



**BUCKS COUNTY ASSOCIATION FOR  
THE BLIND AND VISUALLY IMPAIRED**

**Family  
Resource Guide  
for Children who are  
Blind or Visually Impaired**



400 Freedom Drive Newtown, PA 18940  
215-968-9400 | [www.bucksblind.org](http://www.bucksblind.org)

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Dear Parents and Families:

Thank you for contacting the Bucks County Association for the Blind and Visually Impaired (BCABVI). As a local non-profit serving the Bucks County Community, we are here as a resource for families impacted by vision loss and to encourage all family members to lead a rich, vibrant, and independent life.

BCABVI is here to support your family. We can offer some direct services through our Low Vision Clinic and social/recreational activities, but each family is ultimately responsible for actively advocating for their child and making decisions about what is best for them. We cannot do this for you, but we can help you learn how to do it.

**You know your child better than anyone. As his or her parent, you are the best person to advocate for their needs.** BCABVI understands you want to help your child to overcome the challenges associated with vision loss but may not be aware of the resources and supports available to help them succeed.

Being an effective advocate for your child can seem overwhelming at first, so BCABVI developed our Family Resource Guide for Children who are blind and visually impaired to be a tool for families. The purpose of this guide is to help families learn to advocate for their child's needs using available resources and community supports and to organize personal information in a way that is easily accessible.

BCABVI's Family Resource Guide provides general information about services, resources, technology and contacts that are available in Bucks County. While every piece of information may not apply to your situation, the guide will help you identify what your child may need and offer options to create the right combination of supports to assist with your child's specific challenges. In addition, the guide offers a structured format that can be used by families to keep organized records of contacts, forms and plans that are developed for your child.

This resource guide is a working document, so if there is any information you can share that would assist other families, we would appreciate your feedback. BCABVI has established a Children's Services committee whose members volunteer to share insights and identify key issues for families in Bucks County. If you would like to become involved with other parents and professionals seeking to enhance services for children we would welcome you to join.

By requesting this guide, you have taken the first step in being a great advocate. We have confidence in your abilities and know that with the right tools, you will be successful.

If you have any questions or concerns, please feel free to contact us at 215-968-9400 or [info@bucksblind.org](mailto:info@bucksblind.org).

Best regards,

Anne Marie Hyer, MPA  
Executive Director

## **Being an Effective Advocate**

As a parent you are your child's biggest supporter. You know your child's needs, wants, and abilities better than anyone else. As an advocate for your child you will need to be prepared for meetings and appointments, communicate effectively, share your knowledge, and participate in every aspect of your child's services. This will not be an easy process, but with your patience and dedication your child will receive the services he or she needs.

### **Tips for Parents Advocating for Children**

- Obtain and provide medical documentation for child's diagnosis
- If you have any other important information concerning your child that will help encourage their success you should share it with the school
- Attend meetings regularly
  - ★ Do not just physically be at the meetings, but actively participate and be prepared by bringing all documents and taking notes
  - ★ If you cannot attend the scheduled meeting be sure to provide any input or documents that might be important
  - ★ Participate in all appointments with coordinators or service professionals. Learning the techniques and skills your child is learning will help. It is important you support them outside of school.
- Build good working relationships with the team and those who are helping your child
- All documents provided to you by the doctors, caseworkers, teachers, or school district should be read thoroughly. Although the papers might be long, it is in your best interest to read the entire document to assure that your child is receiving the appropriate services
- As your child grows have them ask for help. This will empower your child and allow them to become independent later in life

In Appendix A you will find a document titled *Important Questions to Consider*. This document will provide you with examples of common questions to consider regarding your child's education and services.

## **Important Documents to Keep on File**

The *My Documents* section may be the most important section of the *Family Resource Guide*. Keep all files in this binder and have them available for appointments.

### **Important Documents to Keep on File:**

- Medical Records
- Evaluations or Assessments made by health professional
- Individualized Family Service Plan (*If you have it*)
- Individualized Education Program (*IEP*) Forms
- Progress/Behavior Reports from schools, professionals working with your child
- Formal notices of meetings pertaining to your child

### **Additional Information May Include:**

- Notes or letters from Specialists
- Notes taken during an appointment, phone call, or meeting
- Report Cards
- Copies of letters to/from teachers or schools
- Letters written by doctors, teachers, or other professionals concerning your child
- Correspondence
- Samples of student's work



**Important Contacts to Keep on File**

**Teacher – Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
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**Special Education Contact – Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
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**IU Contact / Teacher of Visually Impaired – Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
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**BBVS Social Worker – Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
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**Additional Contacts:**

**Name:** \_\_\_\_\_

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## **General Descriptions of Plans for Children**

Your child's public school district is responsible for evaluation and provision of services to support your child under the Individuals with Disabilities Act. The Bucks County Intermediate Unit provides services on behalf of our constituent districts upon receipt of referrals. Please contact your district special education director for information.

### ***Early Intervention Services***

Early Intervention services assist children from **birth to 5 years of age** with developmental delays or disabilities. These services are intended to support the developmental needs of children with disabilities and occur within the daily routines of a child and their family. Early Intervention Services may include: assistive technology, counseling and training for family, occupational therapy, etc. If you have a concern about your child's development please consult with local professionals in your area.

#### **Service Units Nearby:**

##### **Penn Foundation**

*Early Intervention Services*  
519 South 5<sup>th</sup> Street, Suite 100  
Perkasie, PA 18944  
Phone: 267-404-5069  
[www.pennfoundation.org](http://www.pennfoundation.org)

##### **Lenape Valley Foundation**

*Early Intervention Services*  
500 North West Street  
Doylestown, PA 18901  
Phone: 215-345-5300 x5402 | 267-893-5402  
[www.lenapevf.org](http://www.lenapevf.org)

##### **Northwestern Human Services**

*Early Intervention Services*  
2260 Cabot Blvd West, Suite 100  
Langhorne, PA 19047  
Phone: 215-949-3230  
[www.nhsonline.org](http://www.nhsonline.org)

##### **Bucks County Intermediate Unit #22**

705 N. Shady Retreat Road  
Doylestown, PA 18901  
Phone: 215-348-2940  
[www.bucksiu.org](http://www.bucksiu.org)  
*County Early Intervention Coordinator*  
Ages: Birth to 3 years | 215-444-2828  
*Early Childhood Services Program*  
Ages: 3 to 5 year | 1-800-770-4822 x 1716

### ***Individualized Family Service Plan***

An Individualized Family Service Plan (IFSP) is a document that includes your child's current level of functioning; the services that are planned for your child, assessments that describe their strengths and weaknesses in developmental areas, and information about the child's home environment. As part of the team you will come to an agreement and determine what services are best for your child. You know your child and can be their biggest advocate so openly communicating, requesting services, and partnering with professionals is very important to encourage your child's success.

### ***Individualized Education Program***

An Individualized Education Program (IEP) is developed for each student ages **6 to 21 years** who is eligible for special education. The student's IEP will include his or her present level of educational performance, specific educational goals, supports and related services the school plans to provide to help the student, modifications and accommodations, explanation of how the child will participate in the classroom, and how the child's progress will be measured. The IEP team, which includes teachers, professional staff, and most importantly the parents, will outline the services, goals, and resources. The educational team meets annually and has meetings as needed throughout the year to be sure goals are being met and the student is receiving the proper accommodations. At any time parents may request a meeting with the team if issues or concerns arise. IEPs are flexible documents and can be modified throughout the year based on the child's progress.

### ***Transition Services***

Transition Services prepare students ages **14 to 21 years** for life after they graduate from high school. Activities are incorporated into a student's daily schedule to promote and influence growth from school to post-secondary employment. Transition plans are detailed in the student's IEP and considerations will be given to the student's ability such as: strengths, weaknesses, interests, and goals for the future. The IEP team will design services that will provide the foundation for the student to be successful in their future endeavors.



## **Bucks County Association for the Blind and Visually Impaired**

### **Our Children's Mission**

Our mission is to provide resources and support for children with blindness or visual impairments and their families that encourage advocacy, personal growth, and active involvement in the community.

### **Vision Statement**

Our vision is rich, vibrant, and independent lives for the blind or visually impaired.

### **BCABVI Services Offered for Families**

- Low Vision Clinic and Assistive Technology
- Life Skill Classes
- Social/Recreational Activities
- Support Groups

### **BCABVI Children Services Committee**

The Children's Services committee members volunteer to share insights and identify key issues for families in Bucks County. If you would like to become involved with other parents and professionals seeking to enhance services for children we would welcome you to join.

## **Low Vision Clinic**

The Low Vision Clinic at BCABVI is dedicated to assisting our clients lead a rich, vibrant and independent life. BCABVI operates two Low Vision Clinics, one in Newtown and a second in Telford where patients can receive specialized vision care that helps them adjust to their vision loss. When traditional vision care cannot improve vision, the Low Vision Clinics offer evaluations and recommend devices that help patients function in their everyday lives. Training on both assistive and mainstream technology (like iPhones and iPads) are offered both in groups and individual lessons in the new technology room.

### **Low Vision Evaluation**

A comprehensive low vision evaluation lasts for approximately 60 to 90 minutes. During this time, our doctors work with each patient to: determine visual function, identify daily living activities that are more challenging due to low vision, recommend low vision aids or environmental adaptations that can assist with maximizing remaining vision, and provide referrals for in home training and instruction as needed.

### **Low Vision Training & Instruction**

Low Vision Training and Instruction is a hands-on demonstration and instruction of the recommended devices. This will help the person maximize their independence and be able to use the devices effectively.

## **Vision Contacts in the Community**

### **American Foundation for the Blind – [www.afb.org](http://www.afb.org)**

*The American Foundation for the Blind removes barriers, creates solutions, and expands possibilities so people with vision loss can achieve their full potential.*

2 Penn Plaza, Suite 1102      Phone: 212-502-7600  
New York, NY 10121

### **Bucks County Association for the Blind & Visually Impaired – [www.bucksblind.org](http://www.bucksblind.org)**

*BCABVI's mission is to provide resources, answers, and support for people with blindness or other visual impairments that maximize their ability to meet life's daily challenges and realize their continued self-worth and value to our community.*

400 Freedom Drive      Phone: 1-800-472-8775 | 215-968-9400  
Newtown, PA 18940      Low Vision Clinic: 215-968-1035  
Email: [info@bucksblind.org](mailto:info@bucksblind.org)

### **Bucks County Intermediate Unit – [www.bucksiu.org](http://www.bucksiu.org)**

*The BCIU ensures optimal growth of all learners by collaborating with our school districts and community to initiate, design, and deliver exemplary leadership, teaching, and learning.*

705 N. Shady Retreat Rd.      Phone: 215-348-2940  
Doylestown, PA 18901

### **Bureau of Blindness & Visual Services – [www.pa.gov](http://www.pa.gov)**

*BBVS provides services to people who are blind and visually impaired in PA. Their mission is to help people gain skills necessary to live and work independently in their communities.*

**Philadelphia Office:** Blindness & Visual Services      Voice: 215-560-5700 | 866-631-3892\*  
444 N. 3<sup>rd</sup> Street, 5<sup>th</sup> Floor      TTY: 215-560-5725 | 877-255-5082\*

**Central Office:** 1521 N. 6<sup>th</sup> Street      Voice: 717-787-6176 | 800-622-2842\*  
Harrisburg, PA 17102      TTY: 717-787-4885 | 866-830-7327\*

### **Office of Vocational Rehabilitation – [www.pa.gov](http://www.pa.gov)**

*OVR offers people with disabilities services that allow them to obtain and keep a job and promotes economic and social independence in their daily life. OVR provides specialized services for people who are blind or visually impaired.*

**Philadelphia Office:** 444 N. 3<sup>rd</sup> Street, 5<sup>th</sup> Floor      Voice: 215-560-5700 | 866-631-3892\*  
Philadelphia, PA 19123      TTY: 215-560-5725 | 888-870-4473\*

**Central Office:** 1521 N. 6<sup>th</sup> Street      Voice: 717-787-5244 | 800-442-6351\*  
Harrisburg, PA 17102      TTY: 717-787-4885 | 866-830-7327\*

*\*Toll Free within Pennsylvania*



## **Social/Recreational Programs in the Community**

### **Adaptive Ski Programs**

- Camelback Mountain:
  - Tannersville, PA
  - Phone: 215-765-5118
- Jack Frost Big Boulder:
  - Blakeslee, PA
  - Phone: 570-443-8425 x 2503
- Blue Mountain:
  - Palmerton, PA
  - Phone: 610-826-7700
  - Email: [information@skibluemt.com](mailto:information@skibluemt.com)
- Liberty Mountain Resort:
  - Gettysburg, PA
  - Phone: 717-642-8282 x 3479
  - Email: [contact@brasski.org](mailto:contact@brasski.org)

### **Blind Sports Organization**

**465 Maplewood Road Springfield, PA 19064 | 302-836-5784 | [info@blindsports.org](mailto:info@blindsports.org)**

- Beep-Baseball
- Judo
- Women's Goalball, Men's Goalball, Youth Goalball
- Run-Walk Club

### **Camp Abilities at West Chester University**

**700 S High St, West Chester, PA 19382 | 610-436-2516 | [CampAbilitiesPA@gmail.com](mailto:CampAbilitiesPA@gmail.com)**

- Developmental sports camp for children ages 7-17 who are blind or visually impaired
- Introduces campers to variety of sports, including triathlon, goalball, swimming, beep baseball, track and field, tandem biking, team building, dance, and adventure-based activities
- Held on Memorial Day Weekend

## **Central Bucks Family YMCA**

**2500 Lower State Road, Doylestown, PA 18901 | 215-348-8131**

- Ability Membership
  - Offer membership and programs at a reduced rate
- Adaptive Aquatics
  - Available to kids ages – 6 months to 12-years old
  - Group Swim Lessons/Private Swim Lessons
- Adapted Activities
  - Land Classes – karate, yoga & fitness, and music therapy
  - One-on-one Fitness Instruction – 10 yrs+ | 8 half-hour sessions
  - Achieve – 9 to 14 years | For socialization goals, promoted connection, character development and interpersonal skills through activities and play
  - Youth Sports
- Adapted Scouts
  - Adult boy scouts and youth/adult girl scout troops
- After School Programs
  - The Club after 2 – Middle/High school students (12 to 22); helps develop peer interaction and social skills while increasing physical activity
- Ability Summer Camp
  - Placed with age-appropriate day camp with their peers

## **Helen L. Diller Vacation Home for Blind Children**

**127 26<sup>th</sup> St Avalon, NJ 08202 | 609-967-7285 | [emily@dillerblindhome.org](mailto:emily@dillerblindhome.org)**

- For children who are 7 to 15 years old with a visual impairment
- Camp experience is Saturday to Saturday in mid June to mid August
- Children will spend the week at the beach, participating in recreational activities including: visiting Cape May County Zoo, Morey's Pier, and attending musical events.

## **Kids Unlimited**

**400 Freedom Drive, Newtown, PA 18940 | 215-968-9400 | [msharman@bucksblind.org](mailto:msharman@bucksblind.org)**

- Gives children who are blind or visually impaired in Bucks County opportunities to pursue their interests and learn through group trips and activities
- There are trips and activities throughout the year, either at BCABVI or offsite in the community

## **Mid Atlantic Blind Golf Association**

**Golf Outing Locations vary around PA | 215-745-2323 | [info@mabga.org](mailto:info@mabga.org)**

- Provides men and women who are blind or visually impaired the opportunity to enjoy the rewards of golf
- Junior Golf Program
- Coaches there to help men and women during the golf outings



### **Pennsylvania Center for Adaptive Sports**

**4 Boathouse Row Philadelphia, PA 19130 | 215-765-5118**

- Rowing, Aquatics, Sled Hockey, Climbing, Skiing, Cycling, Walking

### **Philly Achilles**

**1601 Chestnut Street Philadelphia, PA | phillyachilles@yahoo.com**

- Pairs athletes with disabilities with trained guides
- Completes in numerous 5Ks and marathons

### **Special Equestrians**

**2800 Street Road Warrington, PA 18976 | 215-918-1001 | info@specialequestrians.org**

- Therapeutic riding program

### **Summer Academy for Students who are Blind or Visually Impaired**

**Penn State University Atherton Hall, University Park, PA 16801 | 215-560-5700**

- Three-week summer program for students who are currently enrolled in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grade
- Focused on daily living activities, travel skills, self-advocacy and networking skills, career awareness, social skills, enhancing access technology skills, and low-vision rehabilitation

### **Transitional Vocational Initiative Program**

**Overbrook School for the Blind, 6333 Malvern Ave Philadelphia, PA 19151 | 215-877-0313**

- Program for high school students that want to go right from high school to work
- Students work on resume writing, interviewing skills, job shadow, work, and get paid

## **Important Questions to Consider**

### **Questions to Consider for Educational Planning Meetings**

- Has an IEP been developed annually?
- Are my child's strengths and weaknesses accurately represented?
- Is my child making effective progress in school?\*
- Does my child have the right tools to be successful?
- Are the intervention plans appropriate?
- Have my child's goals been met?

### **Questions to Consider if Additional Modifications Needed**

- Does the IEP need to be modified?\*
- Is my child currently receiving the proper services he or she needs to maximize their daily functioning?
- Do I need to schedule a meeting or yearly review?

### **Questions in Preparation for Upcoming School Year**

- Where could my child improve from last year?
- Has my child shown any new strengths or weaknesses in the past year?
- How can we build upon my child's progress and help them to continue to grow?
- Are there any additional resources such as: assistive technology, personnel, or environmental adaptations?

### **Questions to Consider for Students 14 years and Older**

- Has a Transition Plan been discussed?
- What are the current goals and plans for the future?
- What other resources or professionals do I need to be in contact with that will help me plan for the future?

Child's Name: \_\_\_\_\_  
Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID#: \_\_\_\_\_

Office of Child Development and Early Learning



## Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

- The IFSP and IEP are plans that identify services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP/IEP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP and IEP are plans that consider: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

Meetings for the IFSP/IEP	
Date meeting(s) held	Purpose Of Meeting(s) (Ex.: Initial IFSP/IEP, Annual, Revisions)

Child's Name: \_\_\_\_\_  
 Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 ID#: \_\_\_\_\_

## I. Demographics and IFSP/IEP Team Membership

Child Information	Family Information
Child's Name: _____	Gender: _____
Date of Birth: _____	Age: _____
EIX#: _____	Referral Date: _____
Referral Source: _____	Referral Source: _____
Child's Address: _____	Child's Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: _____	Phone #: _____
Primary Language: _____	Primary Language: _____
School District of Residence: _____	School District of Residence: _____
County of Residence: _____	County of Residence: _____
	Primary Language: _____
	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	School District of Residence: _____
	County of Residence: _____

### IFSP/IEP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator (infant/toddler) or Local Education Agency Representative (preschool) must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate (infant/toddler); a regular education and a special education teacher (preschool).

Role	Printed Name	Attendance Signature
Parent/Guardian		
Parent/Guardian		

**The following individuals provided information to the IFSP/IEP team but did not attend or were excused from the meeting.**

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parents Rights Agreement: Yes  No

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID#: \_\_\_\_\_

## II. Child and Family Information

### Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental, academic achievement (preschool), and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

### Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current

**With parent consent, list assistance to the family in helping them access community, medical or other non-EI funded services.  
If the parent does not want to address this item, document in the child's record.**

Child's Name: \_\_\_\_\_  
Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID#: \_\_\_\_\_

### III. Special Considerations

Following are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the IFSP/IEP must address the child's needs related to any identified special factor.

<b>1. Is the child blind or visually impaired?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - As developmentally appropriate for the infant, toddler, and preschooler, the IFSP/IEP team should evaluate the child's early literacy needs, including reading and writing media. The IFSP/IEP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child.
<b>2. Is the child deaf or hard of hearing?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP/IEP.
<b>3. Does the child exhibit behaviors that impede the child's learning or that of others?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment.
<b>4. Does the child have limited English proficiency (e.g., the child's home language is not English)?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the family and child's language needs as those needs relate to the development and implementation of the IFSP/IEP.
<b>5. Does the child have communication needs?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the communication needs of the child in the development of the IFSP/IEP.
<b>6. Does the child need assistive technology devices and/or services?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's assistive technology needs in the development of the IFSP/IEP.
<b>7. Is it anticipated that the infant/toddler or preschooler will be transitioning from the Early Intervention program because of a transition in the life of the family and child?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to the transition.
<b>8. Is this an IFSP for a toddler who is at least 2 years 3 months of age?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP must include a transition plan that addresses the child and family's needs related to the transition to the Part B program if eligible or to other community programs.
<b>9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IEP must include a transition plan that addresses the transition process.

Child's Name: \_\_\_\_\_  
Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID#: \_\_\_\_\_

### IV. Measurable Results/Outcome/Goal # \_\_\_\_\_

Activity/behavior/skill in everyday life, identified by the family and the IFSP/IEP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accord with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

<b>Measurable Results/Outcome/Goal:</b> <b>Measurable Results/Outcome/Goal Statement:</b>	<b>Date outcome/goal developed:</b> _____	<b>Date outcome/goal completed:</b> _____
--	---	---

**What is happening now?** What is the child's current level of performance related to this outcome/goal?

**What teaching strategies are needed to reach the outcome/goal?** Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this.

**How will we as a team measure progress and collect data for this outcome/goal?** Include what is going to be measured, how it will be measured, when it will be measured and by whom. Describe when periodic reports on progress will be provided to the parent.

**After reviewing the outcome/goal and progress monitoring data, we, the team, have decided: (Check one)**

We still need to work toward this outcome/goal. Let's continue with what we have been doing.  
 We still need to work toward this outcome/goal. Let's discuss new ways to get there.  
 Our situation has changed; we no longer need to work on this outcome/goal.  
 We are satisfied that we have finished this outcome/goal.  
 Other: \_\_\_\_\_

**Date of review:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 ID#: \_\_\_\_\_

## V. Early Intervention Services

Early Intervention Service <sup>1</sup>	Location <sup>2</sup>	Start Date <sup>3</sup>	Actual Delivered Date	Service End Date	Frequency up to a Maximum	Session Duration <sup>4</sup>	Unit Cost <sup>5</sup>	Estimated Total Cost <sup>3</sup>
Contact Person & Phone Number:				Agency:				
Service Comments:								
Contact Person & Phone Number:				Agency:				
Service Comments:								
Contact Person & Phone Number:				Agency:				
Service Comments:								
Contact Person & Phone Number:				Agency:				
Service Comments:								

<sup>1</sup>All services will be on an individual basis unless otherwise indicated within the plan here and/or in the service page.

<sup>2</sup>If IFSP/IEP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

<sup>3</sup>If an Early Intervention service is projected to start later than 14 calendar days after the Start Date, a justification of the later date must be documented in the Service Comments section.

<sup>4</sup>A unit is equal to 15 minutes.

<sup>5</sup>Only completed by infant/toddler programs: This child's Infant/Toddler early intervention services may be funded through state, Medical Assistance or Infant/Toddler and Family Waiver funds.



Child's Name: \_\_\_\_\_  
Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID#: \_\_\_\_\_

## VI. Participation in Regular Early Childhood Programs

<b>Is the child currently attending a regular early childhood program?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care; including reverse mainstreaming. Attendance at an early childhood program need not be funded by Early Intervention funds.)	
<b>If yes, how many hours per week does the child spend in the regular early childhood program?</b> _____ hrs/wk	
P R E S C H O O L  O N L Y	<b>Where does the child receive the majority of hours of special education and related services?</b> <input type="checkbox"/> In the regular education program <input type="checkbox"/> In some other location
	<b>Is the child receiving special education in a specialized setting?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, how many hours per week does the child spend in a specialized setting? _____ hrs/wk <input type="checkbox"/> Special Education Class <input type="checkbox"/> Separate School <input type="checkbox"/> Residential facility
	<b>Is the child receiving the majority special education and related services in the residence of the child's family or caregiver?</b> <input type="checkbox"/> Yes - Home <input type="checkbox"/> No - Service Provider Location or some other location not in any other category
	<b>EI Preschool Location of Intervention (LRE):</b> _____

## VII. Participation with Typically Developing Children

For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.  
For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.  
For eligible infants, toddlers and preschool children: Include in what environment the child will receive Early Intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.

--

Child's Name: \_\_\_\_\_  
Local Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID#: \_\_\_\_\_

### **VIII. Early Intervention Services during Scheduled Breaks - *PRESCHOOL ONLY***

All services are based upon the preschool early intervention calendar. If the IEP team determines that this child is eligible for preschool special education services during scheduled breaks based on the educational needs of child, specify the services below.

The IEP team has considered and discussed services during scheduled breaks and determined that:

- This child does NOT need services during scheduled breaks based on:
- This child needs services during scheduled breaks based on:

### **IX. Revisions to the IFSP/IEP**

<b>Date of Revision(s)</b>	<b>Name and Role of Team Members involved in the Revision</b>	<b>IFSP/IEP Section(s) Amended</b>	<b>Reasons for Revision</b>



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**School Age**

Student's Name: \_\_\_\_\_

IEP Team Meeting Date (mm/dd/yy): \_\_\_\_\_

IEP Implementation Date (Projected Date when Services and Programs Will Begin): \_\_\_\_\_

Anticipated Duration of Services and Programs: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_

Local Education Agency (LEA): \_\_\_\_\_

County of Residence: \_\_\_\_\_

Name and Address of Parent/Guardian/Surrogate: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

\_\_\_\_\_ Phone (Work): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

The LEA and parent have agreed to make the following changes to the IEP without convening an IEP meeting, as documented by:

Date of Revision(s)	Participants/Roles	IEP Section(s) Amended

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**IEP TEAM/SIGNATURES**

The Individualized Education Program team makes the decisions about the student's program and placement. The student's parent(s), the student's special education teacher, and a representative from the Local Education Agency are required members of this team. Signature on this IEP documents attendance, not agreement.

<b>Role</b>	<b>Printed Name</b>	<b>Signature</b>
Parent/Guardian/Surrogate		
Parent/Guardian/Surrogate		
Student*		
Regular Education Teacher**		
Special Education Teacher		
Local Ed Agency Rep		
Career/Tech Ed Rep***		
Community Agency Rep		
Teacher of the Gifted****		

\* The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.

\*\* If the student is, or may be, participating in the regular education environment

\*\*\* As determined by the LEA as needed for transition services and other community services

\*\*\*\* A teacher of the gifted is required when writing an *IEP* for a student with a disability who also is gifted.

One individual listed above must be able to interpret the instructional implications of any evaluation results.

Written input received from the following members:

**Transfer of Rights at Age of Majority**

For purposes of education, the age of majority is reached in Pennsylvania when the individual reaches 21 years of age. Likewise, for purposes of the Individuals with Disabilities Education Act, the age of majority is reached for students with disabilities when they reach 21 years of age.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

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**PROCEDURAL SAFEGUARDS NOTICE**

I have received a copy of the *Procedural Safeguards Notice* during this school year. The *Procedural Safeguards Notice* provides information about my rights, including the process for disagreeing with the IEP. The school has informed me whom I may contact if I need more information.

Signature of Parent/Guardian/Surrogate: \_\_\_\_\_

**MEDICAL ASSISTANCE PROGRAM BILLING NOTICE**

**(Applicable only to parents who have consented to the release of billing information to Medical Assistance programs)**

I understand that the school may charge the School-Based Access Program ("SBAP")—or any program that replaces or supplements the SBAP—the cost of certain special education and related services described in my child's IEP. To make these charges to the SBAP, the school will release to the administrator of that program the name, age, and address of my child, verification of Medicaid eligibility for my child, a copy of my child's IEP, a description of the services provided and the times and dates during which such services were provided to my child, and the identity of the provider of such services. *I understand that such information will not be disclosed, and such charges will not be made, unless I consent to the disclosure.* I acknowledge that I have provided written consent to disclose such information.

I understand that my consent is ongoing from year-to-year unless and until I withdraw it. I can withdraw my consent in writing, or orally if I am unable to write, at any time. My refusal to consent or my withdrawal of consent will not relieve the school of the obligation to provide, at no cost to me or my family, any service or program to which my child is entitled under the Individuals with Disabilities Education Act ("IDEA") or that is necessary to enable my child to receive a free appropriate public education as described in my child's IEP.

I understand that the school cannot—

Require me or my family to sign up for or enroll in any public benefits or insurance program, such as Medicaid, as a condition of receiving a free appropriate public education for my child;

Require me or my family to incur any expense for the provision of a free appropriate public education to my child, including co-payments and deductibles, unless it agrees to pay such expenses on my or my family's behalf;

Cause a decrease in available lifetime coverage or any other insured benefit;

Cause me or my family to pay for services that would otherwise be covered by a public benefits or insurance program and that are required for my child outside the time that he or she is in school;

Risk the loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED AS "YES" MUST BE ADDRESSED IN THE IEP.**

**Is the student blind or visually impaired?**

Yes

The IEP must include a description of the instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.

No

**Is the student deaf or hard of hearing?**

Yes

The IEP must include a communication plan to address the following: language and communication needs; opportunities for direct communications with peers and professional personnel in the student's language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the student's language and communication mode; and assistive technology devices and services. Indicate in which section of the IEP these considerations are addressed. The Communication Plan must be completed and is available at [www.pattan.net](http://www.pattan.net)

No

**Does the student have communication needs?**

Yes

Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction (SDI), annual goals, etc.)

No

**Does the student need assistive technology devices and/or services?**

Yes

Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction, annual goals, etc.)

No

**Does the student have limited English proficiency?**

Yes

The IEP team must address the student's language needs and how those needs relate to the IEP.

No

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Name:

Does the student exhibit behaviors that impede his/her learning or that of others?

Yes

The IEP team must develop a Positive Behavior Support Plan that is based on a functional assessment of behavior and that utilizes positive behavior techniques. Results of the functional assessment of behavior may be listed in the Present Levels section of the IEP with a clear measurable plan to address the behavior in the Goals and Specially Designed Instruction sections of the IEP or in the Positive Behavior Support Plan if this is a separate document that is attached to the IEP. A Positive Behavior Support Plan and a Functional Behavioral Assessment form are available at [www.pattan.net](http://www.pattan.net)

No

Other (specify):

## II. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Include the following information related to the student:

- Present levels of academic achievement (e.g., most recent evaluation of the student, results of formative assessments, curriculum-based assessments, transition assessments, progress toward current goals)
- Present levels of functional performance (e.g., results from a functional behavioral assessment, results of ecological assessments, progress toward current goals)
- Present levels related to current postsecondary transition goals if the student's age is 14 or younger if determined appropriate by the IEP team (e.g., results of formative assessments, curriculum-based assessments, progress toward current goals)
- Parental concerns for enhancing the education of the student
- How the student's disability affects involvement and progress in the general education curriculum
- Strengths
- Academic, developmental, and functional needs related to student's disability

**III. TRANSITION SERVICES - This is required for students age 14 or younger if determined appropriate by the IEP team.** If the student does not attend the IEP meeting, the school must take other steps to ensure that the student's preferences and interests are considered. Transition services are a coordinated set of activities for a student with a disability that is designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post school activities, including postsecondary



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation that is based on the individual student's needs taking into account the student's strengths, preferences, and interests.

**POST SCHOOL GOALS** - Based on age appropriate assessment, define and project the appropriate measurable postsecondary goals that address education and training, employment, and as needed, independent living. Under each area, list the services/activities and courses of study that support that goal. Include for each service/activity the location, frequency, projected beginning date, anticipated duration, and person/agency responsible.

For students in Career and Technology Centers, CIP Code:

--

<b>Postsecondary Education and Training Goal:</b>					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible
<b>Employment Goal:</b>					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

Independent Living Goal, if appropriate:					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible

**IV. PARTICIPATION IN STATE AND LOCAL ASSESSMENTS****Instructions for IEP Teams:**

Please select the appropriate assessment option. Information on available testing accommodations may be found in the Accommodations Guidelines available on [www.education.state.pa.us](http://www.education.state.pa.us).

**State Assessments****Not Assessed**

	No statewide assessment is administered at this student's grade level.
	No English proficiency assessment administered because the student is not an English Language Learner.

**PSSA** (Math administered in grades 3-8; Science administered in grades 4 and 8; Reading administered in grades 3-8; Writing administered in grades 5 and 8; and ELA\*)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Math			
Science			
Reading			
Writing			
ELA*			

\*ELA will replace the Reading and Writing PSSAs in 2014-15 for grades 3-8.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**Keystone Exam** (Replaces the 11<sup>th</sup> grade PSSA in high school; Student must participate by 11<sup>th</sup> grade)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

**Keystone Project Based Assessment** (Available when student is unable to demonstrate proficiency on a Keystone Exam or Keystone Exam module.)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

**Validated Local Assessment** (Available when selected as option by LEA)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

**PASA** (Administered in grades 3-8, 11 for Reading and Math; Grades 4, 8, 11 for Science)

	Student will participate in the PASA.
--	---------------------------------------

Explain why the student cannot participate in the PSSA or the Keystone Exam for Reading/Literature, Math/Algebra 1, Science/Biology, and Composition (The Composition exam will be available for the 2016-17 school year):

--

Explain why the PASA is appropriate:

--

Choose how the student's performance on the PASA will be documented.

Videotape (preferred method)

Written narrative notes (requires prior approval in accordance with PDE guidance)

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**ACCESS for ELLs (Administered in grades K-12)**

Domains	Without Accommodations	With Accommodations	Unable to Participate	Accommodations to be Provided or Rationale for Inability to Participate in Selected Domains
Listening				
Reading				
Writing				
Speaking				

**Alternate ACCESS for ELLs (Administered in grades 1-12)**

Student will participate in the Alternate ACCESS for ELLs.

Explain why the student cannot participate in the ACCESS for ELLs:

Explain why the Alternate ACCESS for ELLs is appropriate:

Domains	Without Accommodations	With Accommodations	Unable to Participate	Accommodations to be Provided or Rationale for Inability to Participate in Selected Domains
Listening				
Reading				
Writing				
Speaking				

**Local Assessments**

Local assessment is not administered at this student's grade level; OR

Student will participate in local assessments without accommodations; OR

Student will participate in local assessments with the following accommodations; OR

—

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

The student will take a local alternate assessment.

Explain why the student cannot participate in the local regular assessment:

Explain why the local alternate assessment is appropriate:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**V. GOALS AND OBJECTIVES** - Include, as appropriate, academic and functional goals. Use as many copies of this page as needed to plan appropriately. Specially designed instruction may be listed with each goal/objective or listed in Section VI.

Short term learning outcomes are required for students who are gifted. The short term learning outcomes related to the student's gifted program may be listed under Goals or Short Term Objectives.

<b>MEASURABLE ANNUAL GOAL</b> Include: Condition, Name, Behavior, and Criteria (Refer to Annotated IEP for description of these components)	Describe HOW the student's progress toward meeting this goal will be measured	Describe WHEN periodic reports on progress will be provided to parents	Report of Progress

**SHORT TERM OBJECTIVES** - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

Short term objectives / Benchmarks

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS** - Include, as appropriate, for nonacademic and extracurricular services and activities.

**A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)**

- SDI may be listed with each goal or as part of the table below.
- Include supplementary aids and services as appropriate.
- For a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

<i>Modifications and SDI</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

**B. RELATED SERVICES** - List the services that the student needs in order to benefit from his/her special education program.

<i>Service</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

**C. SUPPORTS FOR SCHOOL PERSONNEL** - List the staff to receive the supports and the supports needed to implement the student's IEP.

<i>School Personnel to Receive Support</i>	<i>Support</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**D. GIFTED SUPPORT SERVICES FOR A STUDENT IDENTIFIED AS GIFTED WHO ALSO IS IDENTIFIED AS A STUDENT WITH A DISABILITY** - Support services are required to assist a gifted student to benefit from gifted education (e.g., psychological services, parent counseling and education, counseling services, transportation to and from gifted programs to classrooms in buildings operated by the school district).

<i>Support Service</i>	
<i>Support Service</i>	
<i>Support Service</i>	

**E. EXTENDED SCHOOL YEAR (ESY) - The IEP team has considered and discussed ESY services, and determined that:**

Student IS eligible for ESY based on the following information or data reviewed by the IEP team:

OR

As of the date of this IEP, student is NOT eligible for ESY based on the following information or data reviewed by the IEP team:

The Annual Goals and, when appropriate, Short Term Objectives from this IEP that are to be addressed in the student's ESY Program are:

If the IEP team has determined ESY is appropriate, complete the following:

<i>ESY Service to be Provided</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student's Name:

**VII. EDUCATIONAL PLACEMENT**

**A. QUESTIONS FOR IEP TEAM** - The following questions must be reviewed and discussed by the IEP team prior to providing the explanations regarding participation with students without disabilities.

It is the responsibility of each public agency to ensure that, to the maximum extent appropriate, students with disabilities, including those in public or private institutions or other care facilities, are educated with students who are not disabled. Special classes, separate schooling or other removal of students with disabilities from the general educational environment occurs only when the nature or severity of the disability is such that education in general education classes, EVEN WITH the use of supplementary aids and services, cannot be achieved satisfactorily.

- What supplementary aids and services were considered? What supplementary aids and services were rejected? Explain why the supplementary aids and services will or will not enable the student to make progress on the goals and objectives (if applicable) in this IEP in the general education class.
- What benefits are provided in the general education class with supplementary aids and services versus the benefits provided in the special education class?
- What potentially beneficial effects and/or harmful effects might be expected on the student with disabilities or the other students in the class, even with supplementary aids and services?
- To what extent, if any, will the student participate with nondisabled peers in extracurricular activities or other nonacademic activities?

Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class:

Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum:

## B. Type of Support

### 1. Amount of special education supports

- Itinerant: Special education supports and services provided by special education personnel for 20% or less of the school day
- Supplemental: Special education supports and services provided by special education personnel for more than 20% of the day but less than 80% of the school day
- Full-Time: Special education supports and services provided by special education personnel for 80% or more of the school day

### 2. Type of special education supports

- Autistic Support
- Blind-Visually Impaired Support
- Deaf and Hard of Hearing Support
- Emotional Support
- Learning Support
- Life Skills Support
- Multiple Disabilities Support
- Physical Support
- Speech and Language Support

**C. Location of student's program**

Name of School District where the IEP will be implemented: \_\_\_\_\_

Name of School Building where the IEP will be implemented: \_\_\_\_\_

Is this school the student's neighborhood school (i.e., the school the student would attend if he/she did not have an IEP)?

Yes

No. If the answer is "no," select the reason why not.

Special education supports and services required in the student's IEP cannot be provided in the neighborhood school

Other. Please explain:

\_\_\_\_\_

**VIII. PENNDATA REPORTING: Educational Environment (Complete either Section A or B; Select only one Educational Environment)**

To calculate the percentage of time inside the regular classroom, divide the number of hours the student spends inside the regular classroom by the total number of hours in the school day (including lunch, recess, study periods). The result is then multiplied by 100.

**SECTION A: For Students Educated in Regular School Buildings with Non Disabled Peers - Indicate the Percentage of time INSIDE the regular classroom for this student:**

Time spent outside the regular classroom receiving services unrelated to the student’s disability (e.g., time receiving ESL services) should be considered time inside the regular classroom. Educational time spent in age-appropriate community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites, should be counted as time spent inside the regular classroom.

Calculation for this Student:

Column 1	Column 2	Calculation	Indicate Percentage	Percentage Category
Total hours the student spends in the regular classroom per day	Total hours in a typical school day  (including lunch, recess & study periods)	(Hours inside regular classroom ÷ hours in school day) x 100 = %  (Column 1 ÷ Column 2) x 100 = %	Section A: The percentage of time student spends inside the regular classroom:	Using the calculation result - select the appropriate percentage category
			_____ % of the day	<input type="checkbox"/> INSIDE the Regular Classroom 80% or More of the Day <input type="checkbox"/> INSIDE the Regular Classroom 79-40% of the Day <input type="checkbox"/> INSIDE the Regular Classroom Less Than 40% of the Day

**SECTION B: This section required only for Students Educated OUTSIDE Regular School Buildings for more than 50% of the day - select and indicate the Name of School or Facility on the line corresponding with the appropriate selection: (If a student spends less than 50% of the day in one of these locations, the IEP team must do the calculation in Section A)**

- |  |  |
|--|--|
| <input type="checkbox"/> Approved Private School (Non Residential) _____ | <input type="checkbox"/> Other Public Facility (Non Residential) _____ |
| <input type="checkbox"/> Approved Private School (Residential) _____     | <input type="checkbox"/> Hospital/Homebound _____                      |
| <input type="checkbox"/> Other Private Facility (Non Residential) _____  | <input type="checkbox"/> Correctional Facility _____                   |
| <input type="checkbox"/> Other Private Facility (Residential) _____      | <input type="checkbox"/> Out of State Facility _____                   |
| <input type="checkbox"/> Other Public Facility (Residential) _____       | <input type="checkbox"/> Instruction Conducted in the Home _____       |

**EXAMPLES for Section A: How to Calculate PennData-Educational Environment Percentages**

	Column 1	Column 2	Calculation	Indicate Percentage
	Total hours the student spends in the regular classroom-per day	Total hours in a typical school day (including lunch, recess & study periods)	(Hours inside regular classroom ÷ hours in school day) x 100 = %  (Column 1 ÷ Column 2) x 100 = %	Section A: The percentage of time student spends inside the regular classroom:
Example 1	5.5	6.5	(5.5 ÷ 6.5) x 100 = 85%	85% of the day (Inside 80% or More of Day)
Example 2	3	5	(3 ÷ 5) x 100 = 60%	60% of the day (Inside 79-40% of Day)
Example 3	1	5	(1 ÷ 5) x 100 = 20%	20% of the day (Inside less than 40% of Day)

For help in understanding this form, an annotated IEP is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net) Type “Annotated Forms” in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

## Assistive Technology

### **What is Assistive Technology?**

Assistive Technology (AT) is any device, piece of equipment or software that improves functional capabilities of someone with a disability. It can help them become a better student and provide them with the assistance they need to succeed.

Recommendations for Assistive Technology will vary based on the person using the device and their disability. Assistive Devices are very individualized and are designed to support you during your daily life. Come through BCABVI's Low Vision Clinic to see what devices best suit you and which are most effective. If you would like to learn more please contact us at 215-968-1035.

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Assistive technology can range from very simple to very complex. While this is not a comprehensive list, the assistive devices below are common suggestions that help people adjust to their vision loss and everyday living.

### ***Some of the Assistive Technology Available Includes:***

#### **Simple Living Aids:**

**20/20 Bold Pen** – Bold black marker that is easier to write and read with. This marker will not bleed through the paper

**Bold-Lined Paper** – Lined paper with bold lines that are  $\frac{3}{4}$  inches apart and no margins, comes in blue lined and black lined with the paper color being white or yellow, different paper sizes

**Braille Watches** – Wristwatch where the hands and hour points are Braille, able to feel what time it is.

**Colored Overlays** – Transparent 8 ½ by 11-inch sheet that is placed over printed material to provide better contrast

**Raised-Lined Paper** – Paper with thick, tactile lines that are raised an inch

**Signature Guide** – Plastic card with a cutout that allows you to sign your name properly on documents

**Tactile Bumps** – Raised adhesive dots that are placed to mark and identify items throughout the home and office

**Talking Watches** – Wristwatch that speaks the time, date, and has an alarm

## **Advanced Living Aids:**

**Books On Tape** – Recorded books that are available through the Library of Congress, iTunes, bookstores, etc.

**Braille Printers** – Obtains information from the computer and prints that information in Braille on paper

**Braillewriter** – machine for writing Braille

**Calculator with Large Print Display** – Calculator with large print numbers that are easy to see and contrasting

**Calculator with Voice Output** – Calculator that speaks the numbers, results, and symbols you have pressed

**CCTV / Portable CCTV** – Closed-Circuit Television; Video magnifier that can enlarge any reading material (menu, holiday card, recipe, address book, etc.) and displays it on a monitor, a user is able to adjust the brightness and color of the screen. Some models can be used for distance viewing in the classroom (black/white board, teacher)

- Stand CCTV
  - CCTV Optelec Clearview
  - CCTV Freedom Scientific Topaz
  - CCTV Freedom Scientific Onyx
  - CCTV Enhanced Vision Merlin
  - CCTV Acrobat
- Portable CCTV
  - Portable CCTV Transformer
  - Portable CCTV Prodigy
  - Portable CCTV MagniLink Zip

**Digital Recorder** – Handheld device that allows someone to take notes, make lists, and record information in a fast, easy way

**iPad & iPhone** – Touch screen tablet and Smartphone made by Apple; comes with assistive features that allow people with disabilities to get the most out of their device

- ★ Apps are available for adults and children who are blind or visually impaired. Please refer to the page titled *Applications for the iPad and iPhone* for a list of apps we have found to be beneficial

**JAWS** – Job Access with Speech; Computer screen reader program for Microsoft Windows & Mac, allows user to read screen

**Large Print Computer Keyboard** – High contrast, large print, and clear font to help differentiate between keys

**MAGic** – Screen magnification software that allows low vision users to navigate the computer smoothly and more efficiently

**Portable Video Magnifier** – Uses a video camera to display a magnified image on a monitor; different features are available such as: change of background color and font color (White background-black lettering, Black background-white lettering), contrast and brightness

- Ruby
- Pebble
- Sapphire
- Compact 5
- Zoomax
- Smartlux
- Mobilux

**Talking Dictionary** – Hear spoken definitions of words that are entered

**VoiceOver** – Accessible feature on the iPhone that describes what is on the screen

**ZoomText** – Screen magnifier; enlarge, enhances and reads aloud everything on the computer screen. Compatible with Microsoft Office & Mac

### ***Assistive Technology for Children to use in Schools***

- 20/20 Bold Pen
- Bold-Lined Paper
- Calculator with Large Print Display
- Calculator with Voice Output
- iPhone / iPad
- JAWS
- Large Print Computer Keyboard
- MAGic
- Portable CCTV MagniLink Zip
- Portable CCTV Prodigy
- Portable CCTV Transformer
- Portable Video Magnifiers
- Raised Lined Paper
- ZoomText

The assistive technology listed under simple and advanced living aids are allowed to be used in a school setting. The devices used by your son or daughter must be outlined in the IEP by his or her teacher. The name of the device and purpose for using it must be included in order for the device to be used in school.

## Applications for the iPhone & iPad

The iPhone and iPad have changed the lives of people who are blind or visually impaired in ways no one can imagine. These devices have allowed people with disabilities to differentiate money and color, navigate independently, know what is typed on a piece of paper, excel in the classroom, and adapt to vision loss easier. The iPhone and iPad is a multifunctional device and has mainstreamed children and their families in many different ways.

Even though this is not a comprehensive list, this is a list of apps we and our clients have found to be very beneficial in everyday use.

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**AroundMe** – Identifies your position and shows you a complete list of places in the category you have chosen; gives you a route from where you are – *Price: Free*

**BARD Mobile** – Subscription service for digital books – *Price: Free with subscription*

**Be My Eyes** – Live connection with a volunteer who can assist the user in completing a visual task – *Price: Free*

**Blindsquare** – GPS; announces intersections and points of interests as you travel – *Price: \$29.99*

**Digit-Eyes Lite** – Reads barcodes to blind users – *Price: Free*

**EyeNote** – Money Identification – *Price: Free*

**KNFB Reader** – Takes pictures of printed work and reads it aloud – *Price: \$99.99*

**Learning Ally** – Subscription service for digital books – *Price: Free with subscription*

**Quizlet** – Create your own flashcards or choose from ones already made – *Price: Free*

**SayColor** – Color identifier – *Price: Free*

**Supervision+ Magnifier** – Digital video magnifier; hold it up to papers or objects and it becomes magnified – *Price: Free*

**TapTapSee** – Take picture of object, VoiceOver will identify it – *Price: Free for first 20 pictures, then subscription needed*

**ViA** – Identifies apps that are useful for people who are blind or visually impaired – *Price: Free*

**VizWiz** – Identifies an object; take a picture of the object and a person sends back a response identifying the object – *Price: Free*

*Apps may say they are ONLY compatible with the iPhone or iPad, but work on BOTH*



## **Web Resources**

The websites listed below are a few resources that people have found to be beneficial. Since this is not a comprehensive if you have any suggestions of additional web resources that you and your family have used, please let us know.

### **AFB Family Connect - [www.familyconnect.org/parentsitewhome.aspx](http://www.familyconnect.org/parentsitewhome.aspx)**

American Foundation for the Blind, FamilyConnect is for parents of children with visual impairments. FamilyConnect allows parents to join a community where you will receive customized email alerts, be able to communicate with other parents through blog posts, find information relating to your child's education, helpful information about dealing with child's vision loss, and assistive technology that might improve daily living. FamilyConnect is a great place to ask questions and get answers from other parents who are going or have gone through a similar experience.

### **AFB Braille Bug - [www.braillebug.afb.org](http://www.braillebug.afb.org)**

Braille Bug will be your main resource for information about Braille. This website offers details about Braille, whom Louis Braille is, games, reading clubs, and an online museum about Helen Keller. Braille Bug also has a section just for parents and teachers, which gives you activities and information about Braille books.

### **Center for Parent Information and Resources - [www.parentcenterhub.org](http://www.parentcenterhub.org)**

This website focuses on providing families of children with disabilities a list of information, resources, and products to help support their child in school.

### ***Research/Information about Diagnosis:***

#### **Mayo Clinic – [www.mayoclinic.org](http://www.mayoclinic.org)**

Mayo Clinic provides you with information about many health conditions. Topics range from symptoms, drugs and supplements, tests and procedures, and information about billing and insurance.

#### **National Institutes of Health – [www.nih.gov](http://www.nih.gov)**

The National Institutes of Health provides you with research regarding health conditions or concerns. NIH also offers: community resources, news and events, contacts, tips that can help you talk to your doctor, and so much more.

#### **ScienceDaily - [www.sciencedaily.com](http://www.sciencedaily.com)**

Science Daily will be your resource for the newest and latest research on health. In the search bar type-in your eye condition and find out new and recent information.