfunction (Smells):	
1. Hypersensitivity To Smells (Over-Responsive):	
	Reacts negatively to, or dislikes smells which do not usually bother, or get noticed, by other people
	Tells other people (or talks about) how bad or funny they smell
	Refuses to eat certain foods because of their smell
	Offended and/or nauseated by bathroom odors or personal hygiene smells
	Bothered/irritated by smell of perfume or cologne
	Bothered by household or cooking smells
	May refuse to play at someone's house because of the way it smells
	Decides whether he/she likes someone or some place by the way it smells
2. Hyposensitivity To Smells (Under-Responsive):	
	Has difficulty discriminating unpleasant odors
	May drink or eat things that are poisonous because they do not notice the noxious smell
	Unable to identify smells from scratch 'n sniff stickers
	Does not notice odors that others usually complain about
	Fails to notice or ignores unpleasant odors
	Makes excessive use of smelling when introduced to objects, people, or places
	Uses smell to interact with objects
Signs Of Visual Input Dysfunction (No Diagnosed Visual Deficit):	
1. Hypersensitivity To Visual Input (Over-Responsiveness)	
	Sensitive to bright lights; will squint, cover eyes, cry and/or get headaches from the light
	Has difficulty keeping eyes focused on task/activity he/she is working on for an appropriate amount of time
	Easily distracted by other visual stimuli in the room; i.e., movement, decorations, toys, windows, doorways etc.
	Has difficulty in bright colorful rooms or a dimly lit room
	Rubs his/her eyes, has watery eyes or gets headaches after reading or watching TV
	Avoids eye contact
	Enjoys playing in the dark
2. Hyposensitivity To Visual Input (Under-Responsive Or Difficulty With Tracking, Discrimination, Or Perception):	
	Has difficulty telling the difference between similar printed letters or figures; i.e., p & q, b & d, + and x, or square and rectangle
	Has a hard time seeing the "big picture"; i.e., focuses on the details or patterns within the picture
	Has difficulty locating items among other items; i.e., papers on a desk, clothes in a drawer, items on a grocery shelf, or toys in a bin/toy box
	Often loses place when copying from a book or the chalkboard
	Difficulty controlling eye movement to track and follow moving objects
	Has difficulty telling the difference between different colors, shapes, and sizes
	Often loses his/her place while reading or doing math problems
	Makes reversals in words or letters when copying, or reads words backwards; i.e., "was" for "saw" and "no" for "on" after first grade
	Complains about "seeing double"
	Difficulty finding differences in pictures, words, symbols, or objects

	Difficulty with jigsaw puzzles, copying shapes, and/or cutting/tracing along a line
	Tends to write at a slant (up or down hill) on a page
	Confuses left and right
	Fatigues easily with schoolwork
	Difficulty judging spatial relationships in the environment; i.e., bumps into objects/people or missteps on curbs and stairs
Social, Emotional, Play, And Self-Regulation Dysfunction:	
Social:	
	Difficulty getting along with peers
	Prefers playing by self with objects or toys rather than with people
	Does not interact reciprocally with peers or adults; hard to have a "meaningful" two-way conversation
	Self-abusive or abusive to others
	Others have a hard time interpreting child's cues, needs, or emotions
	Does not seek out connections with familiar people
Emotional:	
	Difficulty accepting changes in routine (to the point of tantrums)
	Gets easily frustrated
	Often impulsive
	Functions best in small group or individually
	Variable and quickly changing moods; prone to outbursts and tantrums
	Prefers to play on the outside, away from groups, or just be an observer
	Avoids eye contact
	Difficulty appropriately making needs known
	Difficulty with imitative play (over 10 months)
	Wanders aimlessly without purposeful play or exploration (over 15 months)
	Needs adult guidance to play, difficulty playing independently (over 18 months)
	Participates in repetitive play for hours; i.e., lining up toys cars, blocks, watching one movie over and over etc.
Self-Regulation:	
	Excessive irritability, fussiness or colic as an infant
	Can't calm or soothe self through pacifier, comfort object, or caregiver
	Can't go from sleeping to awake without distress
	Requires excessive help from caregiver to fall asleep; i.e., rubbing back or head, rocking, long walks, or car rides
Internal Regulation (The Interoceptive Sense):	
	Becoming too hot or too cold sooner than others in the same environments; may not appear to ever get cold/hot, may not be able to maintain body temperature effectively
	Difficulty in extreme temperatures or going from one extreme to another (i.e., winter, summer, going from air conditioning to outside heat, a heated house to the cold outside)
	Respiration that is too fast, too slow, or cannot switch from one to the other easily as the body demands an appropriate respiratory response
	Heart rate that speeds up or slows down too fast or too slow based on the demands imposed on it
	Respiration and heart rate that takes longer than what is expected to slow down during or after exertion or fear
	Severe/several mood swings throughout the day (angry to happy in short periods of time, perhaps without visible cause)
	Unpredictable state of arousal or inability to control arousal level (hyper to lethargic, quickly, vacillating between the two; over stimulated to under stimulated, within hours or days, depending on activity and setting, etc.)
	Frequent constipation or diarrhea, or mixed during the same day or over a few days

	Difficulty with potty training; does not seem to know when he/she has to go (i.e., cannot feel the necessary sensation that bowel or bladder are full)
	Unable to regulate thirst; always thirsty, never thirsty, or oscillates back and forth
	Unable to regulate hunger; eats all the time, won't eat at all, unable to feel full/hungry
	Unable to regulate appetite; has little to no appetite and/or will be "starving" one minute then full two bites later, then back to hungry again (prone to eating disorders and/or failure to thrive)

Social/Emotional Checklist

Student _____

Grade _____

Evaluator _____

Date _____

Check any behaviors the student exhibits often and/or to such a degree it negatively affects his/her participation in class.

Disruptive Behaviors:

- Fidgets
- Overly active
- Does not remain in seat
- Talks out of turn
- Disturbs others when they are working
- Constantly seeks attention
- Aggressive
- Belligerent towards teacher or others in authority
- Defiant or stubborn
- Impulsive
- Impatient or does not take turns
- Acts without considering consequence

Other Behaviors:

- Lacks self-confidence
- Says "can't" before trying
- Reacts poorly to disappointment
- Is overly sensitive to disappointment
- Clings to adults
- Depends on others
- Claims to be ill with no symptoms
- Has poor grooming and/or hygiene

Withdrawn Behaviors:

- Shy, timid
- Sits alone in the cafeteria
- Has trouble making friends
- Does not join classroom activities
- Appears to daydream
- Has difficulty expressing feelings or thoughts

Previous Behaviors:

- Runaway
- Caught stealing at school
- Left class without permission
- Cursed school personnel
- Threatened harm
- Suspended
- Attempted suicide
- Tobacco violation
- Drug/Alcohol violation

Anxious Behaviors:

- Appears depressed
- Rarely smiles
- Appears tense
- Appears frightened
- Appears worried
- Cries easily
- Does not trust others
- Reports intense fears or phobias

Classroom Interest:

- High
- Mild
- Bored
- Other (please explain):

Classroom Participation:

- Almost always
- Frequently
- Occasionally
- Seldom

Classroom Preparedness:

- Always bring supplies
- Usually brings supplies
- Seldom brings supplies
- Never brings supplies

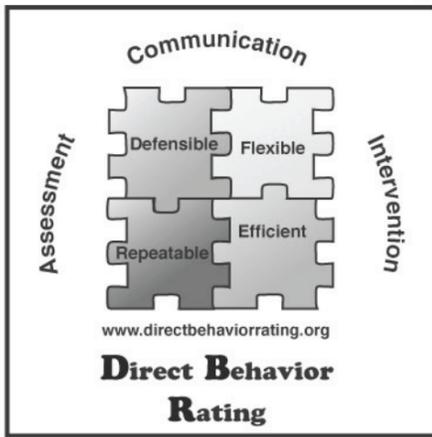
Motivation:

- Completes assignments usually
- Complete about half of the assignments or partially completes assignments
- Rarely completes assignments
- Has difficulty getting started

To Consider:

- The student is involved in the court system
- The student is in counseling
- The student is receiving mediation

Direct Behavior Rating: Definitions



Student Name:

Rater Name:

From: _____ to _____
(Date Range)

Behavior Definitions

Standard Behaviors:

- **Academically Engaged Behavior** is actively or passively participating in the classroom activity. For example: writing, raising his/her hand, answering a question, talking about a lesson, listening to the teacher, reading silently, or looking at instructional materials.
- **Respectful Behavior** is defined as compliant and polite behavior in response to adult direction and/or interactions with peers and adults. For example: follows teacher direction, pro-social interaction with peers, positive response to adult request, verbal or physical disruption without a negative tone/connotation
- **Disruptive Behavior** is student action that interrupts regular school or classroom activity. For example: out of seat, fidgeting, playing with objects, acting aggressively, talking/yelling about things that are unrelated to classroom instruction.

Note: A student might be disruptive and respectful, especially if the student disrupts and then immediately complies with redirection.

Identify and Define Other Behaviors:

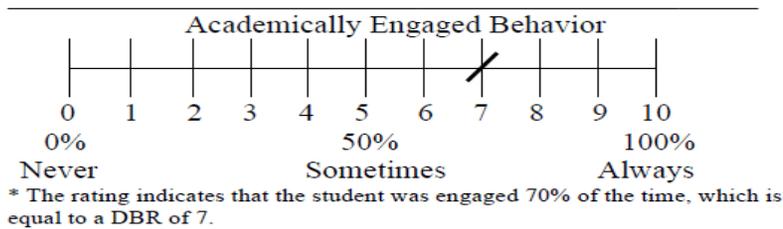
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- _____
- _____

Setting Information:

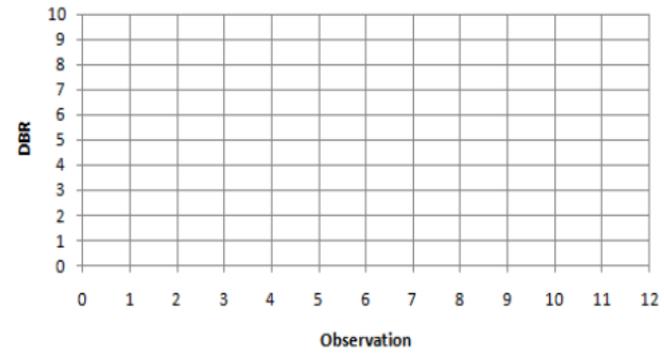
Note: The setting (time and activity) must be consistent across all ratings. For example, the setting could be all day, morning, or math class.

Direct Behavior Rating: Directions

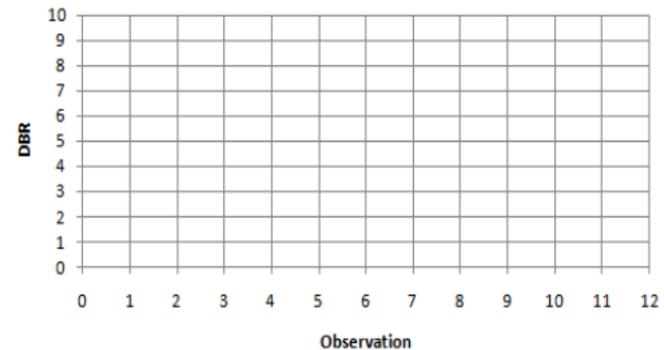
1. Determine the behaviors of interest that you will be observing (e.g. academically engaged, respectful, disruptive).
2. Decide who, where, and how often to collect DBR data (e.g. daily, AM, PM). Ratings can be completed in a matter of seconds.
3. Observe and estimate the percentage of time the behavior occurs during an observation period (e.g. full day, half day, class period).
4. Use notes to describe the circumstances that behavior occurred (e.g. during whole class instruction) or to describe the behavior (e.g. what type of interruption).
5. Collect multiple ratings across multiple occasions.
6. Plot data graphically and evaluate child behavior. Circle the data points on the graph that have notes associated with them.



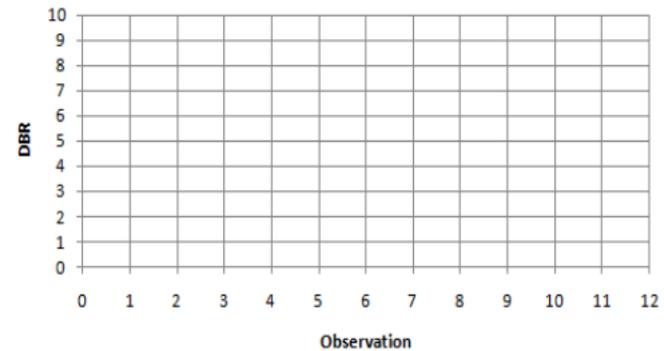
Behavior: _____



Behavior: _____



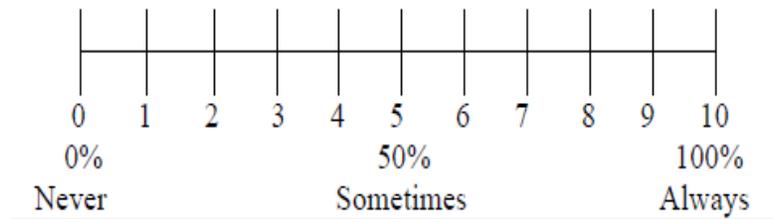
Behavior: _____



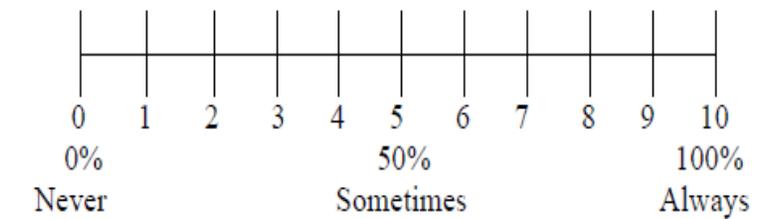
V1.0 DBR Booklet and V2.0 DBR Booklet were created by Sandra M. Chafouleas, T. Chris Riley-Tillman, & Theodore J. Christ. Copyright © 2010 by University of Connecticut. All rights reserved. Permission granted to photocopy for personal and educational use as long as the names of the creators and the full copyright notice are included in all copies. Downloadable at www.directbehaviorratings.org.

Date: _____ Time: ____ to _____

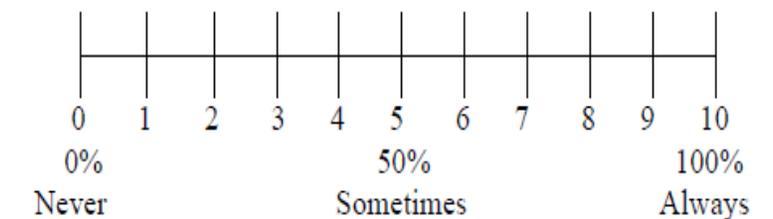
Behavior: _____



Behavior: _____



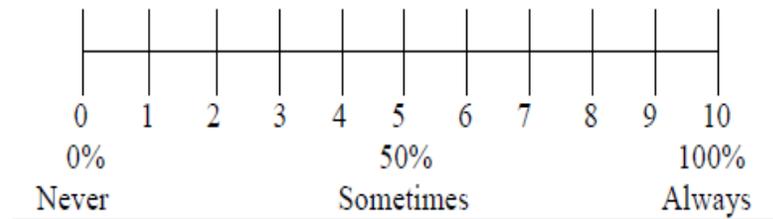
Behavior: _____



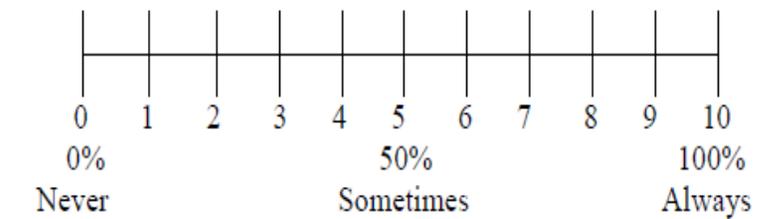
Notes:

Date: _____ Time: ____ to _____

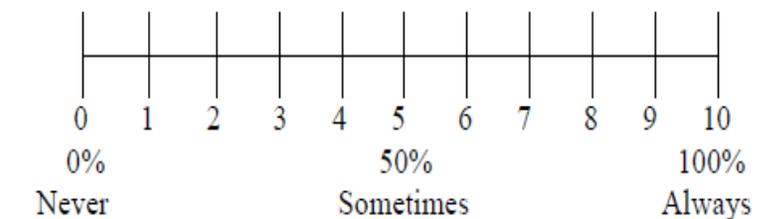
Behavior: _____



Behavior: _____



Behavior: _____



Notes:

Direct Behavior Rating (DBR) Form – Fill-In Behaviors

Date: M T W Th F	Student:	Activity Description:
	Rater:	
Observation Time: Start: _____ End: _____ <input type="checkbox"/> Check if no observation today	Behavior Descriptions:	

Directions:

Place a mark along the line that best reflects the percentage of total time the student exhibited each target behavior. Note that the percentages do not need to total 100% across behaviors because some behaviors may co-vary. If desired, an additional behavior may be defined and rated.

Behavior: _____

% of Total Time

Behavior: _____

% of Total Time

Behavior: _____

% of Total Time

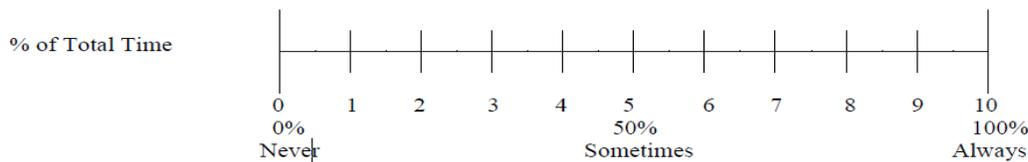
Direct Behavior Rating Form (DBR): 3 Standard Behaviors

Date: M T W Th F	Student: Rater:	Activity Description:
Observation Time: Start: _____ End: _____ <input type="checkbox"/> Check if no observation today	Behavior Descriptions: Academically engaged is actively or passively participating in the classroom activity. For example: writing, raising hand, answering a question, talking about a lesson, listening to the teacher, reading silently, or looking at instructional materials. Respectful is defined as compliant and polite behavior in response to adult direction and/or interactions with peers and adults. For example: follows teacher direction, pro-social interaction with peers, positive response to adult request, verbal or physical disruption without a negative tone/connotation. Disruptive is student action that interrupts regular school or classroom activity. For example: out of seat, fidgeting, playing with objects, acting aggressively, talking/yelling about things that are unrelated to classroom instruction.	

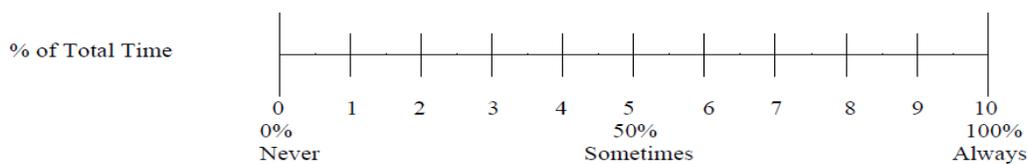
Direction

s: Place a mark along the line that best reflects the percentage of total time the student exhibited each target behavior. Note that the percentages do not need to total 100% across behaviors since some behaviors may co-occur.

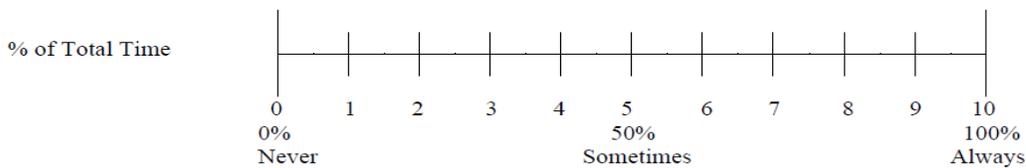
Academically Engaged



Respectful



Disruptive *



* Remember that a lower score for "Disruptive" is more desirable.

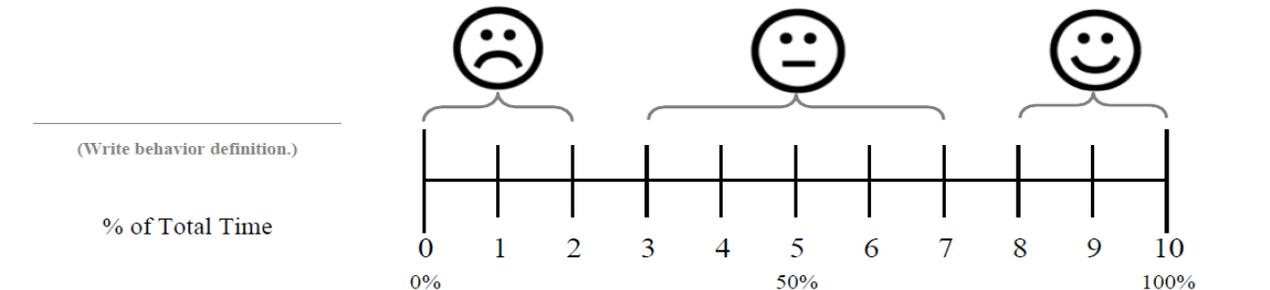
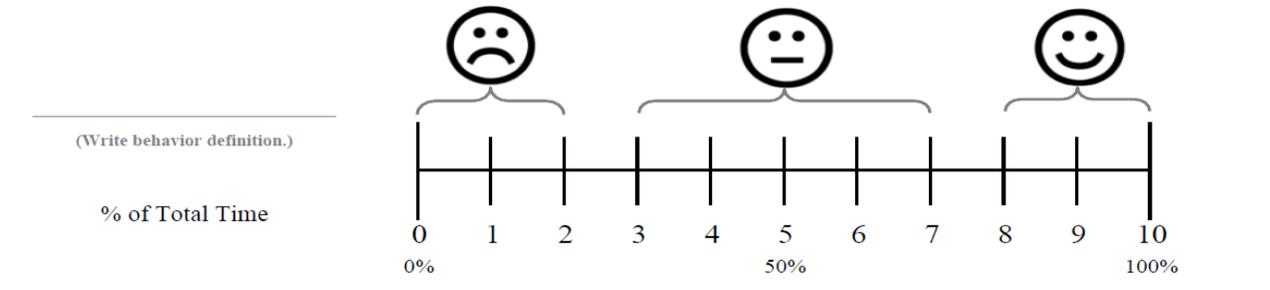
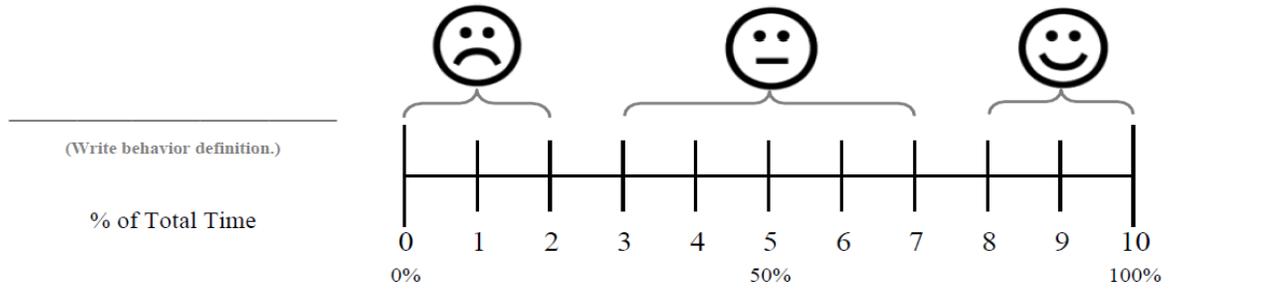
DBR Smiley Face Form – Choose Your Own Behaviors

Student Name: _____ Date: _____ Day of Week: M T W Th F

Rater Name: _____ Activity: _____

No rating today as I was unable to observe student sufficiently.

Directions: Place a mark along the line that best reflects the percentage of total time the student exhibited the target behaviors. Please note that the percentages DO NOT need to total 100% since some behaviors may co-occur.



DBR Smiley Face Form – Standard Behaviors

Student Name: _____ Date: _____ Day of Week: M T W Th F

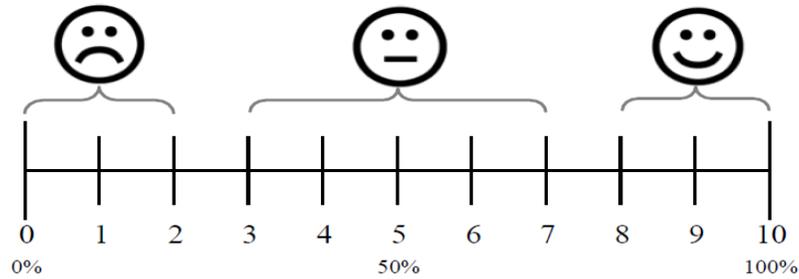
Rater Name: _____ Activity: _____

No rating today as I was unable to observe student sufficiently.

Directions: Place a mark along the line that best reflects the percentage of total time the student exhibited the target behaviors. Please note that the percentages DO NOT need to total 100% since some behaviors may co-occur.

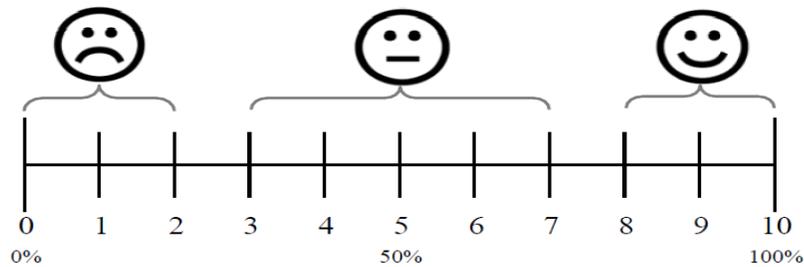
Academically Engaged

% of Total Time



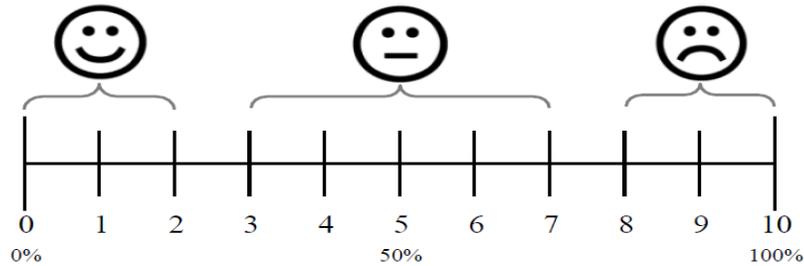
Respectful

% of Total Time



Disruptive*

% of Total Time



* Remember that a lower score for "Disruptive" is more desirable.

Academically Engaged behavior is defined as actively or passively participating in the classroom activity. *For example:* writing, raising his/her hand, answering a question, talking about a lesson, listening to the teacher, reading silently, or looking at instructional materials.

Respectful behavior is defined as compliant and polite behavior in response to adult directions and/or interactions with peers and adults. *For example:* follows teacher direction, pro-social interaction with peers, positive response to adult request, verbal or physical disruption without negative tone/connotation.

Disruptive behavior is defined as a student action that interrupts regular school or classroom activity. *For example:* out of his/her seat, fidgeting, playing with objects, acting aggressively, talking/yelling about things that are unrelated to classroom instruction.

Motivation Assessment Scale

Student: _____ Rater: _____ Date: _____

Behavior Description: _____

Setting Description: _____

*Instructions: The Motivation Assessment Scale is a questionnaire designed to identify those situations in which an individual is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate reinforcers and treatments. To complete the Motivation Assessment Scale, select one behavior that is of particular interest. It is important that you identify the behavior very specifically. **Aggressive**, for example, is not as good a description as **hits his sister**.*

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
1. Would the behavior occur continuously, over and over, if this person were left along for long periods of time?							
2. Does the behavior occur following a request to perform a difficult task?							
3. Does the behavior seem to occur in response to your talking to other persons in the room?							
4. Does the behavior ever occur to get a toy, food, or activity that this person has been told he or she can't have?							
5. Would the behavior occur repeatedly, in the same way, for very long periods of time, if no one were around?							
6. Does the behavior occur when any request is made of this person?							
7. Does the behavior occur whenever you stop attending to this person?							
8. Does the behavior occur when you take away a favorite toy, food, or activity?							
9. Does it appear to you that this person enjoys performing the behavior?							
10. Does this person seem to do the behavior to upset you when you are trying to get him or her to do what you ask?							
11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him or her?							
12. Does the behavior stop occurring shortly after you give this person the toy, food, or activity he or she has requested?							
13. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him or her?							
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working or making demands of this person?							
15. Does this person seem to do the behavior to get you to spend some time with him or her?							
16. Does the behavior seem to occur when this person has been told that he or she can't do something he or she had wanted to do?							

Scoring:

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
Total Score =				
Mean Score =				
Relative Ranking				

Adapted From: V. Mark Durand, Ph.D. (1986).

Glossary Terms

A

- **ABC Chart** - A direct observation tool that can be used to collect information about the events that are occurring within a student's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a problem behavior. The "B" refers to observed behavior, and "C" refers to the consequence, the event that immediately follows a response.
 - http://www.specialconnections.ku.edu/?q=behavior_plans/functional_behavior_assessment/teacher_tools/antecedent_behavior_consequence_chart
- **Ability grouping** - Flexibly placing students of similar abilities or skill levels in the same class or group for purpose of specific skill instruction – not to be confused with tracking which implies permanent placement in a group.
- **Abstract reasoning** - Making connections, identifying patterns, or the process of generalizing from concrete to broader principles. This may also be called **conceptual reasoning**.
- **Acalculia** - Inability or loss of the ability to perform arithmetic operations.
 - <http://dictionary.reference.com/browse/acalculia>
- **Accelerated learning** - A strategy of progressing through education at rates faster or ages younger than the norm. Content is presented at a faster rate to more closely match the speed at which the gifted student learns
 - (Note: A gifted learner typically learns with one-two repetitions as opposed to the five-six repetitions required for a typically developing learner).
 - <http://www.bing.com/search?q=A+strategy+of+progressing+through+education+at+rates+faster+or+ages+younger+than+the+norm.&form=IE10TR&src=IE10TR&pc=LNJB&adlt=strict>
- **Adapted Physical Education (APE)** - Specially designed physical education program, using accommodations designed to fit the needs of students who require developmental or corrective instruction in PE.
 - <http://www.understandingspecialeducation.com/special-education-terms.html>
- **Adaptive Skills** - Practical, everyday, measurable skills needed to function and meet the demands of one's environment, including the skills necessary to effectively and independently take care of oneself, interact with other people, and hold a job or career.
- **Adaptive/Assistive Equipment** - A special device which assists in the performance of self-care, work or play/leisure activities or physical exercise.
 - http://www.northeastcenter.com/brain_injury_glossary_adaptive_assistive_equipment.htm
- **AD/HD (ADD/ADHD)** - Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood brain disorders and can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (over-activity). These symptoms can make it difficult for a child with ADHD to succeed in school, get along with other children or adults, or finish tasks at home.
 - <http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/index.shtml>
- **Age Appropriate Transition Assessment** - The measurable postsecondary goals must be based upon age-appropriate transition assessments. There is no official definition for what a transition assessment is - it is any form of data collection that can help develop appropriate, measurable postsecondary goals or anything that can help to verify whether a measurable postsecondary goal is appropriate. Formal

and/or informal assessments can be used.

- http://www.youth-move.org/glossary#Transition_Assessment
- **Agnosia** - Failure to recognize familiar objects although the sensory mechanism is intact. May occur for any sensory modality.
 - <http://www.neuroskills.com/resources/A.php>
- **Agraphia** - Inability to express thoughts in writing.
- **Alexia** - A form of receptive aphasia in which ability to understand written language is lost as a result of a cerebral lesion.
 - <http://medical-dictionary.thefreedictionary.com/alexia>
- **Alphabetic Principle** - Recognizing that written letters of the alphabet represent sounds in oral language
- **Anterograde Amnesia** - Inability to consolidate information about ongoing events. Difficulty with new learning.
 - http://www.brainline.org/function_pages/glossary.php
- **Amotivation** - Occurs when there is no perceived connection between one's actions and outcomes; no expectation of reward or sense of purpose. Similar to the concept of learned helplessness.
- **Anchor activities** - Ongoing assignments that students work on throughout a course of study or year.
- **Aneurysm** - A balloon-like deformity in the wall of a blood vessel. The wall weakens as the balloon grows larger and may eventually burst, causing a hemorrhage.
 - <http://www.neuroskills.com/resources/A.php>
- **Anomia** - Inability to recall names of objects. Persons with this problem often can speak fluently but have to use other words to describe familiar objects.
 - <http://www.neuroskills.com/resources/A.php>
- **Anoxia** - A lack of oxygen. Cells of the brain need oxygen to stay alive. When blood flow to the brain is reduced or when oxygen in the blood is too low, brain cells are damaged.
 - http://www.northeastcenter.com/brain_injury_glossary_anoxia.htm
- **Anticonvulsant** - Medication used to decrease the possibility of a seizure (e.g., Dilantin, Phenobarbital, Mysoline, Tegretol).
 - http://www.northeastcenter.com/brain_injury_glossary_anticonvulsant.htm
- **Applied Behavior Analysis (ABA)** - Behavior analysis is a scientifically validated approach to understanding behavior and how it is affected by the environment.
 - <http://www.autismspeaks.org/what-autism/treatment/applied-behavior-analysis-aba>
- **Ataxia** - A problem of muscle coordination not due to apraxia, weakness, rigidity, spasticity or sensory loss. Caused by lesion of the cerebellum or basal ganglia. Can interfere with a person's ability to walk, talk, eat, and to perform other self-care tasks.
 - <http://www.neuroskills.com/resources/A.php>
- **Authentic assessment** - Evaluating student learning through the use of student portfolios, performance, or observations in place of, or in conjunction with, more traditional measures of performance such as tests and written assignments. The process allows students to be evaluated using assessments that more closely resemble real-world tasks, such as a scientific experiment that demonstrates understanding of the laws of motion.
 - <http://www.nagc.org/GlossaryofTerms.aspx>
- **Autism Diagnostic Observation Schedule (ADOS)** - An instrument for diagnosing and assessing autism.

B

- **Behavior Rating Scales** - Provide information about particular aspects of a student's behavior compared to other children of the same age and sometimes same gender. The rating scales may be global and focus on several areas or look more in depth at a specific behavior, emotional issue, or social issue.
 - <http://www.schoolpsychologistfiles.com/2009/03/what-do-these-test-scores-mean-part-2.html>
- **BICS** - The acronym for Basic Interpersonal Communication Skills. It is the language of social interaction. It is a common mistake to think that because a person has the basic communication fluency, he or she is totally fluent in all aspects of the language. He or she may not have fluency in academic language. Competency in the language includes both communication skills and academic language. Acquiring BICS usually takes about two years to develop in most second language learners.
 - <http://esl.fis.edu/teachers/support/cummin.htm>
- **Bilateral Coordination** - The ability to use both sides of the body together in a smooth, simultaneous, and coordinated manner.
 - http://www.ecasd.k12.wi.us/sped/OTPT/motoractivities/MOTOR_GROUP-Glossary_of_TERMS.pdf
- **Bilingual Education** - An educational program in which two languages are used during instruction in order to 1) continue primary language (L1) development, 2) provide instruction in content in both L1 and L2, and 3) English acquisition. (This model is not frequently used in Tennessee since it is an English only state.)
 - http://education.wsu.edu/graduate/specializations/ell_endorsements/docs/terminology/
- **Bipolar disorder** - Also known as manic-depressive illness, is a serious medical illness that causes shifts in a person's mood, energy, and ability to function Different from the normal ups and downs that everyone goes through; the symptoms of bipolar disorder are severe.
 - <http://www.nbrresearch.com/bipolar-disorder.html>
- **Bloom's Taxonomy** - Developed in 1956 by Benjamin Bloom, the taxonomy is often used to develop curriculum for gifted children. There are six levels within the taxonomy that move from basic to high levels of thinking. These include knowledge, comprehension, application, analysis, synthesis, and evaluation.
 - <http://www.nagc.org/GlossaryofTerms.aspx>

C

- **CALP** - The acronym for Cognitive Academic Language Proficiency. It's the academic language proficiency that one needs to think in abstract ways and to carry on cognitively demanding tasks that are part of the school curriculum. These skills usually take five to seven years to fully develop in second language learners.
 - <http://esl.fis.edu/teachers/support/cummin.htm>
- **Character Development** - Developing skills to help students identify, define and live in accordance with core principles that aid in effective problem solving and responsible decision-making.
 - http://www.ksde.org/Portals/0/CSAS/Content%20Area%20%28M-Z%29/School%20Counseling/Soc_Emot_Char_Dev/CharacterDev_InstrExamples.pdf
- **Chronic health problem** - Long term, not curable, residual features that results in limitations of daily living skills that requires specialized assistance.
- **Circumlocution** - Use of other words to describe a specific word or idea which cannot be remembered.
- **Clonus** - A sustained series of rhythmic jerks following quick stretch of a muscle.

- http://www.northeastcenter.com/brain_injury_glossary_clonus.htm
- **Cluster grouping** - A grouping assignment for gifted students in the regular heterogeneous classroom. Typically, five or six gifted students with similar needs, abilities, or interests are “clustered” in the same classroom which allows the teacher to more efficiently differentiate assignments for a group of advanced learners rather than just one or two students.
 - <http://www.nagc.org/GlossaryofTerms.aspx>
- **Code Switching** - The practice of switching between a primary and a secondary language or discourse.
 - <http://www.learnnc.org/lp/pages/4558>
- **Communicative Disorder** - An impairment in the ability to 1) receive and/or process a symbol system, 2) represent concepts or symbol systems, and/or 3) transmit and use symbol systems. The impairment may be observed in disorders of hearing, language, and/or speech processes.
 - http://www.northeastcenter.com/brain_injury_glossary_communicative_disorder.htm
- **Community Advisory Committee (CAC)** - A committee whose membership includes parents of school children, school personnel and representatives of the public. This committee advises school administration and local school boards regarding the plan for special education, assists with parent education and promotes public awareness of individuals with special needs.
 - <http://www.pta.org/parents/content.cfm?ItemNumber=3714#C>
- **Community Use** - Skills needed for functioning independently as an adult in the community, including use of community resources, shopping skills, getting around in the community, etc.
 - <http://www.understandingspecialeducation.com/special-education-terms.html>
- **Compulsions** - Deliberate repetitive behaviors that follow specific rules, such as pertaining to cleaning, checking, or counting. In young children, restricted patterns of interest may be an early sign of compulsions.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#c>
- **Conceptual Reasoning** - Making connections, identifying patterns, or the process of generalizing from concrete to broader principles. This may also be called **abstract reasoning**.
- **Concrete Thinking** - A style of thinking in which the individual sees each situation as unique and is unable to generalize from the similarities between situations. Language and perceptions are interpreted literally so that a proverb such as "a stitch in time saves nine" cannot be readily grasped.
 - http://www.brainline.org/function_pages/glossary.php
- **Concussion** - The common result of a blow to the head or sudden deceleration usually causing an altered mental state, either temporary or prolonged. Physiologic and/or anatomic disruption of connections between some nerve cells in the brain may occur. Often used by the public to refer to a brief loss of consciousness.
 - http://www.brainline.org/function_pages/glossary.php
- **Confabulation** - Verbalizations about people, places, and events with no basis in reality. May be a detailed account delivered.
 - http://www.brainline.org/function_pages/glossary.php
- **Cortical Blindness** - Loss of vision resulting from a lesion of the primary visual areas of the occipital lobe. Light reflex is preserved.
 - http://www.northeastcenter.com/brain_injury_glossary_cortical_blindness.htm
- **Cumulative File** - The records maintained by the local school district for any child enrolled in school. The file may contain evaluations and information about a child’s disability and placement. It also

contains grades and the results of standardized assessments. Parents have the right to inspect these files at any time.

- <http://www.pta.org/parents/content.cfm?ItemNumber=3714#C>

D

- **Developmental milestones** - Markers or guideposts that enable parents and professionals to monitor a baby's learning, behavior, and development. Developmental milestones consist of skills or behaviors that most children can do by a certain age. While each child develops differently, some differences may indicate a slight delay and others may be a red flag or warning sign for greater concern.
 - http://www.autismspeaks.org/docs/d_200710_Glossary_of_Terms.pdf
- **Differential Standards for Graduation** - Standards for graduation that may be modified for students with exceptional needs
 - <http://www.understandingspecialeducation.com/special-education-terms.html>
- **Differentiated Instruction** - Tailored instruction to meet individual needs within the classroom by structuring activities to vary in depth and rigor.
- **Differentiation** - Modifying curriculum and instruction according to content, pacing, and/or product to meet unique student needs in the classroom.
 - <http://www.nagc.org/GlossaryofTerms.aspx>
- **Diffuse Axonal Injury (DAI)** - A shearing injury of large nerve fibers (axons covered with myelin) in many areas of the brain, It appears to be one of the two primary lesions of brain injury, the other being stretching or shearing of blood vessels from the same forces producing hemorrhage.
 - http://www.northeastcenter.com/brain_injury_glossary_diffuse_axonal_injury_dai.htm
- **Diplopia** - Seeing two images of a single object; double vision.
- **Directionality** -The awareness of right/left, forward/back, and up/down, and the ability to move oneself in those directions.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Discriminative System** - The component of a sensory system that allows one to distinguish differences among stimuli. This system is not innate but develops with time and practice.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Disinhibition** - Inability to suppress (i.e., inhibit) impulsive behavior and emotions.
 - http://www.northeastcenter.com/brain_injury_glossary_disinhibition.htm
- **Disorientation** - Not knowing where you are, who you are, or the current date. Health professionals often speak of a normal person as being oriented "times three" which refers to person, place and time.
 - http://www.northeastcenter.com/brain_injury_glossary_disorientation.htm
- **Dual enrollment** - High school students earning college credits for courses taken through a postsecondary institution.
 - <http://nces.ed.gov/pubsearch/index.asp?HasSearched=1&searchcat2=subjectindex&L1=173&L2=0>
- **Dysarthria** - Difficulty in forming words or speaking them because of weakness of muscles used in speaking or because of disruption in the neuromotor stimulus patterns required for **accuracy** and velocity of speech.
 - http://www.northeastcenter.com/brain_injury_glossary_dysarthria.htm
- **Dysphagia** - A swallowing disorder characterized by difficulty in oral preparation for the swallow, or in

moving material from the mouth to the stomach. This also includes problems in positioning food in the mouth.

- http://www.brainline.org/function_pages/glossary.php

E

- **Echolalia** - The repetition of words, phrases, intonation, or sounds of the speech of others.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms>
- **Embedded Learning Opportunities (ELO)** - Short teaching episodes within ongoing classroom activities and routines.
- **Emotional Control** - The influence we exert on our emotions, thoughts and behavior.
 - <http://psychologydictionary.org/emotional-control/>
- **Emotional Liability** - Exhibiting rapid and drastic changes in emotional state (laughing, crying, anger) inappropriately without apparent reason.
 - http://www.northeastcenter.com/brain_injury_glossary_emotional_liability.htm
- **English as a Second Language (ESL)**- the study of English by nonnative speakers in an English-speaking environment.
- **English Language Development (ELD)** - English-Language development is a specialized program of English language instruction appropriate for the English learner (EL) student's (formerly LEP students) identified level of language proficiency. This program is implemented and designed to promote second language acquisition of listening, speaking, reading, and writing.
- **English Learner (EL)** - Students for whom there is a report of a primary language other than English on the state-approved Home Language Survey and who, on the basis of the state approved oral language assessment procedures and literacy, have been determined to lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to succeed in the school's regular instructional programs.
- **Executive Functions** - Self-regulating and controlling functions that direct and organize behavior (ex. initiating, inhibiting, orienting to task, self-monitoring and evaluating, and strategic thinking).
- **Eye-Hand Coordination** - The efficient teamwork of the eyes and hands, necessary for activities such as playing with toys, dressing, and writing.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>

F

- **Fight-Or-Flight Response** - The instinctive reaction to defend oneself from real or perceived danger by becoming aggressive or by withdrawing.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Figure-Ground** - The differentiation between the foreground and the background of a scene; this refers to all sensory systems, including vision, hearing, touch.
 - <http://www.neuroskills.com/resources/F.php>
- **First language, primary language, or home language** - These terms have several possible meanings for ELs: the first language learned, the dominate language, the native language, and/or the language most frequently used.
- **Flaccid** - Lacking normal muscle tone; limp.
 - http://www.northeastcenter.com/brain_injury_glossary_flaccid.htm
- **Flexible grouping** - An instructional strategy where students are grouped together to receive appropriately challenging instruction. True flexible grouping permits students to move in and out of

various grouping patterns, depending on the course content. Grouping can be determined by ability, size, and/or interest.

- <http://www.nagc.org/GlossaryofTerms.aspx>
- **Flexibility** - The ability to change strategies or revise plans when conditions change.
- **Functional communication training (FCT)** - An intervention used to replace interfering behaviors (e.g., disruptive, repetitive/stereotypical) or subtle, less clear communicative forms (e.g., reaching, leading) with more conventional communicative forms (e.g., pointing, picture exchange, signing, verbalizations).
 - http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/FCT_Steps_0.pdf

G

- **Glascow Coma Scale** - Assessment often used to determine the severity of a brain injury based on three categories: opening eyes, moving, and verbalizing. A score 13 to 15 indicates a mild injury; 9 to 12 a moderate injury, and 3 to 8 a severe injury.

H

- **Hemianopsia/Hemianopia** - Blindness in one half of the visual field. The most common form of this is **homonymous hemianopia**, which means that the vision loss is on the same side of each eye.
 - http://www.stroke.org/site/PageServer?pagename=vision_loss
- **Hemiparesis** - Weakness of one side of the body.
- **Hemiplegia** - Paralysis on one side of the body.
- **Hydrocephalus** - Enlargement of fluid-filled cavities in the brain, not due to brain atrophy.
 - http://www.brainline.org/function_pages/glossary.php
- **Hyper-responsiveness** - Abnormal sensitivity or over reactivity to sensory input.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#h>
 - <http://www.kidscreektherapy.com/occupational-therapy-glossary>
- **Hypo-responsiveness** - Abnormal insensitivity or under reactivity to sensory input, in which the brain fails to register incoming stimuli appropriately so the child does not respond to the sensory stimulation.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#h>
- **Hyposensitivity** - Under sensitivity to sensory stimuli, characterized by a tendency either to crave intense sensations or to withdraw and be difficult to engage.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Hypersensitivity** - Oversensitivity to sensory stimuli, characterized by a tendency to be either fearful and cautious, or negative and defiant.
- **Hypersensitivity to Movement** - A sense of disorientation and/or avoidance of movement that is linear and/or rotary.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>

I

- **Idiosyncratic language** - Idiosyncratic language refers to language with private meanings or meaning that only makes sense to those familiar with the situation where the phrase originated.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#i>
- **Impulse Control** - Refers to the individual's ability to withhold inappropriate verbal or motor responses while completing a task. Persons who act or speak without first considering the consequences are viewed as having poor impulse control.

- <http://www.neuroskills.com/resources/l.php>
- **Individualized Transition Plan (ITP)** - Starts at age 14 and addresses areas of post-school activities, post-secondary education, employment, community experiences, and daily living skills.

L

- **Lability** - State of having notable shifts in emotional state (e.g., uncontrolled laughing or crying).
 - http://www.northeastcenter.com/brain_injury_glossary_lability.htm
- **Limited English Proficiency (LEP)** - Students who are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language.
- **Low Tone** - The lack of supportive muscle tone, usually with increased mobility at the joints; the person with low tone seems “loose and floppy”.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>

M

- **Medical home** - An approach to delivering primary health care through a "team partnership" that ensures health care services are provided in a high-quality, cost effective and comprehensive manner.
 - <http://www.medicalhome.org/>
- **Meltdown** - An expression of intense, immediate frustration where an individual temporarily loses control due to emotional responses to environmental factors and is unable to express emotions due to lack of verbal skills.
- **Memory, Episodic** - Memory for ongoing events in a person's life. More easily impaired than semantic memory, perhaps because rehearsal or repetition tends to be minimal.
 - http://www.northeastcenter.com/brain_injury_glossary_memory_episodic.htm
- **Memory, Immediate** - The ability to recall numbers, pictures, or words immediately following presentation. Patients with immediate memory problems have difficulty learning new tasks because they cannot remember instructions. Relies upon concentration and attention.
 - http://www.northeastcenter.com/brain_injury_glossary_memory_immediate.htm
- **Memory, Long Term** - In neuropsychological testing, this refers to recall thirty minutes or longer after presentation. Requires storage and retrieval of information which exceeds the limit of short term memory.
 - http://www.northeastcenter.com/brain_injury_glossary_memory_long_term.htm
- **Memory, Short Term** - Primary or 'working' memory; its contents are in conscious awareness. A limited capacity system that holds up to seven chunks of information over periods of 30 seconds to several minutes, depending upon the person's attention to the task.
 - http://www.northeastcenter.com/brain_injury_glossary_memory_short_term.htm
- **Motor Control** - The ability to regulate and monitor the motions of one's muscle group to work together harmoniously to perform movements.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Motor Coordination** - The ability of several muscles or muscle groups to work together harmoniously to perform movements.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>

N

- **National Origin Minority (NOM)** - A national origin minority student is defined as one whose home language is other than English and who is not performing up to district standards of proficiency.

- **NEP** - Non-English Proficient
- **NES** - Non-English Speaking (or Speaker)
- **Non-public School (NPS)** - Districts contract with non-public schools when an appropriate placement cannot be found within the scope of the public education setting. Non-public school placement is sought only after efforts to find appropriate placement in public schools have been exhausted.
 - <http://www.understandingspecialeducation.com/special-education-terms.html>
- **Nonverbal behavior** - Nonverbal behaviors are those things people do to convey or exchange information or express emotions without the use of words.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#n>
- **Nystagmus** - Involuntary horizontal, vertical, or rotary movement of the eyeballs.
 - http://www.northeastcenter.com/brain_injury_glossary_nystagmus.htm

O

- **Obsessions** - Repetitive thoughts that are persistent and intrusive.
- **Obsessive-Compulsive Disorder (OCD)** - Anxiety disorder that presents as recurrent, persistent obsessions or compulsions; obsessions are intrusive ideas, thoughts or images; compulsions are repetitive behaviors or mental acts that the child feels he/she must perform.
- **Oppositional Defiant Disorder (ODD)** - A child who defies authority by disobeying, talking back, arguing or being hostile in a way that is excessive compared to other children and this pattern continues for more than six months may be determined to have ODD. ODD often occurs with other behavioral problems such as ADHD, learning disabilities and anxiety disorders.
 - <http://www.understandingspecialeducation.com/special-education-terms.html>
- **Orientation** - Awareness of one's environment and/or situation, along with the ability to use this information appropriately in a functional setting.
 - <http://www.neuroskills.com/resources/O.php>

P

- **Paresis** - Muscle weakness.
- **Perseveration** - The term perseveration refers to repeating or "getting stuck" carrying out a behavior (e.g., putting in and taking out a puzzle piece) when it is no longer appropriate.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#p>
- **Personal Development** - Developing skills that help students identify, understand and effectively manage their thoughts, feelings and behaviors. Includes building students' personal and academic success on their ability to consider thoughts, understand feelings and manage their responses.
 - <http://www.edutopia.org/blog/secd-standards-kansas-maurice-elias>
- **Portable Word Processor** - Portable Word Processors are often lightweight and inexpensive devices that can be easily taken from place to place. The device provides access to word processing without a computer. Some portable word processor products also include various organization features such as those in a personal digital assistant (PDA). Text can also be downloaded from the device to a computer or to a printer for saving and printing.
 - http://www.utahparentcenter.org/resources/assistive-technology/at_glossary/
- **Post Traumatic Amnesia (PTA)** - A period of hours, weeks, days or months after the injury when the patient exhibits a loss of day-to-day memory. The patient is unable to store new information and

therefore has a decreased ability to learn. Memory of the PTA period is never stored; therefore things that happened during that period cannot be recalled. May also be called Anterograde Amnesia.

- http://www.northeastcenter.com/brain_injury_glossary_post_traumatic_amnesia_pta.htm
- **Postural stability** - Being able to maintain one's body in a position to efficiently complete a task or demand, using large muscle groups at the shoulders and hips.
 - <http://www.kidscreektherapy.com/occupational-therapy-glossary>
- **Prevocational skills** – Skills that prepare students for employment and include work completion, attention to task, following directions, etc. as well as reading, writing, and math.
- **Proprioception** - The unconscious awareness of sensations coming from one's joints, muscles, tendons, and ligaments; the "position sense".
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>

R

- **Relationship skills** - The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.
 - <http://www.siblinggroup.com/specialized-high-value-curriculum/what-is-sel/>
- **Responsible decision making** - The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.
 - <http://www.siblinggroup.com/specialized-high-value-curriculum/what-is-sel/>
- **Restricted patterns of interest** - a limited range of interests that are intense in focus. This may also be referred to as stereotyped or circumscribed patterns of interests because of the rigidity and narrowness of these interests.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#r>
- **Retrograde Amnesia** - Inability to recall events that occurred prior to the accident; may be a specific span of time or type of information.
 - <http://www.neuroskills.com/resources/R.php>
- **Rituals** - Specific and seemingly meaningless behaviors that a child performs repeatedly in certain situations or circumstances, such as turning the lights on and off several times when entering a room.
 - http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#stereotyped_patterns_of_interest

S

- **Safety Plan** - A plan that is developed specifically for a student to significantly reduce or eliminate challenging student behaviors by implementing effective instructional strategies school-wide and in the classroom.
- **Second Impact Syndrome** - Occurs when an individual suffers a second concussion while still symptomatic from an earlier one. SIS can occur hours, days, or weeks following the previous concussion and causes rapid brain swelling which can lead to permanent injury, **coma**, and even death.
- **Seating and Positioning Aids** - Offer modifications to wheelchairs or other seating systems. They provide greater body stability, upright posture or reduction of pressure on the skin surface. Equipment includes wheelchair cushions, trunk/head supports, modular seating, and seating lifts.
 - http://www.brainline.org/content/2009/11/assistive-technology-glossary_pageall.html

- **Segmentation** – Orally breaking apart words into sounds and/or syllables.
- **Self-Injurious Behavior (SIB)** - Causing self-inflicted bodily harm, such as bruises, redness, or cuts. The most common forms of SIB include head banging, hitting the face, biting the hand or arm, and excessive scratching or rubbing. SIB can range from mild to severe, and can potentially be life threatening.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#s>
- **Self-Management** - Understanding and practicing strategies for managing thoughts and behaviors, reflecting on perspectives, and setting and monitoring goals.
- **Self-stimulating behaviors (“stemming”)** - Stereotyped or repetitive movements or posturing of the body. They include mannerisms of the hands (such as hand flapping, finger twisting or flicking, rubbing, or wringing hands), body (such as rocking, swaying, or pacing), and odd posturing (such as posturing of the fingers, hands, or arms). Sometimes they involve objects such as tossing string in the air or twisting pieces of lint.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#s>
- **Sensory defensiveness** - A child's behavior in response to sensory input, reflecting severe over-reactions or a low threshold to a specific sensory input.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Sensory processing** - A term that refers to the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses.
- <http://www.spdnetwork.org/about-sensory-processing-disorder.html>
- **Sensory Processing Disorder (SPD)** - A condition in which the brain has trouble receiving and responding to information that comes in through the senses.
 - <http://www.sensoryprocessingdisorder.org/1/post/2013/03/what-is-sensory-processing-disorder1.html>
- **Sensory Processing Skills** - The ability to receive and process information from one's sensory systems including touch (tactile), visual, auditory (hearing), proprioceptive (body position) and vestibular (balance). Behavior, attention and peer interactions are greatly influenced by the child's ability to process sensory stimuli.
 - <http://www.kidscreektherapy.com/occupational-therapy-glossary>
- **Sequencing**- Reading, listening, expressing thoughts, describing events, or contracting muscles in an orderly and meaningful manner.
 - http://www.northeastcenter.com/brain_injury_glossary_sequencing.htm
- **Sheltered English** - Also referred to as transition or bridge classes, students cover the same content areas as mainstream, English only classes but they do so in a manner that adapts the language components of the classes to meet the needs of the language minority students' English proficiency levels. Adaptations include simplified speech, contextualization, task-function orientation, and interactional activities.
 - http://education.wsu.edu/graduate/specializations/ell_endorsements/docs/terminology/
- **Shunt** - A procedure to draw off excessive fluid in the brain. A surgically-placed tube running from the ventricles which deposits fluid into the abdominal cavity, heart, or large veins of the neck.
 - <http://www.neuroskills.com/resources/S.php>
- **Silent Period** - A time during which EL students observe, gather and absorb information without speaking general pervasive mood of unhappiness or **depression**.
 - http://www.everythingsl.net/in-services/pre_productive_silent_period_93415.php
- **Social reciprocity** - The back-and-forth flow of **social interaction**.

- <http://www.baltimoreautismsociety.org/glossary/term/social-reciprocity/>
- **Social security disability insurance (SSDI)** - Social security disability insurance benefits are provided to qualified individuals who cannot engage in substantial gainful work activity because of a disability and who have paid into the system or has a parent who has paid into the Social Security system.
 - <http://www.understandingspecialeducation.com/special-education-terms.html>
- **Spasticity** - An involuntary increase in muscle tone (i.e., tension) that occurs following injury to the brain or spinal cord, causing the muscles to resist being moved. Characteristics may include increase in deep tendon reflexes, resistance to passive stretch, clasp knife phenomenon, and clonus.
 - http://www.northeastcenter.com/brain_injury_glossary_spasticity.htm
- **Spatial Ability** - Ability to perceive the construction of an object in both two and three dimensions. Spatial ability has four components: the ability to perceive a static figure in different positions, the ability to interpret and duplicate the movements between various parts of a figure, the ability to perceive the relationship between an object and a person's own body sphere, and the ability to interpret the person's body as an object in space.
 - http://www.northeastcenter.com/brain_injury_glossary_spatial_ability.htm
- **State Schools** - State run residential schools for deaf and blind students.
- **Stereotyped behaviors** - An abnormal or excessive repetition of an action carried out in the same way over time. This may include repetitive movements or posturing of the body or repetitive movements with objects.
 - <http://www.autismspeaks.org/what-autism/video-glossary/glossary-terms#s>
- **Student Study Team (SST)** - A group that evaluates a child's performance, makes recommendations for success, and develops a formal plan; includes the classroom teacher, parents, and educational specialists; may make a recommendation for a special education evaluation; also called SAT or (Student Assistance Team, or S-Team)

T

- **Tactile Defensiveness** - Being overly sensitive to touch; withdrawing, crying, yelling or striking when one is touched.
 - <http://www.neuroskills.com/resources/T.php>
- **Telescope** - To cover the same amount of materials or activities in less time, thereby allowing more time for **enrichment** activities and projects that better suit the interests, needs, and readiness levels of gifted students.
 - <http://www.nagc.org/GlossaryofTerms.aspx>
- **Tennessee Early Learning Developmental Standards (TN-ELDS)** - Developed to provide documentation of the continuum of developmental milestones from birth through age five based on the research about the processes, sequences, and long term consequences of early learning and development; TN-ELDS for four year olds revised August 2012.
 - <http://www.tennessee.gov/education/ci/earlychildhood/>
- **TESOL** - Teachers of English to Speakers of Other Languages - a National and professional association
 - www.tesol.org
- **Tiered assignments** - A differentiated instructional strategy in which all students work toward the same goal, but activities are geared toward each student's level of understanding.
 - <http://www.nagc.org/GlossaryofTerms.aspx>
- **Tremor, Intention** - Course, rhythmical movements of a body part that become intensified the harder one tries to control them.

- <http://www.neuroskills.com/resources/T.php>
- **Tremor, Resting** - Rhythmical movements present at rest and may be diminished during voluntary movement.
 - <http://www.neuroskills.com/resources/T.php>
- **Twice exceptional** - A term used to describe a student that is both gifted and disabled. These students may also be referred to as having dual exceptionalities or as being GT/LD.
 - <http://www.nagc.org/GlossaryofTerms.aspx>

U

- **Underachieving** - A term used to describe the discrepancy between a student's performance and their potential, or ability to perform at a much higher level.
 - <http://www.nagc.org/GlossaryofTerms.aspx>

V

- **Verbal Apraxia** - Impaired control of proper sequencing of muscles used in speech (tongue, lips, jaw muscles, vocal cords). These muscles are not weak but their control is defective. Speech is labored and characterized by sound reversals, additions and word approximations.
 - http://www.northeastcenter.com/brain_injury_glossary_verbal_apraxia.htm
- **Visual Motor Skills** - The ability to visually take in information, process it and be able to coordinate your physical movement in relation to what has been viewed. It involves the combination of visual perception and motor coordination. Difficulty with visual motor skills can result in inaccurate reaching, pointing and grasping of objects, as well as difficulty with copying, drawing, tracing and cutting.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Visual Perceptual Skills:** The ability to interpret and use what is seen in the environment. Difficulties in this area can interfere with a child's ability to learn **self-help** skills like tying shoelaces and academic tasks like copying from the blackboard or finding items in a busy background.
 - <http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>
- **Visual tracking** - Visually following an object as it moves through space.

W

- **WIDA**- The World Class Instructional Design Assessment organization is built around standards that focus on English language proficiency standards, research and assessments. This organization consists of 37 states and 2 U.S. territories (2014).
- **WIDA ACCESS** - the current English language proficiency assessment (ELPA) used in TN for English learners. An ELPA is federally mandated annually for all English learners.
- **W-APT** - the WIDA ACCESS Placement Test is the screener used to determine if non-English Language Background (NELB) students qualify for English as a Second Language (ESL) services.
- **Word Retrieval Deficits** - The cognitive act of selecting and using a known and understood word in isolation or during a conversation. Also called "word-finding," word retrieval difficulties impact everyone at one time or another; however a child with a word retrieval disorder experiences these problems frequently throughout the day. These impact the child's ability to relay his/her thoughts and ideas effectively.
 - <http://twomeyspeechtherapy.com/treatment-areas/language/word-retrieval-deficits.php>

