

Example

Severe Multiple Disabilities

(Academic, SLP, PT, OT, Assistive Tech, APE)

Present Levels of Performance:

Jennifer is able to reach for and pick up objects with a scissor grasp or modified pincer grasp. She manipulates objects with either hand and releases objects when done with them. She is left hand dominant. A great deal of the time Jennifer does not use objects appropriately. She tends to take most objects to her mouth. She requires verbal cues and assistance from another person to take objects away from her mouth. Jennifer is able to hold markers, etc. with a fist grasp or by using an adapted marker/crayon device. She also has loop scissors mounted on a board and a self-inking name stamp. She generally requires hand over hand assistance to initiate using these devices and to maintain their use for a short time. At times, she does independently make random marks on paper with her adapted writing device, however, may not visually attend to the activity. Jennifer uses her left hand to activate switches to play with toys and access the computer. Again, she requires a great deal of hand over hand assistance to use the switch appropriately as she may hit the switch multiple times or "lay" her hand on the switch. Jennifer is dependent on others for toileting and dressing needs. Jennifer needs continued health monitoring for her multiple health concerns. The main areas of concern are feeding and fluid intake (she does have a gastric button) and therefore weight gain; seizure disorder; visual problems; need for dental care. Jennifer has her own manual wheelchair with tilt back feature, pelvic belt, anterior chest support, lateral trunk supports, and swing-away foot rests. Her back wheels are posterior to her shoulders making self propulsion instruction difficult. She will at times place her hands on the wheels, but has not initiated pushing. When motivated by favorite objects she will crawl with stand-by assistance to access them, but she has decreased ability to crawl or to maintain quadruped position for play. She floor sits with stand-by assistance but soon attempts to lie down. She uses her wheelchair for seat work activities; this is most beneficial to Jennifer for both positioning and safety in the event of seizures. Jennifer is able to sit in a classroom chair for some class work but needs close stand-by assistance for safety. She requires moderate or more assistance for all transfers. She can ambulate up to 50 feet using the front-wheeled walker with moderate assistance. Jennifer is inconsistent in performance of all functional mobility tasks due to fatigue, seizure activity, and refusal. It is necessary for an adult to be within distance for hand contact on her at all times to prevent falls, especially in the event of a seizure. Vision and hearing acuity testing with Jennifer has produced inconsistent results, and additional evaluation continues to be pursued. Jennifer responds positively to music in the classroom, and it has been used as a reinforcer in training use of assistive technology devices. A functional vision assessment indicated that she has vision in her right eye to the nasal and temporal sides, but only tunnel vision in her left eye. Near vision working distance is 12 – 15 inches. Objects placed in a horizontal plane from her right eye may have a better chance for recognition. She does use her vision to direct grasping, and she is attracted to light. Use of bright colors and high contrast seems to prompt her interest.

Jennifer is currently using a plastic coated spoon and a scoop dish at lunch. She needs to have her food cut up into bite size pieces and placed in small amounts on her scoop dish. On some days, Jennifer is able to independently scoop and take the spoon to her mouth. On other occasions, she requires more assistance to scoop her food. She also is using a cup with two handles and a lid with a spout. She generally requires some assistance to hold the cup. The team has now decided to try other types of cups/drink containers to see if Jennifer can be more independent with her drinking skills. Jennifer has also been working on putting "toys" in a can. Last semester on two occasions she put them all in with purpose, but now she seems disinterested and wants to only put them in her mouth. The greatest interference with performing tasks seems to be her mouthing of objects.

Jennifer demonstrates nonsymbolic and some transitional communication skills. She vocalizes, but does not consistently produce words. Jennifer exhibits a limited range of communicative intents. Jennifer demonstrates inconsistent understanding of cause and effect. She uses switches to operate toys and a tape recorder. She uses voice output devices to interact with others. None of these behaviors are consistently intentional, however, Jennifer has begun to use these more intentionally during the last year. Jennifer would benefit from continued opportunities to use voice output devices and switch-operated devices in a variety of school settings to increase the frequency of her intentional communication and help her learn cause-effect relationships. Jennifer currently uses a "step by step" device - a voice output device which can store up to 75 seconds of stored messages. She also uses a BIGmack switch which can store only one message. She uses a touch screen on the computer to access interactive cause-effect programs. Three touch cues have been established which are used consistently with Jennifer to help provide her a

framework from which to build symbolic communication (these cues include "I go", "out", and "up" [into her chair]. Jennifer uses body movements, actions on people, or extending her hand (usually her left hand) as transitional symbolic communicative behaviors. Vocalizations are often paired with gestures. She expresses the communicative intents of protesting and making requests. It appears that she also uses nonsymbolic communication to direct or gain attention of others. It was reported by one paraeducator that Jennifer has said "mama." Jennifer's mother reported that she has seen improvement in Jennifer's communication skills.

Currently, Jennifer follows her grade level schedule with an alternate, individualized curriculum. Because the team's primary concern is her health, Jennifer's day includes two snacks and lunch with tube feeding as needed. Within the regular education setting, Jennifer is encouraged to make choices when presented with options. and learn to interact socially with her same-age peers.

Measureable Annual Goal 1:

Within 36 educational weeks, Jennifer will acknowledge the presence of a peer communicative partner as evidenced by gestures, changes in body position, or vocalizations, and participate in a familiar structured turn-taking communicative routine at the appropriate times in one school setting with minimal physical assistance. (Baseline: Jennifer will use the BIGmack switch or step by step when it is presented, but tends to activate it repeatedly. She also tends to use these devices with adults, rather than her peers. She often requires assistance or physical prompting to use the devices. She frequently does not acknowledge the presence of peer communicative partners in an observable manner.)

Benchmarks:

1. By 5/30/01, when joined by a peer, Jennifer will acknowledge the presence of a peer communicative partner as evidenced by gestures, changes in body position, or vocalizations and participate in a structured turn-taking activity with physical prompts from an adult.
2. By 10/30/01, while participating in a familiar, structured turntaking activity with a peer, Jennifer will recognize when it is appropriate to take her turn and respond to this opportunity as evidenced by gestures, changes in body position, vocalizations, or actions.
3. By 1/12/02, while participating in a familiar, structured turntaking activity with a peer, Jennifer will recognize when it is appropriate to take her turn and respond to this opportunity as evidenced by gestures, changes in body position, vocalizations, or actions, and by activating a voice-output device at the appropriate time with physical assistance and/or verbal prompts from an adult.

Measurable Annual Goal 2:

In 36 weeks, Jennifer will be able to scoop food and take it to her mouth, and drink from a cup with a lid with touch prompts in 4/5 attempts.

Benchmarks:

1. In 9 weeks, Jennifer will take food to her mouth independently using her adapted spoon after an adult fills the spoon, and drink from a cup with a lid with physical assistance at her hand in 4/5 attempts.
2. In 18 weeks, Jennifer will scoop food with assistance at the forearm and take food to her mouth independently, and drink from her cup with physical assistance at the forearm in 4/5 attempts.
3. In 27 weeks, Jennifer will scoop food with a touch prompts at the elbow and take food to her mouth independently, and drink from her cup with physical assistance at the elbow in 4/5 attempts

Measurable Annual Goal 3:

In 36 weeks, Jennifer will sit in a classroom chair for 20 minutes while engaged in a classroom activity and stand at a table for 15 minutes while engaged in a functional learning task in 4/5 attempts.

Short-Term Objectives:

1. In 9 weeks, Jennifer will sit in a classroom chair for 8 minutes while engaged in a classroom activity and stand at a table for 5 minutes engaged in a functional learning task in 4/5 attempts.
2. In 18 weeks, Jennifer will sit in a classroom chair for 12 minutes while engaged in a classroom activity and stand at a table for 8 minutes engaged in a functional learning task in 4/5 attempts.
3. In 27 weeks, Jennifer will sit in a classroom chair for 16 minutes while engaged in a classroom activity and stand at a table for 12 minutes while engaged in a functional learning task in 4/5 attempts.

Measurable Annual Goal 4:

In 36 weeks, Jennifer will perform functional mobility tasks of transfers and ambulation with a front-wheeled walker in the school environment with minimum contact assistance for 3 consecutive days. (Baseline: Jennifer requires minimum to moderate assistance for transfers and ambulation, but her performance and level of assistance needed is quite variable.)

Benchmarks:

1. In 9 weeks, Jennifer will transfer from her wheelchair to her walker with minimum assistance, 1 of 2 trials, on 3 consecutive days.
2. In 18 weeks, Jennifer will transfer from her walker back to her chair with minimum assistance, 1 of 2 trials, on 3 consecutive days.
3. In 27 weeks, Jennifer will walk 75 feet using the front wheeled walker with minimum assistance, 1 of 2 trials, on 3 consecutive days.

Measurable Annual Goal 5:

Within 36 educational weeks, Jennifer will respond to at least 3 new touch-cues or object cues as evidenced by gestures, changes in body position, or vocalizations following presentation of the cues on at least 60% of the opportunities provided during the day. Baseline: Jennifer currently responds in some way to three touch cues: Go, Out, Up (out and up relate to getting in and out of her wheelchair). Her responses are inconsistent, dependent upon her general alertness.

Short-Term Objectives:

1. In 9 weeks, Jennifer will respond to one newly initiated touch cue or object cues as evidenced by gestures, changes in body position, or vocalizations following presentation of the cue during at least 40% of the opportunities provided during the day.
2. In 18 weeks, Jennifer will respond to two newly initiated touch cues or object cues as evidenced by gestures, changes in body position, or vocalizations following presentation of the cues during at least 45% of the opportunities provided during the day.
3. In 27 weeks, Jennifer will respond to three newly initiated touch cues or object cues as evidenced by gestures, changes in body position, or vocalizations following presentation of the cues during at least 50% of the opportunities provided during the day.

Services:

Jennifer will receive services through the blended services model where she is instructed in small academically heterogeneous groups to provide individual support, good academic models, and access to interaction with same-age peers. This instruction will be provided by a resource teacher, Title teachers, and special education paraprofessionals during all academic periods. This also enables her general classroom teacher to provide smaller group instruction in the regular education setting. Jennifer will receive direct services from the speech/language pathologist for 20 minutes twice a week in a pull-out setting. The physical therapist and occupational therapist will each work with Jennifer one time a week for 30 minutes and will consult with other adults 1 day a week for 20 minutes on strategies to support motor development. The assistive technology instructor will provide support to school personnel by conducting 1 session of training for 1 hour on using the voice output device in the classroom setting and will also provide weekly consultation services to teachers for 15 minutes. The APE teacher will provide direct services 3 days a week during the regularly scheduled PE period Jennifer's non-disabled peers participate in. Jennifer will not be in the regular classroom participating with non-disabled peers during the time she's receiving instruction from the speech/language pathologist and for APE.

State Assessments:

Jennifer will participate in the Alternate Assessment in all areas during this IEP year. Due to her unique and significant challenges she has demonstrating knowledge and skills and that she's learning from the extended standards the alternate assessment is the most appropriate assessment for her.