



Disclosure: Ms. Carahaly, MA, CCC-SLP, has in the past donated and discounted Apps for iPad recipients of CASANA's iPads for Apraxia program. Ms. Carahaly provided consultation on Apps to families in CASANA's iPads for Apraxia project and received partial compensation for her time. Ms. Carahaly is the author of the Speech-EZ® Apraxia Program and App and receives ongoing compensation from the sale of this product. Ms. Carahaly's presentation may contain information on The Speech-EZ® Apraxia Program, but will contain other information as well. Ms. Carahaly volunteers as a coordinator of a local Walk for Apraxia © to benefit CASANA's programs and research. She will receive a stipend for this presentation. There are no other relevant financial or non-financial relationships to disclose.

Disclosure: Ms. Newman, M.Ed., is a Civil Rights Advocate working with the Parent Support Arizona organization. She will receive a stipend for this presentation. There are no other relevant financial or non-financial relationships to disclose.

What's in YOUR IEP?

Presented by:

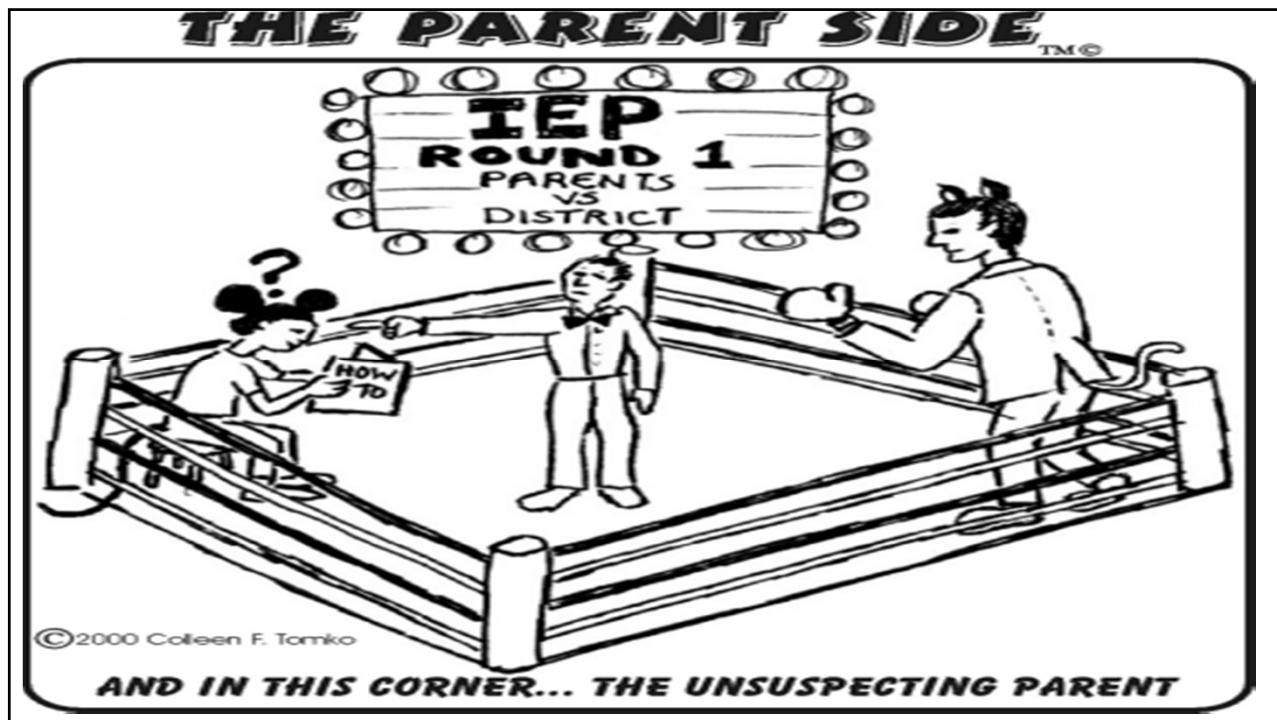
Nicole Newman M.Ed.

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overview

- Brief intro as to what we see/why we are here.
- We will investigate how 6 of the 7 federally required IEP components get interpreted into your child's IEP in order to answer:
 - (a) What are the legal responsibilities of my child's school?
 - (b) Which sections of the IEP need particular oversight?
 - (c) How do I justify the importance of my child's UNIQUE needs in the "language" school's understand?

Nicole and Lynn will bust out into random Mock IEP Scenarios so get ready!



On the big day...

1. A member of the IEP team is not required to attend an IEP meeting, in whole or in part, if the parent and PEA agree that the member's attendance is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.
2. A member of the IEP team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent and the local educational agency consent to the excusal; and the member submits in writing to the parent and the IEP team input into the development of the IEP prior to the meeting.

A parent's agreement under # 1 and # 2 above must be in writing.

HOWEVER- please feel free to "just say no" if the SLP, the OT, the GEN ED, or the SPED teacher cannot come, have to leave early, or are going to arrive late. You deserve the whole team, the whole time....

(§300.321 IEP Team)



THE INDIVIDUALIZED EDUCATION PROGRAM

- The Individualized Education Program (IEP) is a written document required for each child who is eligible to receive special education services. *It is provided to a student who has been determined first to have a disability and, second, to need special education services because of that disability.*
- The IEP, the team that develops it, and what it must contain are governed by Part B of the Individuals with Disabilities Education Act (IDEA) and amendments to it. *The IEP provides information on children's current levels of performance and directs the special services and supports that are provided to students who have IEPs.*
- It includes provisions for defining annual goals, evaluating progress, and formalizing what is to be a free and appropriate public education (FAPE) for the student with the disability.

IDEA Regulations

As used in Part 300, the term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with 34 CFR §300.320 through §300.324, and that must include:

- (1) A statement of the child's present levels of academic achievement and functional performance...
 - (2) A statement of measurable annual goals, including academic and functional goals designed to: (a) Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and (b) Meet each of the child's other educational needs that result from the child's disability (c)For children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives;
 - (3) A description of: (a) How the child's progress toward meeting the annual goals described in 34 CFR 300.320(a)(2) will be measured; and (b) When periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;
 - (4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child...
 - (5) An explanation of the extent, if any, to which the child will not participate with nondisabled peers in the regular classroom and other non-curricular activities.
 - (6) A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and districtwide assessments consistent with section 612(a)(16) of the Act; and if the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or districtwide assessment of student achievement, a statement of why the child cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the child....
- [34 CFR §300.320(a)] [20 U.S.C. 1414(d)(1)(A)(i)]

(1) PRESENT LEVELS

*remember, an IEP is
written/reviewed
annually (minimum)



In most states, your child's IEP's verbiage will say something along the lines of....
Present Levels of Academic and Functional Performance....PLAAFPs
and should be divided up into the following subsections...

- Summary of most recent evaluation
- IMPACT of the identified disability or disabilities (as in most cases of CAS)
- Academics
 - Reading (decoding and comprehension)
 - Writing
 - Math (computation and reasoning)
- Communication
- Physical Development
- Emotional/Social Development

ALL Needed GOALS and SERVICES and ACCOMMODATIONS are born out of this section!

Hold Up... Wait a minute...



Lets jump back and do
an EVALUATION
OVERVIEW-

* remember... an eval is due every 3
years- 60 calendar days from signed
consent)

The IEP stems directly from needs identified in the psycho-educational evaluation.

A child with apraxia requires more than speech and language testing.

It is crucial that your child get assessed in ALL areas related to their suspected educational disability.

- Occupational therapist: Visual-motor skills, sensory processing, and fine motor skills
- Physical Therapist: Gross motor, accessing playground equipment, balance, navigating stairways/bus entry and exit.
- Psychologist: Academic and Cognitive levels (interpret with caution)
- Speech and Language Pathologist
 - Oral and Verbal Motor
 - Articulation and Phonology
 - Language
 - Auditory and Phonological Processing
 - Memory
 - Social/Emotional and Pragmatic
 - AAC (augmentative and alternative communication)

Evaluation process continued....

- You should always provide evaluations and reports from private therapists who work with your child, as well as from the physician(s) who diagnosed and is monitoring your child's Apraxia, to the school to be included in the School's Evaluation.
- However, it is important to remember that just because you have an outside diagnosis, the school is only required to meet as a team and consider it, but not necessarily change eligibility and support.
- If you and your district disagree on whether or not a private report from a therapist or physician should change eligibility and services/support, then you have the right to DISAGREE with the results of the school's decisions, and ask for an outside independent evaluation at the schools expense and/or file a complaint.

What is your child's disability category?

- SLI- Speech and language Impairment only? Doubtful if you are here...
- Apraxia is not a speech delay, and children with CAS rarely have educational needs that are just in the area of communication. As a neurologically-based motor planning disorder, Apraxia can and does affect many other areas that significantly impact a child's educational performance in the classroom.
- And yet, many children with apraxia still have IEPs that under the category of "SLI", almost always focus almost solely on speech and language development, neglecting crucial aspects of a child's educational needs.

Your child's eligibility determination....

- Developmental Disability (DD)- Check with your state
Cog/Social-Emotional/Physical/Adaptive/Communication Development
- Other health Impairment (OHI)-
- Specific Learning Disability (SLD)-
- Autism (A)-
- Mild/Moderate Intellectual Disability (MIID/MOID)-
- Speech and Language Impairment (SLI)-

SOMEWHERE IN THE PRESENT LEVELS...

- For today, we are assuming your child has had proper testing
- In the eval summary of perhaps there is a sub-section titled “Impact of disability”.....regardless...**there needs to be one or several IMPACT STATEMENTS**
- The following 3 slides are all impact statements for you to “mix and match.....”

IMPACT statement “Closet”- what fits YOUR child?

- Cinderella's **articulation disability** results in her frustration, withdrawal, undesired attention and/or teacher and peer difficulty in understanding her.
- Her **limited vocabulary** affects comprehension in the academic content areas.
- Cinderella's **expressive language disability causes her be seemingly inappropriate in conversations, have difficulty expressing her ideas or asking questions, and makes it difficult for teachers and peers to understand her.** She remains **unable to adequately communicate her intent or needs which inhibits her from requesting help** or information among teachers and peers.
- Her **receptive language disability** causes difficulty with her **comprehension of subject content, her ability to follow directions, as well as learning of new concepts.** Her inability to adequately express herself due to the limitations of her specific communications disorder, CAS, **inhibits conversation and social encounters with her peers.**
- Cinderella's **inaccurate or illogical use of vocabulary due to word finding problems** and **verbal motor planning problems**, syntax or grammar sometimes causes listener confusion.

- The **verbal motor planning disability** causes the student: to become **reluctant to enter conversation; to have difficulty expressing ideas and asking questions;** and is **often misunderstood** by teachers and peers.
- Cinderella's reaction or attitude toward **her disorder limits her verbal interactions in the educational environment and in her community.**
- **Listener discomfort** with the disorder **limits interactions with the student** at times. The disorder calls attention to the manner of her speaking rather than to the content of her message.

My faves....

- Cinderella's Speech-Language Impairment **impedes her education in any subject that requires her to verbally participate, ask question and respond to questions follow directions, work cooperatively, engage with others in the process of learning, understand and use abstract and social language.**
- Cinderella's disability **significantly limits her from accessing and participating in the general curriculum (without supplementary aides and services)** and *she requires individualized instruction in communication, social/emotional development, and behavior support in order to progress at the same rate as her nondisabled peers.*

PRESENT LEVELS- make sure verbal apraxia is actually defined in the present levels...

Be aware that special education teaching programs do not cover CAS at a deep level if at all and that even the best teachers often do NOT realize that:

- Apraxia can impact task sequencing for completing classroom work, developing reading and decoding skills, and making progress in the process of writing (separate from the mechanics of handwriting).
- Make it difficult for a child to generalize a skill that they have learned in one setting, such as a therapy room, into another setting, such as a classroom or playground.
- Make children struggle with visual-spatial memory and specific learning disabilities, as well as working memory.
- Affect visual-motor skills needed for visual tracking and refocusing rapidly from the board to the desk and back again, depth perception, or for using both eyes together to make sense of what they are reading or writing.

Now back to Present levels...to the areas of need....
So we know that most recent evaluation report and
IEP progress report should be able to grant enough
qualitative information and quantitative information
to write a good IEP

Typical Areas most often addressed in PLAAFPs:
Reading, Written language, Math, Communication,
Physical Development/Functional, Social-Emotional

1. What can Cinderella do in each area?
2. What can she not yet do in each area?
3. What should her goal (s) be for this IEP?
4. What accommodations or modifications
are needed in the general setting/school
environment when skills in specific areas are
needed?

READING PRESENT LEVEL EXAMPLE (in a perfect world, on a perfect IEP program)

- **Cinderella knows.....**
- **she is not yet able to**
- **Goal(s):**
- **Accommodations in Reading needed across the curriculum include but are not limited to the following:**

So in all areas...the information given should be able to be divided into these 4 sub-categories

PRESENT LEVELS- Communication...

- Don't accept "cut and paste" from speech evaluation.
- For a child with apraxia, this section should be STOCKED with information on how this child communicates and is communicated WITH in the general setting....
- And cover 4 areas....what are they?
 1. Can do
 2. Cannot do, but needs to learn
 3. Goal (s)
 4. Accommodations/modifications needed across the curriculum

PRESENT LEVELS- Physical Development...and/or Functional Development

- Is there delay or alter the coordination of fine motor movements related to handwriting, using scissors, opening up a school locker, opening classroom doors, and completing fasteners on clothing? This is an important component of becoming independent in the restroom.
- Is there an impact the physical process of eating? If a child's oral motor movements are not developed enough for age-appropriate chewing, swallowing, or keeping their food in their mouth, or if their motor coordination skills make using a fork or spoon a challenge, this obviously makes lunchtime in a school cafeteria a time of stress and difficulty, rather than a relaxing break from classroom instruction.
- Apraxia may affect gross motor movements needed for accessing playground equipment, maintaining balance on classroom chairs, and navigating stairways, especially when there are a large number of other children on the stairs at the same time. Low muscle tone, called hypotonia, is common in Apraxic children, and can affect the quality of motor movements as well as balance and coordination.

PRESENT LEVELS- Social and Emotional Development

- Any type of sensory integration dysfunction can affect classroom behavior, attention, focus, and the ability to transition easily from one activity to another.
- The inability to communicate at the level and in the same modality as your peers also impacts behavior overall (refer to Impact Statements)

This should always be in an IEP when behavior is an issue.....

- Cinderella's disability is directly related to her behavior and therefore she will require a staff member with expertise in (fill in this blank) to be present for any discipline issues and consideration of consequences (which may be modified from school policy).
- SUBSTITUTES.....does your child's teacher have a sub-folder that accurately describes your child's needs and behavior triggers?

I.D.E.A.-
"A statement of measurable annual goals, including academic and functional goals designed to:
-Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and
-Meet each of the child's other educational needs that result from the child's disability;"

(2)
GOALS



Remember.....

- These should be no surprise because the needs that were *JUST* discussed in the “Present Levels” section brought out the *NEEDS* for *EACH AREA*. So you should already know how many goals are written in this section and what area they cover....
- If you don’t....school isn’t communicating well with you, or they simply are incompetent (we mean this in the kindest way).
- So every described and identified need supports a **GOAL** and every goal supports an identified **NEED** !

“Score Keeping Goals” BEWARE

Example A:

Cinderella will cross the street successfully on 4 out of 5 trials.

Example B:

***“Cinderella will self- advocate to go to the bathroom
on 8/10 trials as measured quarterly by teacher
data”***

Baseline – new goal

Mastery- 8/10

Score-keeping Goals continued

1. What does “self-advocating” to go to bathroom look like in your classroom? How many steps are involved?
2. So why 8 out of 10 “trials”, what does that mean?
3. What does the specialized instruction look like that will support this goal, can you please describe it to me?

If you ask none of these questions, chances are, when progress report time rolls around, the CM will peep her head into your kid's classroom and yell, “Hey, can Cinderella ask to go to the RR yet?” and then depending on the teacher’s response....the CM will “guesstimate” Cinderella’s progress on this goal that received ZERO specialized instruction!

YOUR TURN

Example B:

“Cinderella will communicate appropriately on 4/5 opportunities as measured weekly by teacher data”

Baseline- 0/5

ASK ME QUESTIONS (please ask)

Your Turn Again...

- Functional Communication was expressed as a need in present levels.

- GOAL:

When faced with a frustrating task or situation, Cinderella will engage in functional communication skills (using visual supports or sign language) to express her feelings, request a break or request help rather than fleeing the situation/refusing the task during 4/5 opportunities for 3 consecutive weeks as measured biweekly by special education teacher data collection (reported quarterly).

Baseline: 1/5

- Ask me questions....(please)

SMART GOALS (remember?)

- Specific- what “specialized-instruction” will back-up this goal? Beware of ‘score-keeping’ goals...
- Measurable- The law states both how and when goal will be measured must be DESCRIBED, do YOU understand how it is going to be done? You are the one that needs to understand
- Attainable- beware of ridiculous goal statements that imply, “This kid will be perfect in 1 year....”
- Relevant- The school may argue shoe tying is NOT a needed “educational need” or goal...what should you say?
- Time-bound- especially if there are **short term objectives (we will get to these in a bit)**.

LET'S TALK SPEECH and LANGUAGE GOALS!!!

- If an SLP is solely focused on articulation/speech intelligibility, they are at a greater risk for missing critical developmental window for executive functioning, metacognitive awareness and other areas of cognitive abilities needed to progress academically.

Communication goals are very individualized, and can be separated into “Speech” and “Language”.

Be sure the IEPs focus is not only on Speech, but on Language as well.
Even Math Language.

- Speech goal example
- Language example
- Math language example
- Memory example

Speech Goal Examples

- Motor Planning-By October 2015, Cinderella will **produce Consonant-Vowel-Consonant-Vowel ($C_1V_1C_1V_2$) combinations** with an *unchanging* (C) and a *changing* (V), with 60% accuracy across three consecutive sessions. Example: puppy, baby, cookie
- Phonological Process- By October 2015, Cinderella will **reduce gliding of liquid sounds** (i.e. "yeg" for "leg"; "wed" for "red") by articulating liquid sounds: "l" and/or "r" in all word positions at the phrase level with 70% accuracy, across 2 of 3 consecutive sessions, as measured by therapist informal data collection.

PHONOLOGICAL AWARENESS

- By October 2015, Cinderella **identify the specific sound(s) that differentiate the two words** presented orally in 4 out of 5 trials over three consecutive sessions. ("Which sound is different in these two words: box-fox?")

LANGUAGE

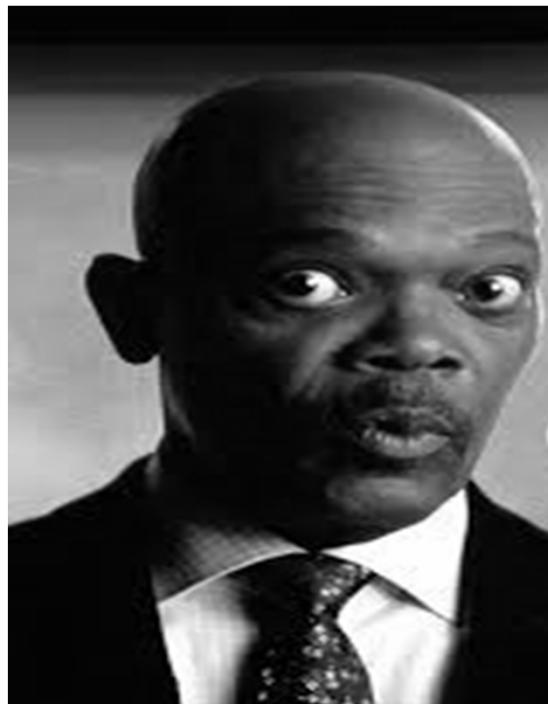
- By October 2015, when a list of three items within a category are read to her (i.e. Clifford, strawberry, fire truck) Cinderella will **name the category or unifying feature** (things that are red), in 8 of 10 opportunities, across three consecutive sessions, as measured by therapist informal data collection.
- By October 2015, Cinderella will **alternate between speaker/listener roles** for a minimum of four exchanges on 4/5 social conversational opportunities across various environments of the school day (recess, lunch, class time, etc.) over five separate days as measured by speech therapist and teacher feedback.

MATH LANGUAGE

- By October 2015, Cinderella will correctly **answer questions about quantity concepts** in 4 out of 5 trials, across three consecutive sessions. (i.e. There are 6 boys and 5 girls at the party. Are there an equal amount of boys and girls?), as measured by therapist informal data collection.
- By October 2015, given a list of addition and subtraction terms (altogether, in all, take away, removes) Cinderella will **pair the mathematical symbol (+ or -) with the correct mathematical term** in 9 out of 10 trials, across three consecutive sessions, as measured by therapist informal data collection.

MEMORY

- By October 2015, given a list of 10 unrelated words presented verbally, Cinderella will **recall 7 out of 10 words** in 3 of 4 trials across three consecutive sessions, as measured by therapist informal data collection.



(2c)For children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of **benchmarks or short-term objectives**;

If your child with apraxia also has an intellectual disability...

- Short-term objectives are REQUIRED because they are also qualifying for...
- ESY consideration.....if objectives are not being met
- MIID, or ID indicators translate to **alternative state assessments.**
- Schools sometimes can avoid this category and choose DD instead to avoid STO's,
- Conversely, school's can misdiagnose intellectual disability if they do not test in the student's PRIMARY language- which may be pictures or sign only....

STO's

- Are broken down into 4 or 5 dates,
- 4 or 5 predicted levels to reach mastery.

EXAMPLE:

Using visual supports Cinderella will independently count to 100 on 2/3 trials by her next annual IEP as measured by special education teacher data gathered 3Xweekly for 3 consecutive weeks.

Baseline: Cinderella can count to 10 on 1/3 trials with support.

- By 09/15/15, Cinderella will to 30 independently on 2/3 trials
- By 11/30/15 Cinderella will count to 50 on 2/3 trials
- By 02/30/16 Cinderella will count to 75 on 2/3 trials
- By 05/30/16 Cinderella will count to 100 on 2/3 trials
- (SOMETIMES there is a "5th" progress report that serves as the FINAL report before new IEP.)

(3) PROGRESS REPORTING



A description of: (a) **How** the child's progress toward meeting the annual goals described in 34 CFR 300.320(a)(2) will be measured; and (b) **When** periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;

So this means that schools are required to
DESCRIBE –

- **HOW progress will be measured.....so ASK about how the goal is being measured and what the data will look like (request they bring example of data sheet to the IEP)....data collection needs to occur and you would like it to be documented!**
- **WHEN they will be measured.....reported as often as regular schools report progress...**
- **HINT- many busy and overwhelmed speducators count on parents not understanding a special ed progress report, and cannot back up progress with reliable data- ask for data/session logs *the week before progress is due..***

(4) SERVICES

A statement of the **special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable**, to be provided to the child, or on behalf of the child...

**ALL SERVICES REQUIRE
SPECIALIZED
INSTRUCTION**



What is Special Education Instruction?

- Regulations: Part 300 / A / 300.39 / b / 3
- (3) *Specially designed instruction* means **adapting**, as appropriate to the needs of an eligible child under this part, **the content, methodology, or delivery of instruction--**
 - (i) To address the **unique needs** of the child that result from the child's disability; and
 - (ii) To ensure **access of the child to the general curriculum**, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Your Child's IEP may have differing sub sections of Special Education Services- all requiring specialized instruction:

- Special Education Services
- Related Services
- Supplementary Aids and Services
- Supports for School Personnel

Remember Cinderella?

Special Education Service	Frequency	Location	Provider
Social/Emotional Support	15 mins daily	Outside general classroom	Special education teacher
	Cinderella will receive daily small group or 1:1 support for strategies to support functional communication goal		

IN CLASS (Inclusion) SUPPORT MUST BE DOCUMENTED...BUT DIFFERENTLY

Supplementary aids and Services	Frequency	Location	Provider
Social/Emotional Support	10 hours weekly	general classroom	Special education teacher
	Cinderella will receive daily inclusion support for 2 hours to support functional communication within his general setting		
1:1 paraprofessional support	Daily for recess and lunch, and any field trips and extra-curricular activities	Playground	Paraprofessional (trained)

Staff Training and Consultations.... “Supplementary Aides and Services”

Supports for School Personnel	Frequency	Location	Provider
Specialized staff and parent training	1X annually	School district/campus	SLP or private agency
Consult with gen ed teacher	2X monthly		
1:1 training for paraprofessional			

Related Services-

typically reserved for speech, OT, counseling to support the primary disability.

BUT *this section may hold academic services if SLI is the PRIMARY disability....and speech will most likely NOT be in this section for verbal apraxia*

Special Education Service	Frequency	Location	Provider

EVERY GOAL WRITTEN NEEDS A SERVICE TIME

- This means every goal needs specialized instruction time.
- most academic years are based on approximately 180-190 days
- Bring a calculator to your child's IEPs! Figure out how many minutes per day it works out to be. Don't be shy to share your calculations.
- Inclusion time does NOT count as specialized instruction time, it helps and is a wonderful support, but is not specialized instruction.
- Children with CAS need multi-faceted support, and what works in the therapy room may not work back in the classroom.

(5) An explanation of the extent, if any, to which the child will not participate with nondisabled peers in the regular classroom and other non-curricular activities.

- When and why are they being “pulled out” of their regular classroom.
- What are the possible harmful effects and benefits of this pull out and/or more restrictive placement? (this goes both ways, increased inclusion does not *always* mean increased educational/emotional progress)
- Does Cinderella need support for during extra-curricular participation too?

(6) ACCOMMODATIONS

A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and districtwide assessments consistent with section 612(a)(16) of the Act; and if the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or districtwide assessment of student achievement, a statement of why the child cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the child....



If your student has an identified intellectual disability and is taking alternative assessment, they need modifications

- This means actually changing the curriculum to a lower standard overall.
- If your child has been formally and appropriately evaluated in their primary language and scored an IQ below 70- 75 (depending on your state), he or she will learn slowly, not at grade level, and will require modifications to their school work in their general classrooms.
- If your child has NOT been diagnosed with a mild cognitive impairment, then any federally funded public school is required by law to provide every accommodation/program/assistive technology needed (based on her identified NEEDS) that will afford every opportunity to get her progressing close to or at the level of her peers.

Assistive Technology- FM System consideration

- **An FM system can be recommended** in the classroom environment. These devices are used to increase the signal to noise ratio, thus improving performance in the presence of background noise.
- These devices are especially helpful for students who are struggling to listen in classroom with competing noise or poor classroom acoustics.
- Difficulty "listening" can be a result of poor ability to inhibit extraneous auditory stimuli due to poor attention, CAPD, SPD, ASD,
- If there is a concern regarding the child wearing a personal device, an in-field amplification system may be considered.
- The following link is an example of an FM system that would be appropriate for classroom use:
- <http://gofrontrow.com/en/products/togo-system//>

<https://www.youtube.com/watch?v=YcJ5FNdK1WE&noredirect=1#t=67>

The American Speech-Language-Hearing Association's (ASHA's) Working Group on Classroom Acoustics recommends the signal-to-noise ratio (the difference between the teacher's voice and the background noise) should be at least +15 dB at the child's ears.

Most classrooms unfortunately are at +4 dB, the teacher's voice is only 4 dB louder than the background noise.

Therefore, many typical classrooms do not provide an appropriate auditory environment for students, particularly the child with CAPD or ADD.

Therefore....

- The FM system provides and sustains an appropriate signal-to-noise ratio, allowing the student to take in the teacher's voice from any location in the room at an intensity that is stronger than the competing background noise level.
- The principles involved in the use of an FM system for the child with auditory processing problems or hearing impairments could be applied to improve the listening environment for the student with ADHD. The student would be able to receive the teacher's voice with reduced interference from the noise and reverberation in the classroom.

Accommodations – no more than 10 preferably - but VERY SPECIFIC

- Now these accommodations SHOULD be obvious from what the child is NOT able to do as described in the _____ section of the IEP...right? RIGHT???
- PRESENT LEVELS!

Example Accommodations:

- Administer the test and/or instruction in a small group when Cinderella is not able to self-regulate and is disrupting the general classroom.
- Allow alternative methods to demonstrate comprehension such as verbal responses or "pointing" to correct picture/words
- Directions should be visual using as many pictures as possible or printed clearly in simplified language.
- Model the activity or provide example and guided practice
- Cinderella needs work presented with a clear "beginning" and a clear "ending" and use timer whenever possible.
- Cinderella learns best being taught whole first- then breaking it down to parts in order to build back up to a whole again (applies to any subject).
- Cinderella's disability is directly related to her behavior and therefore she will require a staff member with expertise in ASD to be present for any discipline issues and consideration of consequences (which may be modified from school policy).

Don't expect the school to know what YOU know.

You are HERE.

Bring all the programs, innovations, ideas, and new research you learn back with you to the team table.

They should be grateful for what you bring to the table, I would be.

If they belittle you or make you feel "small" or shoot down every one of your suggestions...don't give up.

A WORRIED
PARENT
DOES
BETTER
RESEARCH
THAN
THE FBI

