

Appendix D

Individualized Education Program

MILLTOWN SCHOOL DISTRICT

Department of Special Services Individualized Education Plan
Speech/Language Services

TYPE OF CONFERENCE:

Initial Annual Reevaluation Revision

SPEECH/LANGUAGE SPECIALIST:

DATE OF CONFERENCE: _____ **GRADE:** _____

STUDENT'S NAME: _____ **D.O.B.:** _____

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE: The pupil currently is experiencing significant difficulties in the areas indicated below:

PARENTAL CONCERNS/CHILD'S STRENGTHS:

ELIGIBILITY STATEMENT: Based upon the results of functional and/or formal assessments conducted, the pupil has been determined to be Eligible for Speech/Language Services.

RATIONALE FOR TYPE OF PROGRAM AND PLACEMENT AND LEAST RESTRICTIVE ENVIRONMENT STATEMENT: The pupil has demonstrated speech/language needs that require an individualized educational program that includes specialized materials and/or methods. The program and placement were selected as appropriate after careful consideration of the pupil's academic strengths and weaknesses as well as his/her need for integration with pupils, with and without educational disabilities.

PARTICIPATION IN REGULAR PROGRAMS: The remainder of this pupil's educational program will be provided within a regular education classroom and any modifications will be included in the IEP.

PARTICIPATION USED FOR INSTRUCTION: English

Speech and Language Procedural Guide

Student Name: _____ IEP from _____ to _____

IEP PARTICIPANTS:

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not mean agreement with the IEP.

Student, if appropriate or required	Date
Parent/Guardian	Date
Regular Education Teacher	Date
Speech Language Specialist (who provides the speech/language services and who interprets the evaluation)	Date
Case Manager (May be the speech/language specialist above)	Date
School District Representative (May be another speech/language specialist or other appropriate school personnel)	Date
Other	Date
Other	Date

PARENTAL RIGHTS BOOKLET WAIVER: NJAC 6A requires that a copy of the booklet "Parental Rights in Education" available to you at this time. Since this booklet is made available to the parents several times, if you do not need a copy, you may waive receipt if the booklet at this time by signing below.

 Signature Date

Speech and Language Procedural Guide

Student Name: _____ IEP from _____ to _____

15 DAY NOTICE: Prior to Implementation, please indicate your consent to proceed immediately without the notice requirement of waiting the 15 days, and to have the IEP implemented on _____. Without this signature, the IEP will be implemented after 15 days.

Signature

Date

Note: On a “double session” kindergarten day and kindergartner receiving services is to report for his/her regularly assigned speech/language session. We will not be able to reschedule the session for pupils who do not show up for the scheduled session.

_____ Yes _____ No If there is an assembly or other special program, I/we wish my/our child to attend the activity in lieu of speech/language services. _____ (Parent Initials)

EVALUATIVE CRITERIA: The pupil’s progress will be evaluated each marking period and at the time of the annual review. Progress will be judged on the basis of IEP goals and objectives, through informal assessment/observation by the speech/language specialist, standardized testing and by parent and teacher observation and interview.

DESCRIPTION OF PROGRAM:

SPECIAL EQUIPMENT AND INSTRUCTIONAL MATERIALS:

1. Speech/Language Book
2. Commercial and therapist prepared materials.

INSTRUCTIONAL STRATEGIES:

1. Multi-sensory approach
2. Oral-motor exercises
3. Drills to reinforce skills
4. CARRY-over activities to stabilize sound(s)
5. Modeling of “slow easy speech” for fluency
6. Modeling correct voice production/procedures

TECHNIQUES AND ACTIVITIES:

1. Parent support and counseling
2. Incentives
3. Speech and language games, activities and worksheets

ROLE OF SCHOOL PERSONNEL: The speech and language specialist will provide services consisting with the objectives outlined in this document and will monitor the student’s speech and language functioning in communication settings.

Speech and Language Procedural Guide

Student Name: _____ IEP from _____ to _____

NOTICE REQUIREMENTS FOR THE IEP AND PLACEMENT

This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

Describe the proposed action and explain why the district has taken such action:

The attached IEP describes the proposed program and placement was developed:

_____ as a result of an initial evaluation and determination of eligibility.

_____ as a result of an annual review.

_____ as a result of a reevaluation.

_____ in response to a parental request.

_____ to propose a change in placement.

_____ to review the behavioral intervention plan.

_____ other: _____

Describe any options considered and the reasons those options were rejected:

Describe the procedures, tests, records, or reports and factors used in determining the proposed action:

If applicable, describe any other factors that are relevant to the proposed action:

Speech and Language Procedural Guide

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Student Name: _____ IEP from _____ to _____

TRANSFER OF RIGHTS AT AGE OF MAJORITY

At least one year before the student reaches age 18, a statement that the student has been informed of the rights that will transfer to the student on reaching the age of majority.

_____ I have been informed that upon reaching the age of 18 rights under NJAC 6A:14 will transfer to me, except that my parent(s) will continue to receive notice.

_____ I have received a copy of the special education code, NJAC 6A:14 a copy of the procedural statement, *Parental Rights in Special Education*, which describes these rights.

(Student Signature)

(Date)

MILLTOWN SCHOOL DISTRICT

Department of Curriculum, Instruction and Special Services
Milltown, New Jersey

New Jersey Department of Education Office of Special Education Programs

SHORT PROCEDURAL SAFEGUARDS STATEMENT

As the parent of a student who is or may be determined eligible for special education services or as an adult who is or may be determined eligible for special education services, you have rights regarding identification, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, NJAC 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an evaluation, upon each notification of an IEP meeting, upon reevaluation and when a due process hearing is requested. In addition, a copy will be provided to you at your request.

To obtain a copy of PRISE, please contact:

Barbara Tarrant, Student Support Services Secretary (732) 214-2365 option 4
School District Office of Personnel Phone Number

For help in understanding your rights, you may contact any of the following:

Sara McGowan, Supervisor of Special Education (732)214-2365 option 4
School District Representative Phone Number

NJ Protection and Advocacy, Inc. at (800)922-7233

NJ Department of Education through its Middlesex County Office:

Mark Lanzi (732)249-2400
County Supervisor of Child Study Phone Number

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Revised by NJDOE: 3/03/1999; Received by Milltown School District: 2/08/2000 (revised by Milltown School District 10/1/2020)

Student Name: _____ IEP from _____ to _____

To assure that parents understand the notice options for an IEP review, the school district must choose the appropriate statement regarding notice and include it as part of the IEP.

IEP REVIEW OPTION # 1:

This form is used when the proposed IEPs intended to be implemented before the 15 day notice period has expired. The parent's signature is required to document the agreement to start the services sooner.

You have the right to consider the proposed IEP for up to 15 calendar days. To have the IEP services start before the 15 days expire you must sign below.

If you disagree with the IEP and you do not inform the district in writing of your disagreement, the IEP will be implemented without your signature after the 15 days have expired.

I, we, have received a copy of the proposed IEP and agree to have the IEP services start before the 15 calendar days have expired.

Signature

Date

IEP REVIEW OPTION #2:

This form is used when the proposed IEP is intended to be implemented after the 15 days have expired.

You have the right to consider the proposed IEP for up to 15 calendar days.

Your signature is not required to implement a proposed IEP, after 15 calendar days have expired.

If you disagree with the attached IEP, and do not inform the district in writing of your disagreement before the 15 calendar days have expired, the IEP services will start on:

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Student Name: _____ IEP from _____ to _____

CONSENT FOR INITIAL IEP IMPLEMENTATION:

Your signature is required to give consent before the proposed IEP services can start.

You have the right to consider the attached IEP for up to 15 calendar days before giving consent. But, you may sign at any time during the 15 calendar days to have the IEP services start.

I/We, have received a copy of the proposed IEP and give consent for the IEP services to start.

Signature

Date

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Student Name: _____ IEP from _____ IEP to _____

INSTRUCTIONAL AREA: COMMUNICATION

Annual Measurable Goal:

Benchmarks or Short Term Objectives	Criteria	Evaluation Procedure

Modifications and Supplementary Aids and Services in the Regular Education Classroom
<p>State the modifications related to communication that are necessary for the student to be involved and progress in the general education curriculum, participate in extracurricular and other nonacademic activities, and be educated with other students with disabilities and non-disabled students. State the supplementary aids and services that will be provided to the student or on behalf of the student. Identify any assistive technology devices and services to be provided.</p>

Modifications	Supplementary Aids and Services

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Student Name: _____ IEP from _____ to _____

MODIFICATIONS IN EXTRACURRICULAR AND NONACADEMIC ACTIVITIES

State the modifications in the area of communication that will enable the student to participate in extracurricular and nonacademic activities.

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Supports for School Personnel

State the support for school personnel that are provided for the students.

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Progress Reporting

State how the parents will be regularly informed of their student's progress toward the annual goals.

Method	Schedule
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Student Name: _____ IEP from _____ to _____

PARTICIPATION IN DISTRICT AND STATE ASSESSMENT PROGRAM

Specify the district or state assessment.	Modifications/Accommodations
District Assessment: State Assessment: Check One: ESPA _____ ASK-3 _____ GEPA _____ ASK-4 _____ HSPT _____ TERRANOVA _____ SRA _____	Modifications and accommodations must be related to the goals and objectives in this IEP.

Extended School Year
Determine whether the student needs an extended school year (ESY) program. List relevant factors considered in determining whether the student needs an ESY program. If the student requires an ESY program, describe the ESY program:

Statement of Speech Language Services

Specify whether the service will be provided individually or in a group. Specify the group size if the student requires a group size of fewer than 5 students to meet his or her individual needs.	Dates the services will begin and end	Frequency	Location	Duration
The pupil will receive: <ul style="list-style-type: none"> • Individual sessions 	<ul style="list-style-type: none"> • Beginning date: _____ 	<ul style="list-style-type: none"> • _____ # of sessions per 5 day 		<ul style="list-style-type: none"> • For _____ minutes

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<ul style="list-style-type: none">• Small group sessions• _____ # students max in group	<ul style="list-style-type: none">• Ending date: _____	<ul style="list-style-type: none">• week _____ # of sessions annually*		per session
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*Approximate-based on pupil attending school 180 days

Student Name: _____ IEP from _____ to _____

ANNUAL GOALS

General Curriculum Proficiency Standard

3.1 All students will speak for a variety of real purposes and audiences.

ARTICULATION:

1. To increase general speech intelligibility.
2. To increase correct production of the _____ sound(s).

VOICE:

1. To identify vocally abusive behaviors
2. To replace and/or eliminate vocally abusive behavior.
3. To establish and maintain a good appropriate voice.

FLUENCY:

1. To identify disfluent behaviors and secondary characteristics.
2. To reduce, to the best of the child's ability, the disfluent behaviors in occurring speaking situations.
3. To reduce, to the best of the child's ability, the secondary characteristics present during disfluency.

Parent Initials _____

Teacher Initials _____

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O = approved goals

X = not applicable

Student Name: _____ **IEP from:** _____ **to:** _____

OBJECTIVES

ARTICULATION:

1. The student will discriminate between correct and incorrect productions of a target sound.
2. The student will produce the sound in isolation.
3. The student will produce the target sound(s) in syllables.
4. The student will produce the target sound(s) at the beginning of words.
5. The student will produce the target sound(s) at the end of words.
6. The student will produce the target sound(s) in the middle of words.
7. The student will produce the target sound(s) in blends.
8. The student will produce the target sound(s) in phrases.
9. The student will produce the target sound(s) in sentences.
10. The student will produce the target sound in conversational speech.
11. The student will self-monitor correct productions of the target sound in spontaneous speech production.

Parent Initials _____

Teacher Initials _____

O=approved objectives

X=not applicable

Speech and Language Procedural Guide

Student Name: _____ IEP from: _____ to: _____

OBJECTIVES

VOICE:

1. The student will be able to identify the vocal structures and their functions.
2. The student will identify the factors and/or behaviors that can be abusive to the vocal mechanism.
3. The student will identify abusive vocal behaviors, auditorily and tactually.
4. The student will discriminate between good and poor vocal habits.
5. The student will demonstrate ability to use facilitating techniques in place of poor vocal habits.
6. The student will produce sounds in isolation words with good vocal quality.
7. The student will produce isolated words with good vocal quality.
8. The student will produce phrases with good vocal quality.
9. The student will produce sentences with good quality.
10. The student will read stories with good vocal quality.
11. The student will establish self-monitoring techniques.

Parent Initials _____

Teacher Initials _____

O = approved objectives

X = not applicable

Speech and Language Procedural Guide

Student Name: _____ IEP from _____ to _____

OBJECTIVES

FLUENCY:

1. The student will identify disfluent behaviors (i.e.: blocks, repetitions, prolongations)
2. The student will identify and reduce secondary characteristics (i.e.: facial grimaces, eye blinking)
3. The student will identify situations where the most and least fluency occurs.
4. The student will improve and maintain proper breathing techniques to increase relaxation during conversational speech.
5. The student will develop the ability to use “easy onset”.
6. The student will produce syllables fluently.
7. The student will produce sentences fluently.
8. The student will speak fluently in structured conversation.
9. The student will speak fluently in spontaneous speech.

Parent Initials _____

Teacher Initials _____

O = approved objectives

X = not applicable

Milltown School District
Milltown, NJ 08850

Student: _____ Parent/Guardian: _____
Grade: _____
Teacher: _____
School: _____ Case Manager: _____
Meeting Date: _____ Notice Date: _____

Prior Written Notice

When an action is proposed or denied either following a meeting or in response to a parental request, the following areas are addressed:

- 1. A description of the action proposed or denied by the district:**
A routing Annual Review of this student's Speech IEP was conducted at a meeting on the above date. Parent and Staff discussed this student's current speech performance levels, therapeutic needs, and the need for related services for the next calendar year.
- 2. An explanation of why it is taking such action:**
A discussion of progress revealed that this student continues to need significant remediation with articulation skills. This Annual Review is required by current state and federal laws for all students who show such speech needs.
- 3. A description of any options the district considered and the reasons these options were rejected:**
Option 1: Provide no speech assistance in any setting.
Option 2: Provide additional speech services beyond current levels. These options were considered rejected.
- 4. A description of the procedures, tests, records and reports and factors used by the district in determining whether to propose or deny an action:**
Informal observation and functional assessments.
- 5. A description of any other factors that are relevant to the proposal or refusal by the district:**
There are no other relevant factors to this proposal by the Milltown School District.

A copy of the "Short Procedural Safeguards Statement" is attached for your reference. If you disagree with the content of this notice, you may express your ideas in writing to Mrs. Sara McGowan, Supervisor of Student Support Services and Child Study Team, Parkview School, 80 Violet Terrace, Milltown, NJ 08850.

Cc: Parent, File

Milltown School District
Milltown, NJ 08850

Notice of Re-evaluation Planning Meeting

Date:

Dear,

You are invited to participate in a meeting as part of the Evaluation Planning committee to discuss the possible need to re-evaluate your child _____. If re-evaluation is determined to be warranted, we will then identify what the nature and scope of the evaluation will be.

If you have any written information, which would help the group make these determinations, please bring it to the meeting.

The meeting has been scheduled as follows:

Date:

Time:

Place:

The participants at the meeting will be:

Parent(s):

Speech-Language Specialist:

Classroom Teacher:

Other:

If you are unable to attend, please call to reschedule.

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Enclosed you will find a copy of "Parental Rights in Special Education" (PRISE) explaining the procedural safeguards available to you.

Sincerely,

Speech-Language Specialist
Enclosures: PRISE

Milltown School District
Milltown, NJ 08850
ESLS - No Reevaluation Plan Developed

Proposed Action:

_____ has been referred to the Speech-Language Specialist for the purpose of conducting a reevaluation to determine continued eligibility for speech services. This reevaluation would include assessments by the Speech-Language Specialist, as well as review of information from the classroom teacher(s).

Reason for Referral:

_____ has been receiving speech therapy for: articulation, voice or fluency correction _____ times per week. _____ has mastered all goals on the IEP.

Participants:

The following were participants at a meeting on this date: _____

Participant	Title	Signature

Parent Input: _____ report that _____ has made significant speech progress in spontaneous speech production and agrees that _____ should not be reevaluated.

Teacher Input: - see attached Teacher input survey

Action Taken:

Based on the above information gathered from the participants at this meeting, it has been determined that a speech reevaluation is not warranted at this time.

_____ I agree with the above action.
_____ I disagree with the above action.

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Parental Acknowledgement:

I have met with the specialists and educators listed above. Findings and conclusions have been reviewed with me and I have been notified of my/our rights to challenge or appeal any actions.

I have received a copy of "Parental Rights in Special Education", excerpted from NJAC 6A14, which are New Jersey's regulations for special education and related services.

Parent(s) Signature(s)

Date of Conference

**Milltown School District
Milltown, NJ 08850**

ESLS Re-Evaluation Plan

Proposed Action:

_____ has been referred to the Speech-Language Specialist for the purpose of conducting a re-evaluation to determine eligibility for speech services. This evaluation would include assessments by the Speech-Language Specialist, as well as review of information from the classroom teacher(s). What information will be collected and who will collect that information is described in this Evaluation Plan.

Other(Specify): _____

Reason for Referral:

Available Information:

	Teacher Consultation
	Remedial Reading
	Basic Skills Introduction
	Parent Information
	Evaluations provided by the parent
	Evaluations obtained from prior school.

Evaluation Plan Components:

Sources if Data:

Speech and Language Procedural Guide

	Classroom observations
	Teacher observations
	Formal Diagnostic Assessment

Information to Obtain:

Evaluator

Speech and Language Functioning
Developmental History
Articulation Assessment
Language Assessments
Functional Assessment
Oral-Facial Assessment

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Evaluation Focus Questions:

Determine whether this student evidences eligibility for Speech Services as defined in NJAC6:14-3.6

What are the present levels of performance and educational needs of this student?

Will this student need to be referred to the Child Study Team for determination of special education and related services?

Participants:

This plan was developed by the following participants at a meeting on this date: _____

Participant	Title	Signature

Parental Consent and Acknowledgement

_____ I agree to the above Speech/Language Evaluation Determination Plan

_____ I do not agree with the above Speech/Language Evaluation Determination Plan.

I have been provided with a copy of:

_____ NJAC 6A:14

_____ Short Procedural Safeguards Statement

Parent/Guardian Signature

Date

Milltown School District
Milltown, NJ 08850

Student: _____

Parent/Guardian: _____

Grade: _____ Teacher: _____

—
School: _____ Case

Manager: _____

Meeting Date: _____ Notice

Date: _____

Components of Prior Written Notice - Re-evaluation

When an action is proposed or denied wither following a meeting or in response to a parental request, the following areas are addressed:

1. A description of the action proposed or denied by the district:

A meeting occurred on the date above. Parent and staff discussed this student's current communication performance levels, and developed a plan for reassessing the child's speech production.

2. An explanation of why it is taking such action:

Discussion of speech production revealed that this student has demonstrated significant progress that warrants functional assessment/testing to determine whether or not this child's speech continues to impact educational performance.

3. A description of any options the district considered and the reasons these options were rejected:

Option 1: Not assessing the student was considered and rejected.

Option 2: Continuing the student in the present program with no changes was considered and rejected.

4. A description of the procedures, tests, records and reports and factors used by the district in determining whether to propose or deny an action:

IN determining eligibility, several sources of information were used, including some or all of the following: teacher interview(s), parent interview, formal and informal procedures.

5. A description of any other factors that are relevant to the proposal or refusal by the district:

Speech and Language Procedural Guide

No other relevant factors to this proposal by the Milltown School District.

A copy of the "Short Procedural Safeguards Statement" is attached for your reference. If you disagree with the content of this notice, you may express your ideas in writing and mail your letter to Mrs. Sara McGowan, Supervisor of Special Education, Parkview School 80 Violet Terrace, Milltown, NJ 08850.

Cc: Parent, file

**Milltown School District
Milltown, NJ 08850**

**Declassification of Eligibility for Speech-Language Services
(ESLS)**

1. Identification Information:

Name of Student: _____

Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

2. Reason for Referral:

3. Evaluation/Classification Team:

Participant	Title	Signature

Classification Conference Date: _____

4. Classification Summary:

5. Eligibility State:

The persons listed above served as the classification team and determined that _____ is no longer eligible for Speech-Language Services (ESLS) and should be declassified.

6. Notice Requirements:

This document comprises the written notice requirements of NJAC6a:14 and includes the Classification Summary report as a description of proposed action, and description of the procedures and factors used in determining the proposed action.

7. Parental Acknowledgement:

I/We *have* met with the specialists and educators listed above. Findings and conclusions have been reviewed with me and I have been notified of my/our rights to challenge or appeal any actions.

I/We have received a copy of “Parental Rights in Special Education”, excerpted from NJAC6a:14, which are New Jersey’s regulations for special education and related services.

Parent(s) Signature(s)

Date of Conference

IEP PLANNER V9
Goals and Objectives
Coding Sheet

GOAL Select Goal Codes from Goals/Objectives Manual or write your own statement _____.

Instructional Area:

Goal:

Handwritten

Goal: _____

Measurement/Detail Statement:

OBJECTIVES Select Objective, Condition, and Criteria Codes from Goals/Objectives Manual or write your own statement _____.

Obj. Code Conditions Criteria Handwritten or Modification

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Student Name: _____ 008: _____ Number: _____ Page ___ of ___

RELATED SERVICES

All IEPs

RELATED SERVICES Selected Related Services and indicate location, frequency, duration, provider and dates for each limit 11 service.

Related Service	Form (circle one)	Location	Freq	Dur	Provider Instructions	Begin/End Dates
Speech Therapy	Ind/0ad/Group/ Collab/Consult					
Occupational Therapy	Ind/0ad/Group/ Collab/Consult					
Physical Therapy	Ind/0ad/Group/ Collab/Consult					
<u>Counseling</u>	Ind/0ad/Group/ Collab/Consult					
One-to-One Aide	Ind/0ad/Group/ Collab/Consult					
Ada five Physical Education	Ind/0ad/Group/ Collab/Consult					
Recreation Therapy	Ind/0ad/Group/ Collab/Consult					
Mobility Training	Ind/0ad/Group/ Collab/Consult					
	Ind/0ad/Group/ Collab/Consult					
No Serv Related at this time	Ind/0ad/Group/ Collab/Consult					

Locations Regular Classroom Therapy Room Resource Program Special Education Reg & Spec Ed Classroom

ADDITIONAL PROGRAM INFORMATION Enter any additional Program Information needed to adequately describe this student's Special and regular education

ADDITIONAL RELATED SERVICES INFORMATION

Enter any additional Related Services information or instructions needed to provide appropriate Related Services.

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Transportation

Enter information regarding transportation requirements.

Special Transportation Required?

Transportation Begin Date:

End Date:

Special Transportation

Instructions:
