**SAMPLE 1: Pre-schooler**

[Child] is a sweet and social child with many strengths. She is eager to participate in school and other activities with her same age peers. Though she is still in intensive therapy, she loves to visit school when her schedule (therapy/doctor appointments) and energy level allows. Currently, [Child] is not attending on a consistent or predictable basis. When she does attend, it is usually for non-academic portions of the day, such as lunch and recess, though sometimes she joins in a 45-minute small group of "kinder enrichment" and afternoon circle time. [Child] loves music, dance, listening to stories, pool time, active play with her siblings and same age peers, games on her iPad and Friday family movie nights. [Child] loves to imitate and we have been using this as an opportunity to teach her about public transportation, household chores, and cooking. We live in a walkable neighborhood and rely on public transportation or walking for everyday errands, so this is an essential part of her functional performance.

We have noted many areas of concern for [Child’s] academic and functional achievement as she approaches kindergarten.

* Safety: Due to her right hemiparesis, [Child] has an affected gait, decreased balance and mobility. Combined with her homonymous hemianopsia, right hemi-neglect, trouble filtering sounds and distinguishing where they are coming from, and compromised vestibular system, [Child] is at a high risk for falls and accidents.
* Vision/Hearing: due to her visual field cut, [Child] often misses “the whole picture” and will leave work on the right half of the work area incomplete. If you are out of her visual field, she will have a hard time attending to your voice (e.g. a teacher giving directions).
* Staff training: due to the complexity of [Child’s] needs, any staff that will be interacting with her mut be trained, especially in areas of visual impairment, orientation and mobility, gross and fine motor challenges. She will need to have a seizure action plan and someone trained in administering her emergency medication, should the need arise.
* Academic concerns: [Child] struggles with letter recognition, letter sounds, vocabulary, letter formation, reading comprehension and other reading/preliteracy skills. In math, she struggles with rote counting, counting object with accurate 1:1 correspondence, identifying and writing numbers, pattern recognition and extension. Hand strength, coordination and vision affect her letter formation, and her weakness in phonemic awareness will make invented spelling/pre-writing skills difficult.
* OT: Though [Child] was already left hand dominant prior to surgery, this hand’s strength and dexterity was somewhat affected by the surgery. She cannot complete tasks requiring bimanual manipulation without accommodations or assistance. She tends to neglect, rather than engage, her right side. She has many sensory seeking behaviors.
* Speech: [Child] struggles with voice modulation, understanding others in her peer group and responding appropriately, intelligibility and response time and following multi-step directions. When sentences or conversation becomes complex, she tends to zone out and often has trouble sustaining imaginative play.

**SAMPLE 2: Kindergarten**

[child's name] was born with a rare and aggressive brain cancer that required brain surgery at 1 month old, immediately resulting in homonymous hemianopsia (blind in the left half of each eye), left hemiplegic cerebral palsy, and seizures. Her seizures became intractable (unresponsive to medication) and required a right hemispherectomy to disconnect and remove the right hemisphere of her brain to gain seizure control. She then required further surgery to place a left VP shunt placed due to hydrocephalus. [child's name] also has the following additional diagnosis: autism, ADHD, strabismus, exotropia, apraxia, dyspraxia, pragmatic speech disorder, phonological disorder, sensory processing disorder, and hydrocephalus.

We have concerns about social awareness, social cognition, social communication and their impact on learning and relationships, possible reading disabilities, auditory processing disorder, visual motor integration, aggression, and attention.

It is important to note that in the face of her many diagnosis across all areas of development she is an intelligent and quite able little girl. [child's name] is beginning to master academic tasks. She is learning to read common sight words and perform simple addition and subtraction. Parent’s greatest concern is to develop these amazing skills by teaching to her strengths. We want to make certain that every effort is made to attend to grade level curriculum despite her many challenges, diagnosis, and accommodations. This will be a challenging task as the pace of learning increases. She will need significant support that will require specific training for all staff involved.

Parents also want to ensure that [child's name]’s social skills and social emotional needs are addressed. Parents would like to see her gain independence in this area, and require less prompting.

Parents also express great concern over the implementation of the IEP as written and want to ensure that the behavior intervention plan provided is honored and executed as written in its entirety. The behavior plan in place has been proven to be very effective and needs to be followed regardless of personal opinion or opposing classroom rules. It has been observed that even minor changes to behavior interventions can quickly cause an increase in behaviors.

Parents base their concerns on the following reports and experts:

* Neuropsychological evaluation report by [doctor’s name] [date]
* Psychologist [doctor’s name] [date]
* School District Psycho-Educational Re-Evaluation [date]
* Children’s Therapy Occupational Therapy Evaluation [date]
* Functional Vision Assessment [date]
* ABA Center Report [date]
* Private Speech-Language Progress report [date]

**SAMPLE 3: 8th grader**

* Parents are concerned about [Child’s] social connectedness. [Child] is aware of his differences and has increased frustration with many tasks. We speculate that [Child’s] differences wouldn't feel so challenging if he felt more connected and integrated socially.
* Parents are concerned that [Child’s] social communication skills are developed and expanded. [Child] has social impairments that substantially interfere with his everyday social interactions (in school, with peers, and with family), which will affect his long-term functional outcome in society.
* Parents are concerned that [Child] lacks the ability to generalize skills across environments and requires a great deal of scaffolded support.
* Parents are concerned about [Child’s] mobility and functional abilities related to his left hemiparesis, especially considering his long van ride to/from school which increases tightness.
* Parents are concerned that [Child] develop an understanding of the need to maintain his own fitness/health as he heads into adulthood and take ownership of his stretching protocol.
* Parents are concerned that [Child] improves his executive functioning skills, especially in learning how to initiate and build a plan and integrating it into his daily activities.
* Parents are concerned about the type of diploma [Child] will receive and his access to grade level content and curriculum.
* Parents are concerned that [Child] achieve functional long-term goals that will help him participate academically and socially, and eventually have the education and life skills that he can use to achieve independence.
* Parents are concerned that [Child’s] school team requires a great deal of advocacy, collaboration, and specialized knowledge in order to help him succeed and that ongoing training and support is provided to help the team understand [Child’s] complex needs.

**SAMPLE 4: 4th grader (non-verbal)**

**1. Primary Concern: Augmentative Assistive Communication (AAC)**

[Child] is a non-verbal communicator who uses an iPad mini with TouchChat communication program for AAC. He is familiar with this application and has used it for several years. He primarily communicates using loud vocalizations (often with distinct inflection and pitch), usually in combination with a hand gesture or object manipulation.

For example, to indicate “I want more to drink”, [Child] will hold the beverage tumbler with arm outstretched, while quickly supinating and pronating his wrist, and make a distinct loud and quick “AAAAAhhhhh” to get your attention. Or, he may tap his chest with hand open, palm to the chest, several times which is what he uses to indicate “I want.” Only a familiar communication partner would understand this gesture.

Infrequently, but on a daily basis, [Child] will use the AAC device unprompted for limited requests (i.e. WANT > IPAD; WANT > CHEWY; EAT > PIZZA; EAT > SANDWICH; GO > VAN). If prompted with the phrase “do you want more to drink?” or “what do you want?” he will then use his iPad to communicate DRINK > COKE or >SPRITE.

Our primary concern is [Child]’s inability to communicate his immediate needs to those who are unfamiliar with him. His family and caretakers are generally familiar with his vocalizations and iPad use, and can generally glean his needs based on their experience with him; however, his communication skills with unfamiliar communication partners are impaired. [Child] does not communicate verbally except for some distinct vocalizations. We note here that [Child] used to speak at age 1 ½ years old (approximately 20 words), which were lost when his seizures returned. Recently, [Child] has commenced making a very distinct ‘Mmmmmah” vocalization, only when his mother is present, which coincides with gestures that indicate he needs assistance. We believe he is attempting to speak again.

It is imperative that [Child]’s communication device is available for use by him at all times. Because [Child] can only use one hand, a small communication device which where he can manipulate the screen with his thumb while holding the device in the same hand (such as the blue iPhone he uses to view YouTube or a game) should hang around his neck for use while ambulating with an appropriate lariat. When using a wheelchair, the device should be mounted to same. We propose the blue iPhone is used for this purpose.

An assessment of whether this transition to a smaller device is appropriate, how to transition to it, how to program TouchChat for the smaller device, identification of an appropriate lariat and wheelchair mount, has not been made.

Similarly, communication partners at school (e.g. teacher, aide, therapist) should communicate with [Child] verbally while at the same time using the portable device with touch screen capability so that he can understand that the is the preferred means of communication.

We would like the team to consider the following goals to address the above communication issues:

*By the expiration date of this IEP, using a portable device with touch screen capability, [Child] will gain attention using the pre-stored messages “Help” in ⅘ trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, using a portable device with touch screen capability, [Child] will respond to ‘yes/no’ questions to denote choice in ⅘ trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, using a portable device with touch screen capability, [Child] will request desired objects/actions using prestored messages (e.g., “Eat”, “Drink”, “Go”, “Change Diaper”) in ⅘ trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, using a portable device with touch screen capability, [Child] will request recurrence with “More” in ⅘ trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, using a portable device with touch screen capability, given a field of three options (two preferred, one non-preferred), [Child] will request a desired activity/object in ⅘ trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, [Child] will vocalize “Ma” distinctly. request a desired activity/object in ⅘ trials weekly for 1 month as measured by observational data collection.*

**2. Other Concerns**

**A. Academics**

[Child] is unaware of number cardinality and is thus unable to communicate certain functional needs (e.g. How many hamburgers do you want?). To address this issue, we request that the team consider the following goal:

*By the expiration date of this IEP, [Child] will understand quantity by counting different objects up to 3 with minimal prompting in ⅘ trials weekly for 1 month as measured by observational data collection.*

**B. Behavior**

[Child] will infrequently self-injure by slapping his face when in a non-preferred setting. Although this behavior has improved tremendously over the last year or so, recently, the behavior has started to increase. He is also “addicted” to iPad use, protesting immediately if it is taken away and will not engage in other formerly preferred behaviors (such as regarding Legos, watching television.) Finally, [Child]’s self-stimulatory vocalizations are very loud and disrupt those around him.

We would like the team to consider the following goals to address these behaviors:

*By the expiration date of this IEP, using a portable device with touch screen capability, [Child] will* *protest (or reject) undesired objects/actions/activities using “No” in ⅘ trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, given the corrective verbal command of “[Child] quiet”, [Child] will cease loud self-stimulatory disruptive vocalization at school for a duration of one minute in 4/5 trials weekly for 1 month as measured by observational data collection.*

*By the expiration date of this IEP, given the preparatory verbal cue “All done iPad” and simultaneous device prompting “All done” by the communication partner, [Child] will cease iPad use for 30 minutes in the classroom in ⅘ trials weekly for 1 month as measured by observational data collection.*

**C.. Food/Medical**

[Child] has emerging self-feeding skills. He will pick up a fork if prompted and bring it to his mouth, but has difficulty piercing or scooping food. He will also food stuff hamburgers or sandwiches which creates a choking risk if unmonitored.

We would like the team to consider the following goal to address this issue:

*By the expiration date of this IEP, with verbal cue and simultaneous device prompting “small bites”, [Child] will self-feed by biting off appropriate-sized bites of sandwich and return the uneaten portion to his plate in ⅘ trials weekly for 1 month as implemented by the teacher/assistant/para under supervision of the occupational therapist and measured by observational data collection.`*

The team is reminded that:

[Child] has central diabetes insipidus (unrelated to the more commonly known diabetes mellitus), which causes him to be thirsty all day. [Child] should drink water as requested. A splash of diet Coke (no caffeine) is his preferred beverage.

[Child] has a significant history of chronic hydrocephalus, which last year resulted in significant brain swelling which resulted in loss of some oculomotor control in the left eye and additional vision impairment in the right eye. Symptoms of hydrocephalus for [Child] can be as subtle as wanting to lie down, put his head down, crying, hitting his head, or as obvious as gagging and vomiting. Mother should be advised if [Child]’s personality is off, seems tired, requests to lie down, etc. To assist with identifying head pain, we request that the team consider the following goal:

*By the expiration date of this IEP, using a portable device with touch screen capability, [Child] will* *correctly identify his head, legs, tummy, and feet, in ⅘ trials weekly for 1 month as measured by observational data collection.*

[Child] has an eggshell-thin skull on the right side. [Child] should not engage in play with children who are known to exhibit physical aggression or are unable to regulate their physical movements well.

**D. Ambulation**

[Child] is ambulating again despite total loss of this skill for one year due to chronic brain swelling and triple orthopedic surgery. In order for him to access the campus, he should be given maximum daily opportunities to ambulate independently.

We request that the team consider the following goal:

*By the expiration date of this IEP, [Child] will independently ambulate the playground area for five minutes with minimal assistance in ⅘ trials weekly for 1 month as measured by observational data collection.*

**E. Self Care**

[Child] does not toilet independently. We request that the team consider the following goal:

*By the expiration date of this IEP, [Child] will demonstrate that he can remain dry on a toileting schedule throughout the day, with maximum prompting, visual schedule, and simultaneous device prompting “potty”, for 90% of recorded opportunities in one consecutive month.*

We anticipate that will supplement these parental concerns after assessments are reviewed in today’s IEP meeting, and look forward to meeting with the team later today.