

**EXCEPTIONAL STUDENT SERVICES PROGRAM**  
**Individual Education Program (IEP)**

Meeting Date: 05/19/2015

Student: [REDACTED]	Student ID #: [REDACTED]	Birthdate: [REDACTED]	Age: [REDACTED]	Grade at Meeting: 1st Grade
Attending School: [REDACTED]		Case Manager: [REDACTED]	Proposed School:	

Meeting Purpose:

IEP Implementation Date: 05/20/2015  
 Primary Eligibility Date:

IEP Ending Date: 05/18/2016  
 Psychological Testing Date:

*Always check the dates*

Primary Exceptionality:  
 Tertiary Exceptionalities:

Secondary Exceptionalities:  
 Additional Exceptionalities:

Relationship to Student: Father, Foster

Name: [REDACTED]

Address: [REDACTED]

Home Phone:

Work Phone: [REDACTED]

Cell Phone:

Relationship to Student: [REDACTED]

Name: [REDACTED]

Address: [REDACTED]

Home Phone:

Work Phone:

Cell Phone:

**IEP Meeting Participants**

The following individuals attended the IEP Committee Meeting and participated in the development of this Individualized Education Program:

Name	Title	Signature
[REDACTED]	Student	[REDACTED]
General Education Teacher	General Education Teacher	[REDACTED]
[REDACTED]	Case Manager	[REDACTED]
[REDACTED]	LEA	[REDACTED]
[REDACTED]	Foster Parent	[REDACTED]

*→ This information is prefilled.*

*↑ Foster parents can sign IEPs*

*(1)*

---

Parental Rights Given: Parental Rights Explained by: on  
If Applicable, Review of Parent Rights was waived on 05/19/2015

(2)

Fulton County School District  
 Exceptional Student Services Program

Student: [REDACTED]  
 Student ID#: [REDACTED]

DOB: [REDACTED]  
 School: [REDACTED]

Date of Meeting: 05/19/2015  
 Grade at Meeting: 1st Grade

**Impact of the Disability and Parental Input**

Summarize the student's current educational performance: Kaufman Test of Educational Achievement 3rd Edition All academic areas appear in the low average to average range with a relative weakness in the area of written expression. Overall, his achievement scores appear commensurate with his current measure of cognitive ability.

Parental concerns regarding their child's education: The educational advocate [REDACTED] expressed concern regarding [REDACTED] behavior while in school and in the home setting. She is happy that he is going to begin receiving services to address his behavior concerns.

Impact of the disability on involvement and progress in the general education curriculum (for preschool, how the disability affects participation in appropriate activities): A behavior rating scale was completed by his teacher, Ms. [REDACTED] and [REDACTED] ratings revealed clinically significant emotionally based behavior problems. Projective drawings completed by [REDACTED] support that he is currently exhibiting significant emotionally based behavior concerns that can have an impact on his ability to succeed in the school setting.

*\* Make sure reports by foster parents can be substantiated by others.*

**Present Levels of Performance and Educational Needs**

**PSYCHOLOGICAL**

Source of Information: Psychological Processing - Woodcock- Johnson Tests of Cognitive Abilities (WJ NU COG) Date:

Subtest:	Scores:	
Verbal Ability	Std Score: 94	Percentile: 35
Thinking Ability	Std Score: 104	Percentile: 61
Cognitive Efficiency	Std Score: 77	Percentile: 6
Phonemic Awareness	Std Score: 110	Percentile: 75
Working Memory	Std Score: 85	Percentile: 15
General Intellectual Ability	Std Score: 91	Percentile: 27

Present Level of Performance based on the recent evaluation results and current functioning:

Woodcock-Johnson III Normative Update Tests of Cognitive Abilities (WJ-III) [REDACTED] overall intellectual ability, as measured by the WJ III GIA (Std), is in the Average range of standard scores.

[REDACTED] verbal ability (acquired knowledge and language comprehension) is in the Average range of standard scores when compared to others at his age level. His thinking ability (intentional cognitive processing) is in the Average range. His cognitive efficiency (automatic cognitive processing) is in the Borderline range and is an area of relative weakness. Kaufman Test of Educational Achievement 3rd Edition All academic areas appear in the low average to average range with a relative weakness in the area of written expression. Overall, his achievement scores appear commensurate with his current measure of cognitive ability. Behavior Assessment System for Children-Second Edition According to teacher ratings, scores were elevated in the areas of hyperactivity, aggression, conduct problems, depression, and withdrawal. Anxiety, attention problems, school problems, and atypicality fell in the at-risk range. The Behavior Symptoms Index fell in the clinically

Fulton County School District Individualized Education Program

Distribution: Central Office Parent/Guardian Student File General Education Teacher

(3)

Fulton County School District  
Exceptional Student Services Program

Student: [redacted]  
Student ID#: [redacted]

DOB: [redacted]  
School: [redacted]

Date of Meeting: 05/19/2015  
Grade at Meeting: 1st Grade

significant range.

Developmental Profile Third Edition (DP-3). Scores on the physical, adaptive behavior, and cognitive domains of DP-3 reveal developmental skills in the low average range. On the social-emotional domain, [redacted] score in the deficient range. This appears as a significant adaptive deficit. Due to one page of the communication section being left incomplete, a communication score and a general developmental score could not be generated.

According to ratings of his foster mother, scores were elevated in all areas. Scores all appeared in the clinically significant range.

The House- Tree- Person, Projective Drawings (HTP) Analysis of the drawings revealed the following feelings and attitudes:

Feelings of basic inadequacies with associated over striving to secure satisfaction from environment  
Lack of ego strength with poor integration of sensation seeking resources  
Basic insecurity in situations involving home and/or intimate relationships  
Feelings of weakness and futility in striving  
A crippling lack of autonomy  
Feelings of inability to make more refined adjustments to interpersonal problems  
Feelings of physiological or psychological immobility  
Hostility and withdrawal  
May behave bluntly and directly  
Feels home lack psychological warmth

\* Again, be mindful of reports that rely heavily on foster parent data.

---

ACADEMIC

Source of Information: Academic Achievement - Kaufman Test of Educational Achievement (KTEA)

Date:

Subtest:	Scores:	
Letter & Word Recognition	Std Score: 91	Percentile: 27
Reading Comprehension	Std Score: 101	Percentile: 53
Math Concepts & Applications	Std Score: 85	Percentile: 16
Math Computation	Std Score: 95	Percentile: 37
Written Expression	Std Score: 82	Percentile: 12

---

EMOTIONAL/SOCIAL/BEHAVIORAL

Source of Information: Emotional/Social/Behavioral - Behavior Assessment System for Children - Parent Rating Scale

Date:

According to ratings of his foster mother, scores were elevated in all areas. Scores all appeared in the clinically significant range.

Source of Information: Emotional/Social/Behavioral - Behavior Assessment System for Children - Teacher Rating Scale (BA)

Date:

According to teacher ratings, scores were elevated in the areas of hyperactivity, aggression, conduct problems, depression,

---

Fulton County School District Individualized Education Program

Distribution: Central Office Parent/Guardian Student File General Education Teacher

(4)

Fulton County School District  
Exceptional Student Services Program

Student: [REDACTED]  
Student ID#: [REDACTED]

DOB: [REDACTED]  
School: [REDACTED]

Date of Meeting: 05/19/2015  
Grade at Meeting: 1st Grade

and withdrawal. Anxiety, attention problems, school problems, and atypicality fell in the at-risk range. The Behavior Symptoms Index fell in the clinically significant range.

Source of Information: Emotional/Social/Behavioral - House - Tree - Person (HTP) Date:

Analysis of the drawings revealed the following feelings and attitudes:

Feelings of basic inadequacies with associated over striving to secure satisfaction from environment Lack of ego strength with poor integration of sensation seeking resources Basic insecurity in situations involving home and/or intimate relationships Feelings of weakness and futility in striving A crippling lack of autonomy Feelings of inability to make more refined adjustments to interpersonal problems Feelings of physiological or psychological immobility Hostility and withdrawal May behave bluntly and directly Feels home lack psychological warmth

Source of Information: Emotional/Social/Behavioral - Developmental Profile (DP) Date:

Scores on the physical, adaptive behavior, and cognitive domains of DP-3 reveal developmental skills in the low average range. On the social-emotional domain, [REDACTED] score in the deficient range. This appears as a significant adaptive deficit. Due to one page of the communication section being left incomplete, a communication score and a general developmental score could not be generated.

Present Level of Performance based on the recent evaluation results and current functioning:

Anxiety, attention problems, school problems, and atypicality fell in the at-risk range.

Student needs including most recent evaluation results and current functioning:

According to teacher ratings, scores were elevated in the areas of hyperactivity, aggression, conduct problems, depression, and withdrawal.

---

Present Level of Performance - Consideration of Special Factors

---

Does the student have behavior which impedes their learning or the learning of others? No

Does the student have Limited English Proficiency? No

Is the student blind or visually impaired? No

Does the student have communication needs? No

Is the student deaf or hard of hearing? No

Does the student need assistive technology devices or services? No

Fulton County School District Individualized Education Program

Distribution: Central Office Parent/Guardian Student File General Education Teacher

(5)

Fulton County School District  
Exceptional Student Services Program

Student: [REDACTED]  
Student ID# [REDACTED]

DOB: [REDACTED]  
School: [REDACTED]

Date of Meeting: 05/19/2015  
Grade at Meeting: 1st Grade

If yes, describe the type of assistive technology and how it is used. If no, describe how the student's needs are being met in deficit areas. [REDACTED] does not need assistive technology, as he can access the curriculum using standard classroom tools

Does the student require alternative format for instructional materials? No

Does the student require special transportation? No

What type of physical education does the student require? Regular

Does the student have any health/medical issues that impedes learning? Yes

If yes, explain: [REDACTED] has been diagnosed with Attention-Deficit/Hyperactivity Disorder and Post Traumatic Stress Disorder. In addition, he has been hospitalized for mental instability and harm to self. He receives mental health therapy, occupational therapy, and meets with a behavioral aide weekly. In the home setting, [REDACTED] has tantrums, rapid mood swings, poor-peer relations, and can be overly aggressive.

Fulton County School District Individualized Education Program

Distribution: Central Office Parent/Guardian Student File General Education Teacher

(6)

Fulton County School District  
 Exceptional Student Services Program

Student: [REDACTED]  
 Student ID#: [REDACTED]

DOB: [REDACTED]  
 School: [REDACTED]

Date of Meeting: 05/19/2015  
 Grade at Meeting: 1st Grade

**Measurable Annual Goals and Short Term Objectives**

Area of Need: *Emotional/Social/Behavioral*  
 Position(s) Responsible: *Special Education Teacher*

Annual Goal 1: [REDACTED] will improve social emotional skills to performance expectancy as measured by the following objectives. [REDACTED] will engage in positive interactions with peers.

Goal/Objective Review Dates:

Progress on goals and objectives will be reported on the same schedule as performance reporting for all students.

Objectives/Benchmarks:

1) [REDACTED] will engage in positive interactions with peers.

Method of Evaluation	Performance Criteria
Data Collection : Once a Month	8 of 10 trials with 80% accuracy

Objectives/Benchmarks:

2) [REDACTED] will employ proactive strategies (deep breathing, walk no talk, using stress relieving toy, journaling etc) to having a behavioral meltdown.

Method of Evaluation	Performance Criteria
Data Collection : Once a Month	8 of 10 trials with 80% accuracy

Objectives/Benchmarks:

3) [REDACTED] will complete assigned tasks within a specified time period.

Method of Evaluation	Performance Criteria
Data Collection : Once a Month	8 of 10 trials with 80% accuracy

Fulton County School District  
Exceptional Student Services Program

Student: [REDACTED]  
Student ID#: [REDACTED]

DOB:  
School:

Date of Meeting: 05/19/2015  
Grade at Meeting: 1st Grade

---

**Student Supports**

---

To advance appropriately toward attaining annual goals; to be involved and progress in the general curriculum; to be educated and participate with other children in academic, non-academic, and extracurricular activities, the following accommodations, supplemental aids and services, and/or supports for school personnel will be provided:

**Instructional Accommodations:**

Clarify instructions/directions

Repeat directions

**General Classroom Testing Accommodations:**

Extended time - 50%

Frequent monitored breaks

**Supplemental Aids and Services** (those services and personnel needed by the child or on behalf of the child in order to participate in the general curriculum or educational programs): None needed

**Supports for School Personnel:**

Adjusted length of homework assignments

(8)

---

Fulton County School District Individualized Education Program

Distribution: Central Office Parent/Guardian Student File General Education Teacher



Fulton County School District  
Exceptional Student Services Program

Student: \_\_\_\_\_  
Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_  
School: \_\_\_\_\_

Date of Meeting: 05/19/2015  
Grade at Meeting: 1st Grade

---

**Assessment Determination for District and Statewide Assessments for Grades K-12**

---

a) The student will participate in all required assessments WITHOUT accommodations: Yes

Tests the student will participate in without accommodations:

b) The student will participate in required assessments WITH accommodations: No

c) The student will participate in the Georgia Alternate Assessment (GAA): No  
If yes, provide a statement of why the child cannot participate in regular assessment.

Fulton County School District Individualized Education Program

Distribution: Central Office    Parent/Guardian    Student File    General Education Teacher

(9)

Fulton County School District  
 Exceptional Student Services Program

Student: \_\_\_\_\_  
 Student ID: \_\_\_\_\_

DOB: \_\_\_\_\_  
 School: \_\_\_\_\_

Date of Meeting: 05/19/2015  
 Grade at Meeting: 1st Grade

**Placement Options Considerations**

General Education Setting Only	Rejected	This setting does not provide the type or intensity of support necessary to address the goals and objectives to the maximum extent appropriate.
General Education with Consultative Services	Rejected	This setting does not provide the type or intensity of support necessary to address the goals and objectives to the maximum extent appropriate.
General Education setting with Supportive Instruction	Rejected	This setting does not provide the type or intensity of support necessary to address the goals and objectives to the maximum extent appropriate.
General Education setting with Collaboration	Rejected	This setting does not provide the type or intensity of support necessary to address the goals and objectives to the maximum extent appropriate.
General Education setting with Co-teaching	Rejected	This setting does not provide the type or intensity of support necessary to address the goals and objectives to the maximum extent appropriate.
Special Education Setting	Accepted	_____ will receive instruction in the special education setting for social studies and science.
Alternative Placement	Rejected	This setting does provide instruction in the least restrictive environment.
Related Services	Rejected	_____ does not require the support of related services.

**SPECIAL EDUCATION and RELATED SERVICES**

School Year: 2014-2015  
 Instructional Services in the General Education Classroom: None  
 Related Services in the General Education Classroom: None  
 Instructional Services Outside the General Education Classroom:

(10)

Fulton County School District Individualized Education Program

Distribution: Central Office Parent/Guardian Student File General Education Teacher

Fulton County School District  
 Exceptional Student Services Program

Student: \_\_\_\_\_  
 Student ID: \_\_\_\_\_

DOB: \_\_\_\_\_  
 School: \_\_\_\_\_

Date of Meeting: 05/19/2015  
 Grade at Meeting: 1st Grade

Options Considered	Service Name	Frequency	Initiation of Services	Anticipated Duration	Provider Title	Content/Specialty Area(s)	School
X	Separate Class	1.5 hr(s) / day	05/20/2015	05/22/2015	Special Education Teacher	Social Studies & Science	( )

*Related Services Outside the General Education Classroom:* None

(11)

Fulton County School District Individualized Education Program

Distribution: Central Office    Parent/Guardian    Student File    General Education Teacher

Fulton County School District  
 Exceptional Student Services Program

Student:             
 Student ID#:           

DOB:             
 School:           

Date of Meeting: 05/19/2015  
 Grade at Meeting:           

**Documentation of Prior Written Notice of IEP Meeting**

	Date	Method of Notification	By Whom
1st Notification	05/07/2015	<input checked="" type="checkbox"/> Invitation <input checked="" type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder Notice <input type="checkbox"/> Other	
2nd Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder Notice <input type="checkbox"/> Other	
3rd Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder Notice <input type="checkbox"/> Other	

(12)

Fulton County School District Individualized Education Program

Distribution: Central Office    Parent/Guardian    Student File    General Education Teacher

Fulton County School District  
Exceptional Student Services Program

Student: \_\_\_\_\_  
Student ID# \_\_\_\_\_

DOB: \_\_\_\_\_  
School: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_  
Grade at Meeting: \_\_\_\_\_

---

**Parent Participation in the IEP Process**

---

Parent/Guardian attended the IEP meeting. My signature below indicates that I was invited to participate in the IEP preparation and that I understand its content. I have had explained to me the due process rights and procedures and have received a copy of the following documents:

- Parental Rights in Special Education
- Individual Education Program (IEP) and Meeting Minutes
- Eligibility Report(s) (Initial or Reevaluation)
- Evaluation Report(s) (Initial or Reevaluation)

Parent/Guardian was unable to attend the IEP meeting.

- Parental Rights in Special Education
- Individual Education Program (IEP) and Meeting Minutes
- Eligibility Report(s) (Initial or Reevaluation)
- Evaluation Report(s) (Initial or Reevaluation)

On \_\_\_\_\_ (date) the documents were

- Mailed
- Given in person
- Sent via student
- Other: \_\_\_\_\_

School personnel responsible for forwarding documents to parents: \_\_\_\_\_

**Follow-up Contacts:**

Date	Method	Result

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

Date: \_\_\_\_\_

Signature/Special Education Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

(13)

**Fulton County School District  
6021 Powers Ferry Road  
Atlanta, GA 30339  
Exceptional Student Services Program**

The following staff members appear on the invitation but were unable to attend the meeting in part or in full fo.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In order to be in compliance with the law, your agreement to continue the IEP meeting in the absence of these individual(s) is required. Please note your agreement or disagreement below.

\_\_\_\_\_ I agree to allow the IEP Committee to convene in the absence of the aforementioned staff member(s).

\_\_\_\_\_ It is my desire to reschedule the IEP Committee meeting so the aforementioned staff member(s) can be in attendance.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date