Checklist for Student Diagnosed with Tourette Syndrome
revised 10-24-20
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Today's date ___________________________ Parent’s name________________________________________

Name of your daughter or son ___________________________ Age ________ Birth Date ______________

INSTRUCTIONS: After reviewing the following list (A. through H.), and checking the boxes for all symptoms exhibited, circle the accommodation number or numbers you recommend to be included in your son’s or daughter’s IEP.

NOTE: Accommodations listed are not an all-inclusive list and accommodations may be appropriate for more than one type of tic. Teachers, you, other parents, members of the IEP committee, and your son or daughter may also have other relevant suggestions for accommodations.

A. MOTOR TICS
   Accommodations:
   1. Educate classmates as to the nature of Tourette Syndrome and associated symptoms.
   2. Consider strategic seating.
   3. Allow for ample space to move about freely.
   4. Ignore the symptoms that can be ignored.
   5. Provide a safe place where student can go to release symptoms.
   6. Give breaks outside of the classroom.
   7. Monitor environmental events to determine if an increase in anxiety results in an associated increase in motor tics.
   8. Develop strategies to help the student manage symptoms which he or she perceives to have a detrimental social or academic impact.
   9. To enhance attention while engaged in academic tasks, allow the student to simultaneously be involved in some type of physical behavior, for example, non-disruptive foot tapping (no shoes), manipulating clay, or squeezing a small rubber ball. This seems to meet a sensory need associated with Tourette Syndrome and helps the student stay focused.
   10. Use of 3”x 5” card for visual tracking during reading assignments.
   11. Teach and use the behavioral intervention - Comprehensive Behavioral Intervention for Tics (CBIT) (http://www.nimh.nih.gov/about/director/2012/a-promising-behavioral-treatment-for-tourette-syndrome.shtml)

B. VOCAL TICS
   Accommodations:
   1. Educate classmates as to the nature of Tourette Syndrome and associated symptoms.
   2. Consider strategic seating.
   3. Ignore the symptoms that can be ignored.
   4. Provide a safe place where student can go to release symptoms.
   5. Give breaks outside of the classroom.
   6. Monitor environmental events to determine if an increase in anxiety results in an associated increase in vocal tics.
   7. Develop strategies to help the student manage symptoms which he or she perceives to have a detrimental social or academic impact.
C. **HANDWRITING** can involve any one or more of the following characteristics:

1. **Slow** – may be associated with neurodevelopmental processing involvement
2. **Difficult to read, sloppy, careless, or messy** – may be associated with ADHD
3. **Work of art** – may be associated with OCD, perfection in writing tasks and ritualistic patterns like having to trace over certain letters, words, or counting the number of words on each line, or excessive erasing.

**Accommodations:**
1. Allow the use of a Laptop, Tablet, iPhone, or a copy of notes.
2. Photocopy or otherwise reproduce materials rather than requiring student to copy work.
3. Avoid large amounts of written work both in class and for homework.
4. Minimize copying from the board.
5. Allow for a peer note taker.
6. Allow extra time for or reduce the length of written work, and therefore the time required for completion of assignments.
7. Break assignments into segments or shorter tasks.
8. Adjust expectations for neatness and avoid penalizing the student for poor penmanship.
9. Let student record, or give answers orally instead of writing.
10. Avoid pressures of speed and accuracy if testing is for determining knowledge and content mastery.
11. For math work, turn lined paper sideways, allowing for column alignment for long division and 2- or 3-digit multiplication.

D. **ATTENTION DEFICIT HYPERACTIVITY DISORDER, ADHD**

**Accommodations:**
1. Establish daily routine and attempt to maintain it.
2. Consider strategic seating-proximity to teacher or beside good role model.
3. Allow for ample space to move about freely.
4. Provide notebook with organized sections, such as assignments, class notes, time schedules, homework, and study guides, and provide instruction on the use of, and monitor closely.
5. Hand out written assignments with expected dates of completion typed or written on one corner.
6. Avoid coping work from the board.
7. Keep a chart of assignments checking them off as completed.
8. Break assignments into segments or shorter tasks.
9. Teach study skills (SQ3R), organizational strategies for remembering material, and time management.
10. Supplement direct instruction-use manipulatives, experiential, hands-on tasks, real world learning experiences.
11. Arrange for homework assignments to reach home with clear and concise directions.
12. Use Graphic Organizers, Task Analysis, and Visual Instruction Plans, VIP (i.e. a visual lesson plan with minimal written verbal instruction).
13. Structure peer tutoring, maybe assigning a peer to help monitor or instruct the student, etc.
14. Allow use of a study carrel as needed.
15. Distribute drill-and-practice sessions throughout the day. Massed practice (cramming) is less effective.
16. Check understanding by having student paraphrase the teacher’s directions.
17. Familiarize student with any new vocabulary BEFORE the lesson.
18. Reduce amount of extraneous noise such as conversations, noises from the hall, or outside.
19. Emphasize how the new material relates to material previously learned.
20. Make or use vocabulary files or flash cards.
21. With important concepts utilize techniques such as: blocking, color coding, highlighting, or underlining.
22. Encourage the student to engage in self-monitoring of his or her study time.
E. OBSESSIVE COMPULSIVE DISORDER, OCD

Accommodations:
1. Use Graphic Organizers, Task Analysis, and Visual Instruction Plans, VIP (A visual lesson plan with minimal written verbal instruction).
2. Break assignments into smaller segments or shorter tasks.
3. Telling the student to get back to work is often not powerful enough to break the obsessive-compulsive cycle. A teacher might start with: “pick up your pencil,” (pause for compliance), “find number one in the text,” (pause for compliance), “copy that problem on your paper right here,” (touch paper), et cetera.
4. Break cycle of repetitive thought/s by initiating a neutralizing process- change environment, redirect, require a physical activity, and reduce the number of times the student must compulsively repeat an action.
5. Implement Habit-Reversal-Training (http://jcn.sagepub.com/content/21/8/719.short).
6. Teach student to use the behavior treatment called Exposure Response Prevention (https://iocdf.org/about-ocd/treatment/erp/)

F. BEHAVIOR SYMPTOMS (If a student’s behavior interferes with learning, then the Federal Law (IDEA) requires a Behavioral Intervention Plan (BIP) to be incorporated into the IEP reflecting positive interventions and accommodations.)

Accommodations:
1. Allow student to monitor his need for removal from class. Have the student take responsibility for removing himself (a Voluntary Time-Out, or Think-Time) from situations where his behavior might get him into trouble, or increase anxiety and associated tics. Tell student if he does not take responsibility for his actions then he will be subject to the same rules and consequences as everyone else in the class. This puts the responsibility on the student. This takes the teacher out of making a "judgment call" as to whether a student's Tourette Syndrome causes a behavior, or the behavior is purposeful.
2. Allow for ample space to move about freely.
3. Use a reinforcement survey to determine likes and dislikes, make consequences attractive. Increase feedback and reward approximations and completion of work.
4. Use the student’s strengths and interests to increase motivation.
5. Allow student to choose between several topics or assignment options.
6. Develop a Behavioral Contract with the student that results in a reward for completion.
7. Set up a schedule for the student to check in with counselor daily or weekly as needed.
8. Structure activities to create opportunities for developing appropriate social interaction.
9. Allow student to work in a collaborative learning group or become a peer helper/tutor.

G. LEARNING DISABILITIES

Accommodations:
1. Provide additional guided practice, requiring more responses, or additional practice sessions.
2. Assign tasks at the appropriate level (lower reading/difficulty level) or adjust or reduce amount of work.
3. With important concepts utilize techniques such as: blocking, color coding, highlighting, or underlining on worksheets.
4. Minimize copying from the board.
5. Familiarize student with any new vocabulary BEFORE the lesson.
6. Use manipulatives, experiential, and hands-on tasks, together with lecture format.
7. Utilize visual aids to supplement verbal information.
8. Emphasize how the new material relates to material previously learned.
9. Provide functional or concrete application of academic skills and subject matter.
10. Make or use vocabulary files or flash cards
11. Set regularly scheduled appointments for the student and general education teacher.
12. Provide peer tutoring, help sessions, or collaborative support groups or allow the student to become a peer tutor.
H. OTHER SYMPTOMS (List as necessary along with your recommendation for accommodations.)

I. THE FOLLOWING THREE AREAS ARE ALSO TO BE CONSIDERED AND DOCUMENTED ON A STUDENT’S IEP AS DETERMINED BY THE IEP TEAM:

Note: Provisions in the federal law for special education reflect that parents are equal partners in the development of their son’s or daughter’s IEP. It is therefore important to be knowledgeable of the following three areas considered in the IEP and how they will impact your daughter or son in the school environment.

1. RELATED SERVICES: (not an inclusive list)
   1. Speech Therapy
   2. Occupational Therapy
   3. Physical Therapy
   4. Psychological Services
   5. Transportation Services
   6. Counseling Services
   7. Social Work Services
   8. Parent Counseling and Training

2. ASSISTIVE TECHNOLOGY DEVICE and SERVICES: (not an inclusive list)
   1. Calculator, laptop computer, Tablet, IPad, etc.
   2. Apps for organizing and planning
   3. Simulation programs, virtual reality, or internet sites that provide visual and hands-on experience
   4. Audio books
   5. Computer-Based Instruction
   6. Text to Voice device
   7. Visual Aids
   8. Speech Recognition Software
   9. Screen Reader Software
   10. Word Prediction Software
   11. Graphic Organizer software
   12. Outlining software
   13. Data manager software
   14. Rapid Serial Visual Presentation, RSVP SOFTWARE (e.g. Spritz, BeeLine Reader, Spreeder, etc.)

3. TEST ACCOMMODATIONS: Oklahoma Schooling Testing Program (OSTP) - see next page
Oklahoma Schooling Testing Program (OSTP) ACCOMMODATIONS for STUDENTS with an INDIVIDUALIZED EDUCATIONAL PROGRAM IEP or SECTION 504 PLAN Revised September, 2016

The following accommodations on OSTP tests is protected by both federal and state laws. The student’s IEP/504 must specifically document which test accommodation(s) he/she will receive. See URL site below for actual 20 page manual. http://sde.ok.gov/sde/sites/ok.gov.sde/files/documents/files/OSTP-IEP-504-Accommodations%20%2816%29_1.pdf

I. Setting/Timing/Schedule Procedures & Guidance

S1. Individual testing
S2. Small group
S3. Preferential seating
S4. Separate location
S5. Provide special lighting
S6. Provide adaptive or special furniture
T1. Flexible schedule same day
T2. Administer subject area test over several sessions (except Writing tests or extended response sections)
T3. Allow frequent breaks during testing

II. Presentation

P1. Alternate Formats
   a. Large-Print Version (Instructions provided within kits.)
   b. Contracted Braille Version (Instructions provided within kits.)
   c. Large-print through Online Testing Client
P2. Reverse Color Contrast
P3. Use of assistive technology (AT) devices or supports: e.g., color overlays, magnifier, pencil grips, auditory amplification devices, noise buffers, slant board, wedge for positioning, multiplication table/chart.
P4. Text-to-Speech, Human Reader, or Sign Language Interpretation (excludes ELA/Reading tests)
   a. Text-to-Speech is built into the online testing client, requires the use of ear phones, and may be administered individually, small groups, or regular setting.
   b. Human Reader reads test directions, test items, and answer choices from separate test booklet and must log the test booklet serial number on the Nondisclosure agreement (NDA). This is limited to small group or individualized testing.
   c. Sign Language Interpretation may be accomplished by using a separate test booklet in a separate location.
   Please refer to the Human Reader directions on pages #13-14
P5. Use of Secure Braille Note-taker (students with a visual impairment)
P6. Simplification/repetition/signage of directions
P7. Turn off Universal Tools/Accessibility Features
P8. Use of an Abacus.
P9. Use a calculator on Grades 3–8 Mathematics & 5th Grade Science. See Calculator Requirements on pages #11-12
P10. Provide cues (arrows, stop signs) on answer form
P11. Use masking or templates to reduce the amount of visible print.
P12. Secure paper to work area with tape or magnets.
P13. Student may read the test aloud or sign the test to himself for herself.
P14. Placeholders, templates, or markers to maintain place.
P15. Audio Calculator

III. Response

R1. Student marks answers in test book and not on an answer document, for later transfer by a Test Administrator to an answer document.
R2. Scribe Reading/ELA, Mathematics, Science, Social Studies, or Writing tests:
   a. Student dictates response to a scribe who records responses on an answer document or through the Online Testing Client by Test Administrator/Proctor.
   b. Student signs response to a scribe who records responses on an answer document or through the Online Testing Client by Test Administrator/Proctor. Please see Scribe Instructions and Guidelines on pages #16-19.
R3. Use computer or other assistive technology device to respond.
   a. Student utilizes word processor, computer, or electronic keyboard without the “help” features, such as spell check, an electronic dictionary, a thesaurus, or access to the Internet.
   b. Student reads or records response for a writing portion of the test for verbatim transcription by Test Administrator/Proctor Please see Scribe Instructions and Guidelines on pages 16-19.
R4. Test Administrator monitors placement of student responses on the answer document or the online testing client.
R5. Brailler/Secure, Braille Note-taker/Abacus (students with a visual impairment)

NOTE:
1. If your son or daughter is subject to the Oklahoma Schooling Testing Program, OSTP, please review the following test accommodations. Check the ones you believe should be allowed and documented on your daughter’s or son’s IEP see page #5 of the IEP the Assessment Page, or as appropriate, on the 504 plan for your son or daughter.
2. Remember, accommodations are to be listed on EACH of the 4 Content Areas listed on the IEP Assessment Page, i.e. Language Arts-Reading, Mathematics, Science, and Social Studies.
3. The student’s IEP should also document that accommodations needed for State testing are also to be provided for all school classroom testing.
4. This documentation of test accommodations may help establish a history of such, should your daughter or son need the same for career or higher education assessment after high school.
**ADVOCACY:**

**REMEMBER -** Advocacy is an ongoing process throughout your son’s or daughter’s school years. Each year will reflect changes in grade, teachers, and/or school.

1. Advocacy should begin as soon as you suspect your son or daughter is experiencing difficulties in school.

2. It may simply be a discussion with a teacher or teachers and providing information regarding symptoms that are interfering with your son’s or daughter’s education.

3. It should reflect a positive and collaborative relationship whenever possible.

4. Always put requests and correspondence in writing. Keep a hard copy of everything, including a written phone log.

6. Request copies of all documents that your school develops relevant to your son’s or daughter’s school program.

7. If you suspect that your daughter or son requires special education and related services, you will want to send a dated letter to the school principal (keeping a copy for your records) requesting that a complete education evaluation be conducted in order to determine eligibility. See sample letter, Attachment A.

8. Contact the school’s Guidance Office or Special Services Coordinator to request the publication, PARENTS RIGHTS IN SPECIAL EDUCATION: NOTICE OF PROCEDURAL SAFEGUARDS, [http://sde.ok.gov/sde/sites/ok.gov.sde/files/SpecEd-ParentsRights-Eng.pdf](http://sde.ok.gov/sde/sites/ok.gov.sde/files/SpecEd-ParentsRights-Eng.pdf). This publication is issued by the Oklahoma Department of Education, Special Education Services. This 26 page publication will assist you in understanding your son’s or daughter’s rights and explain Special Education and Related Services.

9. For your daughter or son to be eligible for an Individualized Education Program, your son or daughter must first be determined eligible for Special Education. The eligibility category of Other Health Impairment, OHI, should be used for a student with Tourette syndrome. Tourette syndrome is listed as a disability under this category of eligibility in the Federal Law. It is important to realize that Special Education and Related Services are most often provided in the general education classroom. Also, achieving passing or even good grades does not necessarily mean that your son or daughter is not eligible for an IEP.

10. The student is an important part of the team and should be included in as much of the planning and development as possible. This will help your son or daughter develop a posture of confident self-advocacy, self-determination, and responsibility for adulthood.


12. Peer advocacy—students speaking out on the behalf of others is a unique approach that empowers students to protect those targeted by bullying. Students are more likely than adults to see what is happening with their peers, and peer influence is powerful. For more information about the peer advocacy program or how to start one at your daughter’s or son’s school, visit: [http://www.pacer.org/bullying/resources/students-with-disabilities/peer-advocacy.asp](http://www.pacer.org/bullying/resources/students-with-disabilities/peer-advocacy.asp)
ATTACHMENT A

SAMPLE SCHOOL LETTER TO REQUEST SPECIAL EDUCATION ELIGIBILITY EVALUATION

Date:

Dear ____________,

My son/daughter, ________________, has recently been diagnosed with Tourette Syndrome by Dr. ____________. Tourette Syndrome is a neurological condition which frequently is accompanied by other diagnostics. Additionally, my daughter or son has also been diagnosed with (e.g., Attention Deficit Hyperactivity Disorder and Obsessive-Compulsive Disorder, etc.). I am concerned about the impact these are having on his/her education. Therefore, I am requesting and thereby give my permission that my son/daughter be evaluated by the school system to determine eligibility for Special Education and Related Services under the category of Other Health Impaired, OHI.

I have also attached the letter of diagnosis from the treating physician to be shared with my sons or daughter’s teachers and relevant school personnel. As an equal partner in the determination of eligibility for Special Education and Related Services, and the subsequent development of an IEP, I look forward to meeting with school personnel to discuss symptoms, strategies, accommodations, Special Education eligibility, and subsequent IEP development.

Thank you for your prompt attention to this matter. Please contact me as soon as possible and, as required by Federal and Oklahoma state law, within 45 school days for a scheduled meeting to determine special education eligibility and development of an IEP.

Sincerely,
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

NAME OF CHILD: ___________________________ STUDENT ID: ___________________________

BIRTHDATE: ___________________________ GRADE ________ AGE ________ DATE: ____________

MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): ___________________________

PHONE: (WORK) ____________________ (HOME) ___________________ (OTHER) __________________

HOME ADDRESS: ___________________________ DISTRICT/AGENCY: __________________

STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: __________________ SITE CODE _______ IEP TEACHER OF RECORD ___________________

___ INITIAL IEP _____ INTERIM IEP _____ SUBSEQUENT IEP DATE AMENDED or MODIFIED: ________

Present Levels of Academic Achievement and Functional Educational Performance: Document current evaluation data and write objective statements, (may include most recent statewide, district wide, and transition assessments) to demonstrate how the child’s disability affects the child’s involvement and progress in the general education curriculum and postsecondary transition, as appropriate. For preschool children, describe how the disability affects the child’s participation in age appropriate activities.

<table>
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<tr>
<th>Current Assessment Data</th>
<th>Objective Statements</th>
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<tr>
<td><strong>List strengths of the child</strong> and a statement of the <strong>anticipated effects</strong> on the child’s participation in the general education curriculum or appropriate activities.</td>
<td><strong>List the educational needs</strong> resulting from the child’s disability, which may require special education, related services, supplementary aids, and supports for personnel, or modifications.</td>
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<tr>
<td>Strengths:</td>
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<td>Anticipated Effects:</td>
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<th><strong>Consideration of special factors:</strong> Check yes or no whether the IEP team considers each special factor to be relevant to this child.</th>
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<td><strong>Yes</strong></td>
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**For special factors checked yes, explain determinations of the team as to whether services are required in the IEP.**

**Parent Concerns for Enhancing the Child’s Education:**
**IEP – Goals and Short-Term Objective/Benchmark Page**

NAME OF CHILD: ___________________________ STUDENT ID: ___________________________

**Annual Goals:**
Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.

**Short-term Objectives or Benchmarks:** In addition to Annual Goals, provide at least two short-term objectives or benchmarks per goal for children who take alternate assessments aligned to alternate achievement of the standards.

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<tr>
<th>GOAL</th>
<th>SHORT-TERM OBJECTIVE</th>
<th>SHORT-TERM OBJECTIVE</th>
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**GOAL**

**SHORT-TERM OBJECTIVE**

**SHORT-TERM OBJECTIVE**

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe **how often** this will occur and **what methods** will be utilized.

Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).

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<th>DATE</th>
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<th>DATE</th>
<th>DATE(ESY)</th>
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How will the extent of progress toward annual goals be measured?

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<th>DATE</th>
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**COMMENTS:**
# IEP – Services Page

**NAME OF CHILD:** __________

**STUDENT ID:** __________

## Special Education Services: List each special education service.

<table>
<thead>
<tr>
<th>Type of Service(s)</th>
<th>Amount of Services (Time and Frequency)</th>
<th>Starting Date</th>
<th>Ending Date</th>
<th>Person Responsible (Title)</th>
</tr>
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## Related Services: List each related service necessary for the child to benefit from special education.

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<th>Type of Service(s)</th>
<th>Location of Services</th>
<th>Amount of Services (Time and Frequency)</th>
<th>Starting Date</th>
<th>Ending Date</th>
<th>Person Responsible (Title)</th>
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Provide an explanation of the extent, if any, to which the child will not participate with nondisabled children in the general education curriculum or age-appropriate activities:

The **continuum of placements** for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools. For preschool children (ages 3-5), the continuum includes early childhood program, special education program, residential facilities, home, service provider location.

### Continuum of Placement:

- **Amount of time in general education setting:** _____ of _____ periods per day OR _________ % of instructional day.
  
  If block schedule, describe:

  Is this child’s instructional day the same length as nondisabled peers? _____ Yes _____ No

  If no, describe the reason(s) for a shortened school day:

  _____ Regular PE _____ Adapted PE _____ NA

  If not applicable provide justification:

  List modifications necessary for this child to participate in regular PE (specially designed adapted PE, if needed, must be addressed on the IEP):

  Supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

  Supplementary aids and services, program modifications and/or support for personnel in general education or other education related setting not otherwise addressed as special education or related services:
**State and Districtwide Assessment Programs**

Assessment decisions must be addressed on an annual basis. Participation in the Oklahoma Alternative Assessment Program, OAAP, must be determined utilizing the Criteria Checklist for Assessing students with Disabilities on Alternative Assessments (attach OSDE Form 12).

- _____ Oklahoma Common Core Test
- _____ Alternative Assessment OMAAP
- _____ Alternative Assessment OMAAP (EOI retesters only)

If the student will be participating in an alternative assessment, please explain why the student cannot participate in the regular assessment.

**Select an appropriate assessment for each content area, and if appropriate, specify state approved accommodations:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Setting/Timing Schedule</th>
<th>Response Presentation</th>
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<tbody>
<tr>
<td>Language Arts - Reading</td>
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<td>Mathematics</td>
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<td>Science</td>
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<tr>
<td>Social Studies</td>
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</table>
IEP – Signature Page

NAME OF CHILD: _______________________________ STUDENT ID: _______________________________

**Extended School Year (ESY) Services**

ESY Services: __ Requires further data; will reconvene by __/__/____ __ are necessary __ are not necessary

If necessary, describe services provided:

**Documentation of LRE Placement Considerations**

Describe continuum of placements considered and reasons determined not appropriate:

Is this placement in the school the child would normally attend if nondisabled? ___ Yes ___ No

If no, is the placement as close as possible to the child’s home? ___ Yes ___ No

If no, explain why the IEP requires other arrangements:

Explain considerations of potential harmful effects on the child or the quality of services needed:

When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

Date of next IEP ______________________________________ Date of next 3 year reeval. ________________

**Team Participant Signatures:**

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<tr>
<th>Team Participant</th>
<th>Date</th>
<th>Agree</th>
<th>*Disagree</th>
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<tbody>
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<td>Parent(s)</td>
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<tr>
<td>Special Education Teacher</td>
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<td>Regular Education Teacher</td>
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<td>Administrative Representative</td>
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<td>Student</td>
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<td>Other</td>
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*Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)*

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate) (e.g., conference call, videoconference, home visit):

Parent(s) received Parents Rights in Special Education:  
Translation/interpretation needed: _____ Yes _____ No

Notice of Procedural Safeguards  ____ Yes ____ No  
If yes, specify how provided. __________________________

Parent(s) received Parent Survey brochure: ____ Yes ____ No

Parent(s) of children with an auditory or visual impairment have received written information concerning the availability of programs at the Oklahoma School for the Deaf and the Oklahoma School for the Blind: ____ Yes ____ No ____ NA

**Parent Initial________**

Parent consent for initial placement (consent is voluntary and may be revoked at any time)  ____ Yes  ____ No

Parent Signature: _______________________________ Date: _______________________________
Form 7: Individualized Education Program

The purpose of this document is to help provide the IEP team, consisting of school administrators, teachers, and parents with the basic framework to write an effective IEP. This document contains the major components of the IEP.

IEP – Demographics/Present Levels

NAME OF CHILD: ____________________ STUDENT ID: ______________

BIRTHDATE: ______/_____/______  GRADE: ______  AGE: ______  DATE: ______

PARENT(S): ______/_____/______  MALE/FEMALE: ______  DATE: ______

PHONE (WORK): ____________ (HOME): ____________ (OTHER): ____________

HOME ADDRESS: __________________  DISTRICT AGENCY: __________________

BUILDING: __________________ SITE CODE: ____________  IEP TEACHER OF RECORD: __________________

GUIDANCE:

While most computer-based IEP programs will have this information stored for data-management purposes, reviewing it on a yearly basis will enable the IEP team to verify the demographic information with the parent and help ensure accuracy of the data.

IEP Non-Attendance:

The following member of the IEP team is NOT required to attend, in whole or in part. Please describe the nature of in part:

I agree this listed member is not required to attend, in whole or in part. (Complete the Comment Form if needed.)

Parent Signature: ____________________  LEA Representative Signature: ____________________

GUIDANCE:

When an IEP team member’s area of curriculum or related service is not being reviewed or revised at the meeting, the parent and the LEA may agree to excuse the member from all or part of the meeting with parent consent in writing.

When the IEP team member’s area of curriculum or related services is being reviewed or revised at the meeting, the parent and the LEA may excuse the member from all or part of a meeting with parent consent in writing. The member must submit relevant, written input to the team prior to the meeting.

IEP Type:

☐ INITIAL IEP  ☐ INTERIM IEP  ☐ SUBSEQUENT IEP  DATE AMENDED or MODIFIED:

GUIDANCE: Check only one: Initial, Interim, or Subsequent IEP. An initial IEP is developed upon first determination of eligibility. The Interim IEP must include specific conditions and timelines which shall not exceed 30 calendar days. Subsequent IEPs are developed annually (on or before the anniversary date).

When the IEP team convenes to amend or modify components of the IEP without developing a subsequent IEP, please indicate the date on which the team made the amendment. Amendments or modifications are intended to allow changes in the IEP; however, amending or modifying an IEP does not extend the ending IEP date.

Present Levels of Academic Achievement and Functional Performance (PLAAFP):

<table>
<thead>
<tr>
<th>Current Assessment Data</th>
<th>Objective Statements</th>
</tr>
</thead>
</table>

GUIDANCE: This is a very important part of the IEP process because it lays the foundation for all of the other components. There should be a clear and direct correlation between the most recent evaluation and current assessment data, the educational needs identified, and the goals, services, and accommodations determined to be necessary for student achievement. In developing the PLAAFP statement, the IEP team should consider several aspects of the student’s abilities and disabilities including:

- How the most recent evaluations relate to current functioning
- How the student is currently performing in his or her classes, including performance baseline data in areas of need
- How the student performed on recent statewide and district-wide assessments
- The student’s skill level in nonacademic areas such as communication, fine and gross motor, behavior and socialization, including performance baseline data
- Documentation of transition assessment results
**IEP – Strengths/Needs, Special Factors, and Parent Concerns**

**Strengths/Needs:**

**IEP – Strengths/Needs, Special Factors, and Parent Concerns Page**

<table>
<thead>
<tr>
<th>List strengths of the child and a statement of the anticipated effects on the child’s participation in the general education curriculum or appropriate activities.</th>
<th>List the educational needs resulting from the child’s disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td></td>
</tr>
<tr>
<td>Anticipated Effects:</td>
<td></td>
</tr>
</tbody>
</table>

**GUIDANCE:**

**A) Strengths and Anticipated Effects:** The statements of strengths for initial placement would be identified through the student’s multidisciplinary evaluation. For subsequent IEPs, sources of this information include the ongoing IEP data, any additional reevaluation data, and existing data. Indicate strengths of the student and describe the anticipated effects on the student’s participation in the general curriculum. Include areas that will aid the student in progressing in the general curriculum (or for preschool-aged students, age-appropriate activities).

**B) Educational Need:** Indicate areas of educational need as a result of the student’s disability which may require special education, related services, supplementary aids, and supports for school personnel, or program modifications. Services required to meet a student’s educational need (e.g., transportation, transition, adapted physical education, core academic subjects, and related services) must be addressed through the IEP. Some of these areas may need, but are not required, to be considered in determining measurable annual goals and short-term objectives or benchmarks.

**Consideration of Special Factors:**

| Consideration of special factors: Check yes or no whether the IEP team considers each special factor to be relevant to this child. Yes  No |
|---|---|
| ☐ ☐ Strategies, positive behavior interventions and supports, as appropriate, if behavior impedes learning of self or others |
| ☐ ☐ Language needs as related to the IEP for a child with limited English proficiency (LEP) |
| ☐ ☐ Instruction and use of Braille if child is blind or visually impaired, unless determined inappropriate based on evaluation. |
| ☐ ☐ Communication needs, and for child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child’s native language and communication mode |
| ☐ ☐ Whether this child requires assistive technology devices and service |

**GUIDANCE:**

- **Behavior:** Consider how the student’s behavior affects his or her learning or disrupts the learning environment of others. Develop and implement positive behavior interventions and supports that will address the behavior and identify how progress will be monitored.

- **Limited English Proficiency (LEP):** Consider what supports and strategies the student will need to address limited English proficiency. LEP supports can be addressed within the general education system or by direct instruction within the special education program.

- **Blind/Visually Impaired:** Provide instruction in Braille and in the use of Braille unless the IEP team determines that instruction in, or the use of, Braille is not appropriate for the student. In addition to Braille, students with visual impairments may also benefit from instructional materials in Large Print, Digital, and/or Audio formats. For additional guidance see the Technical Assistance Document: Oklahoma Procedures for Providing Accessible Instructional Materials (AIM).

- **Communication Needs:** Consider the language and communication needs of the student. Include opportunities for direct communication with peers and professional personnel and how instruction can be designed to meet the student’s needs.

- **Assistive Technology Devices and Services (AT):** Consider whether the student needs assistive technology devices (pencil grips, computers, text to speech, speech to text, magnifier, communication device, etc.) or services (AT evaluation, trials of devices, training on an AT device, etc.) to access the curriculum and/or participate to receive a free and appropriate public education. Also, it is an IEP team decision whether or not the AT is allowed home with the student, and results of this decision may also be included here. For additional guidance see the Technical Assistance Document: Assistive Technology for Children and Youth with Disabilities IDEA Part B.
Parent Concerns:

GUIDANCE:
Document any parent suggestions for enhancing the education of the student. The team should consider these concerns when addressing relevant components of the IEP. This area should not be left blank. If parents have additional concerns or disagreements, they may document these concerns on the Comment Form and attach to the IEP.

IEP - Goals

Measurable Annual Goals:

<table>
<thead>
<tr>
<th>Annual Goals:</th>
<th>Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL # _______</td>
<td></td>
</tr>
</tbody>
</table>
GUIDANCE:
Benchmarks or short-term objectives are the steps designed to assist the student in reaching the annual goal. Benchmarks or short-term objectives are required for students working toward alternate achievement standards, but may be used with other students.

**NOTE: PAGES 40 - 43 are IEP - Transition Services Plan pages and not included in this IEP inst. PROCESS GUIDE**

IEP – Services Page

<table>
<thead>
<tr>
<th>Special Education Services: List each special education service.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Service(s):</strong></td>
</tr>
<tr>
<td>Related Services: List each related service necessary for the child to benefit from special education.</td>
</tr>
<tr>
<td><strong>Type of Service(s):</strong></td>
</tr>
</tbody>
</table>

GUIDANCE:
Students must be educated in the least restrictive environment (LRE) with same age peers to the maximum extent possible.

**Type of Service(s)**

**Monitoring:** The student receives primary instruction from a general education teacher. The special education teacher monitors the performance of the student in the LRE to ensure appropriate access to the curriculum and progress toward annual IEP goals.

**Consultation:** The student receives primary instruction from a general education teacher. The special education teacher consults with general education teachers on a regular basis to provide input on student’s specific needs related to accommodations.

**Collaboration:** The student receives primary instruction from a general education teacher and the special education teacher reinforces the direct instruction of the general education curriculum. This may occur inside or outside of the general education classroom.

**Co-teaching:** The student receives primary instruction from both a general education teacher and a special education teacher within the general education classroom. Teachers have an equal partnership in the responsibility.

**Direct Instruction:** The student receives primary instruction from a highly qualified special education teacher outside of the general education classroom.

**Amount:** Indicate the amount of special education services the student will receive for each type of service that will be provided. For example, if a student is receiving direct instruction in the special education classroom for social studies every day for one period, the team could document services as “one period daily,” or “60 minutes daily.”

**Starting Date/Ending Date:** Indicate the date in which each service will begin and end.

**Person Responsible:** Indicate the person responsible for providing the special education service.

**Location of Services:** Indicate the location(s) in which services will be provided to the student.
GUIDANCE:

**A)** Explain the extent, if any, to which the student will not participate with nondisabled students in the general education curriculum or age-appropriate activities. Please indicate what classes or activities the student will not participate in while receiving special education and related services. This section is intended to document when the student will not interact with students without disabilities.

**B)** Examples of continuum of placement:
- More than 80% of the day in general education (this could be co-taught for most, or all of the day; collaboration for most or all of the day, consultation only – general education all day with no supports)
- Between 40%-79% of the day in general education (co-taught for part of the day and in lab for part of the day, lab classes for at least 40% of the day)
- Full time class (special education setting 100% of the school day)
- Home-based

**C)** Indicate the instructional periods per day or the percent of instructional day that the student is participating in the general education classroom. The team may determine to document time to best fit their school schedule. For students on a shortened school day, their participation in the general education classroom would be determined by documenting their amount of time in a general education classroom compared to the total instructional time offered to that student.

**D)** Indicate if the student’s instructional day is the same length as nondisabled peers. If the length of instructional day is not the same as that of nondisabled peers, document the team’s reason(s) that a shortened instructional day is viewed as necessary for the student. Transportation, scheduling, or administrative conveniences are not acceptable reasons for students to have shortened instructional days.

**E)** Indicate if the student is participating in regular PE or specially designed adapted PE. Provide justification if the student is not participating in any PE program. Each student with a disability must be afforded the opportunity to participate in the regular PE program available to nondisabled students.

---

**GUIDANCE:**

Supplementary aids and services, accommodations, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

---

When assistive technology is being considered it may be included on the IEP as Supplementary Aids and Services. Particular types of AT devices and/or a list of the AT’s features may be included.
IEP – Assessment Page

State and Districtwide Assessment Programs

Assessment decisions must be addressed on an annual basis. Participation in the OAAP must be determined utilizing the Criteria Checklist for Assessing Students with Disabilities on Alternate Assessments (attach OSDE Form 12).

☐ Oklahoma Core Curriculum Test (OCCT) ☐ Alternate Assessment OMAAP ☐ Alternate Assessment OAAP
(EOI retesters only)

If the student will be participating in an alternate assessment, please explain why the child cannot participate in the regular assessment.

GUIDANCE:
The IEP team selects the appropriate assessments the student will participate in. An explanation of why the student cannot participate in the regular assessment is then required and the IEP team must include OSDE Form 12: Criteria Checklist for Assessing Students on Alternate Assessments.

Select an appropriate assessment for each content area, and if appropriate, specify state approved accommodations:

<table>
<thead>
<tr>
<th>Language Arts/Writing</th>
<th>Setting/Timing/Schedule</th>
<th>Response/Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable -</td>
<td></td>
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<tr>
<td>Not Applicable -</td>
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<td>Not Applicable -</td>
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</tr>
<tr>
<td>Not Applicable -</td>
<td></td>
<td></td>
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</tbody>
</table>

GUIDANCE:
A) Select the assessment type and testing window from the dropdown menu.

B) Accommodations that are necessary to measure the academic achievement and functional performance of the student on State and districtwide assessments must be included. Assessment accommodations must be State approved. These correspond with the setting, timing, schedule, response, and presentation of the assessment. Accommodations may be selected via the dropdown menus in each area.

If it is determined that a student requires assistive technology to participate in assessments then it should be documented here. An accommodation may not be used solely during assessments, and the student must be provided the selected accommodations during instruction periods that necessitate their use. AT used for instructional purposes should be documented in other parts of the IEP as described previously.

Extended School Year (ESY) Services

ESY Services: Requires further data, will reconvene by ___/___/___ ☐ are necessary ☐ are not necessary

If necessary, describe services provided:

GUIDANCE:
ESY services must be considered and addressed on an individual basis. The team may reconvene at a later date to determine the need for ESY services. See ESY Technical Assistance Document for additional guidance.
GUIDANCE:

A) Provide a description of the options the team considered and why certain options did not meet the needs of the student. Teams must consider access to the general education curriculum when making placement decisions.

B) If the student is attending his or her home school, please mark the box yes. If the student is not attending his or her home school, mark the box no, indicate whether the placement is as close as possible to the student’s home, and explain why such an arrangement is required.

C) Consider the consequences of removing the student from the general education environment.

D) When discussing separate class/facilities, describe in detail how the nature/severity of the disability has led to this decision as best placement for the student.

IEP – Signature

<table>
<thead>
<tr>
<th>Team Participant Signatures:</th>
<th>Date</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td></td>
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<td></td>
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<tr>
<td>Regular Education Teacher</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Administrative Representative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate): (e.g., conference call, videoconference, home visit)

GUIDANCE:

Dates: Indicate the month, day, and year of the projected date for the next IEP meeting. A meeting to review the IEP must be scheduled no later than one year from the date in which the IEP was written, but may occur more often as needed. Indicate the due date of the next three-year reevaluation.

Team Participant Signatures: Signatures indicate participation in the development of the IEP and attendance at the meeting. If parent(s) were unable to attend the meeting, document the methods used to ensure parent participation (below the signature lines). See Handbook for additional team member requirements.

Agreement: Each participant in the IEP meeting must indicate his or her agreement or disagreement with the content of the IEP. If any participant disagrees with the IEP, they may submit a written statement on the Comment Form presenting their conclusions. Disagreement does not indicate FAPE will not be provided. The IEP will be implemented as written; however, upon disagreement, the LEA may provide parent(s) with Written Notice to Parents (OSDE Form 8) to document the proposal or refusal of services. In this instance, the LEA must wait a reasonable amount of time prior to implementation.
GUIDANCE:

Parent Rights and Notices: Document the parents’ receipt of Parents Rights in Special Education: Notice of Procedural Safeguards. Specify if translation/interpretation is necessary; if so, specify how it is provided. Documentation of the receipt of the Parent Survey form and business reply envelope, information regarding the Lindsey Nicole Henry Scholarship and, if applicable, written information concerning the availability of programs at the Oklahoma School for the Deaf and the Oklahoma School for the Blind is required.

Parent Consent for Initial Placement: Parent signature giving consent is required for initial placement in special education. Parent(s) must sign and date this area in order for a student to receive special education and related services. If parents do not give consent for placement, special education services may not be provided to the student under IDEA.
504 Student Accommodation Plan, an example of
(504 Student Accommodation Plans are typically developed by each school district)

<table>
<thead>
<tr>
<th>Date Written</th>
<th>Reviewed</th>
</tr>
</thead>
</table>

Student:           District:          Grade:

Parent Name(s):   Plan Facilitator   Date of Birth:

Areas of Strength:

Describe Areas of Concern Based on Eligibility Determination:

Date of Eligibility Determination:   Team Members:

<table>
<thead>
<tr>
<th>Parent:</th>
<th>Teacher:</th>
<th>School Nurse:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Administrator</th>
<th>Expert Reviewer</th>
<th>Other:</th>
</tr>
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<table>
<thead>
<tr>
<th>Areas of Difficulty</th>
<th>Accommodations</th>
<th>Person Responsible</th>
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<tr>
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<th>Person Responsible</th>
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<th>Person Responsible</th>
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</table>
Example of a 3 page 504 plan. However, each school district has the responsibility of developing their own 504 Accommodation form. The State does not have a recommended 504 Accommodation form.

Section 504 of the Rehabilitation Act
American with Disabilities Act (ADA)
Accommodation Plan

Name: ___________________________________________ DOB: ___________ Grade: ___________

School: ___________________________________________ Date of meeting: ______________

Dates the plan is in effect – from: ______________ to: ______________

Is the accommodation plan an:
1. Initial accommodation plan ___  2. Re-evaluation ___  3. Continuing ___

Is the student eligible for school attendance? Yes ____  No ____

Basis for determination as a qualified individual: ____________________________________________

(evaluation information considered, i.e. medical records, academic evaluation, etc.)

____________________________________________________________________________________

Major Life Activity affected: ____________________________________________________________

(Title 34 Education, 104.3 Definitions (2)(ii): Major life activities means functions such as: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.)

Indicate disability/impairment: ____________________________________________________________

Educational Impact: __________________________________________________________________

____________________________________________________________________________________

Check all the reasons/criteria that apply:

(Only one criteria needed to qualifies for a 504 plan)
1. Has a physical impairment or disabling condition, which substantially limits one of more of life activities. (Indicated in medical records, special education documentation, evaluations, etc.) 

2. Has a record of their impairment from a variety of sources (Prior 504, medical documentation, Special Education documents, attitude, achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.) 

3. Is regarded by others as having such impairment 

The student is qualified for the development of a 504 Accommodation Plan? Yes ___ No ___

(If no, stop here - Send the Notice of Section 504 Non-Eligibility to the parents/guardian.

The goals of this plan are:

__________________________________________

List any specialized instruction needed to achieve goals of the plan:

__________________________________________

__________________________________________

Taking Least Restrictive Environment (LRE) into consideration, list the reasonable accommodations:

__________________________________________

__________________________________________

__________________________________________

Designate in which classes, accommodations will be provided:

__________________________________________

__________________________________________

__________________________________________

The monitoring schedule for this plan is:

__________________________________________
Person responsible for implementation of this plan:

The progress reporting schedule for this plan is:

The review/reassessment date for this plan is:

Team Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role/title/position</th>
</tr>
</thead>
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I am aware and have participated in the development of this plan and I have received a copy of the Section 504 Parent and Student Rights.

Parent signature: ___________________________ Date: ________________

School personal signature (s) indicating that they have read and understand their responsibilities under this plan, and have received a copy of the plan.

School Personal signature: ___________________________ Date: ________________

Signature of 504 Coordinator: ___________________________

Signature of 504 Building Coordinator: ___________________________

2. **SCAFFOLDING** [https://www.google.com/search?biw=1365&bih=868&tbm=isch&sa=1&ei=KWFnWsTUDIuitQWzmLnoBA&aq=f&al=1&bav=on&bav_s=ws:0,rs:1,rl:eu,al:en,2y:2019,bs:1&bvm=bv.38339356,d.bGg&tbq=SCAFFOLDING+in+education&gs_l=img.12..0i24j0i67j0i30j0i30j1i30j0i8i30j1.0.0...0...0.0.0.0.0.0.0.0.0...0...0.0&sourceid=chrome&ie=UTF-8&ved=2ahUKEwjlgsjvme7YAhUKxWMKHaU9DVwQsAQIlgEAIQ&biw=1473&bih=787) and [https://www.bing.com/images/search?q=graphic+organizers+ideas&qpvt=graphic+organizers+ideas&FORM=IGRE](https://www.bing.com/images/search?q=graphic+organizers+ideas&qpvt=graphic+organizers+ideas&FORM=IGRE)

3. **TASK ANALYSIS** [https://www.google.com/search?q=task+analysis+examples+for+elementary&sa=X&tbm=isch&tbo=u&source=univ&ved=2ahUKEwjlgsjvme7YAhUKxWMKHaU9DVwQsAQIlgEAIQ&biw=1473&bih=787]

4. **VISUAL INSTRUCTIONAL PLANS, VIP** [https://www.google.com/search?q=visual+instructional+plans+math&id=7C460F8D331DAEF4DF415DD88A3F72AA845B0A86&FORM=IQFRBA](https://www.google.com/search?q=visual+instructional+plans+math&id=7C460F8D331DAEF4DF415DD88A3F72AA845B0A86&FORM=IQFRBA)

5. **KNOW, WANT-TO-KNOW, LEARNED, KWL** [http://www.nea.org/tools/k-w-l-know-want-to-know-learned.html](http://www.nea.org/tools/k-w-l-know-want-to-know-learned.html) and [https://www.bing.com/images/search?q=kwl+strategy+example&qpvt=kwl+strategy+example&FORM=IGRE](https://www.bing.com/images/search?q=kwl+strategy+example&qpvt=kwl+strategy+example&FORM=IGRE)


7. **PROJECT BASED INSTRUCTION** [http://www.bie.org/about/what_pbl](http://www.bie.org/about/what_pbl) and [https://www.bing.com/search?q=PROJECT+BASED+INSTRUCTION&oq=PROJECT+BASED+INSTRUCTION&gs_l=img.3...672432.692752..693352...7.0..1.244.3943.2j35......33....1.gws-wiz-img.....0.GC9Ep-vE368](https://www.bing.com/search?q=PROJECT+BASED+INSTRUCTION&oq=PROJECT+BASED+INSTRUCTION&gs_l=img.3...672432.692752..693352...7.0..1.244.3943.2j35......33....1.gws-wiz-img.....0.GC9Ep-vE368)

8. **TEAMS, GAMES, TOURNAMENTS, TGT** [http://www1.udel.edu/dssep/teaching_strategies/tgt_coop.htm](http://www1.udel.edu/dssep/teaching_strategies/tgt_coop.htm) and [https://www.google.com/search?q=TEAMS%2CGAMES%2CTOURNAMENTS%2CTGT&oq=TEAMS%2CGAMES%2CTOURNAMENTS%2CTGT&gs_l=img.3...88778.107796..108079...0.0..3.147.6356.0j59......2....1.gws-wiz-img.....0.JkLKcc0hB1Q](https://www.google.com/search?q=TEAMS%2CGAMES%2CTOURNAMENTS%2CTGT&oq=TEAMS%2CGAMES%2CTOURNAMENTS%2CTGT&gs_l=img.3...88778.107796..108079...0.0..3.147.6356.0j59......2....1.gws-wiz-img.....0.JkLKcc0hB1Q)

9. **INSTRUCTIONAL GAMES** [https://www.google.com/search?q=INSTRUCTIONAL+CLASSROOM+GAMES&oq=INSTRUCTIONAL+CLASSROOM+GAMES&gs_l=img.3...6265.10932.11453...0.0.181.1525.1j12......1.gws-wiz-img.hU6LrqBo-BU](https://www.google.com/search?q=INSTRUCTIONAL+CLASSROOM+GAMES&oq=INSTRUCTIONAL+CLASSROOM+GAMES&gs_l=img.3...6265.10932.11453...0.0.181.1525.1j12......1.gws-wiz-img.hU6LrqBo-BU)


13. **CROWD SOURCING**
14. INFOGRAPHICS, DATA VISUALIZATION - graphic visual representations of information, data or knowledge intended to present information quickly and clearly. They can improve cognition by utilizing graphics to enhance the human visual system's ability to see patterns and trends. [https://piktochart.com/blog/using-infographics-classroom/]

15. GANTT CHARTS (a management tool for planning and scheduling projects) [https://www.researchgate.net/publication/261424640_Application_of_Gantt_charts_in_the_educational_process]


NOTE: L 1-16 above is not an exhaustive listing of strategies, but a start for investigating options compatible with the way students learn and the way you teach. Any suggestions, additions, etc. are always appreciated. The links are provided as a convenience for users and as an informational service only. As a user, it is your responsibility to determine the validity, content, and usefulness of this information. Although an effort is made to assure the accuracy and completeness of the information provided on this listing of websites, there is no express or implied warranty as to the accuracy, adequacy, completeness, legality, reliability or usefulness of the information.

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