

On the following pages are suggestions to help teams complete an IEP for students who are eligible for special education services under a primary or secondary eligibility of TBI. SUGGESTIONS ARE TYPED IN THE SHADED AREAS on each page.

These are only suggestions and should not in any way be considered mandatory because they have been printed onto the Oregon Standard Individual IEP form. They have been provided in this format as a guide for special education teams to consider when creating an Individualized Educational Program for students who are eligible for services under TBI

Part B: Oregon Standard INDIVIDUALIZED EDUCATION PROGRAM For students age 16 or older when IEP is in effect

To be used in conjunction with Individualized Education Program, Part A: IEP Guidelines for Completion

Student's Name: _____	District: _____	Annual IEP Meeting Date: _____
__M __F	Home School: _____	Revision date(s) to annual IEP (if needed):
Date of Birth (mm/dd/yy): _____	Attending School/District: _____	Reevaluation Due: _____
Grade: _____	Case Manager: _____	_____
Secure Student Identifier (SSID): _____	Disability Code: _____	_____

Students with TBI typically need 1-6 meetings each year depending on the time since the injury

*** IEP Meeting Participants:**

Parent(s): _____	Student: _____	Other: _____
Special Education Teacher / Provider: _____	Regular Education Teacher: _____	Other: _____
District Representative _____	Individual Interpreting Evaluations: _____	Other: _____

** If a required participant participates through written input or is excused from all or part of the IEP meeting, attach documentation of parents' and district agreement to participation by written input or excuse.*

Student's Name: _____

School District: _____

Date: _____

The IEP team must consider these factors as part of IEP development:

Students with TBI may need specially designed instruction on the use of assistive technology devices or services. Using tools such as the SETT (Student, Environment, Tasks and Tools Grid available at www.otap-oregon.org under forms) can help the team evaluate the need for AT and monitor effectiveness.

A. Does the student need assistive technology devices or services?
 Yes, services/devices addressed in IEP No

B. Does the student have communication needs?
 Yes, addressed in IEP No

Pragmatic language skills such as turn taking in conversation, remembering and understanding language, difficulty maintaining a topic of conversation and other language related difficulties should be considered here.

C. Does the student exhibit behavior that impedes his/her learning or the learning of others?
 Yes No
 (if yes, the IEP Team must consider the use of strategies, positive behavioral interventions, and supports to address the behavior(s))

Students with TBI sometimes have difficulty with low frustration tolerance, perseveration, understanding social cues, fatigue, these can negatively impact school behavior, include FBA and Behavior Plan if needed.

D. Does the student have limited English proficiency?
 Yes No
 (If yes, the IEP Team must consider the language needs of the student as those needs relate to the IEP)

E. Is the student blind or visually impaired?
 Yes No
 (if yes, Braille needs are addressed in the IEP, or evaluation of reading/writing needs is completed and a determination is made that Braille is not appropriate)

Some students with TBI may have vision difficulties in the form of field of vision cuts or loss of vision.

F. Is the student deaf or hard of hearing?
 Yes No
 (if yes, the IEP addresses the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode)

Some students with TBI may have hearing difficulties.

Present Levels of Academic Achievement and Functional Performance

The Present Levels of Academic Achievement and Functional Performance must include specific information addressing:

- The strengths of the student;
- The concerns of the parents for enhancing the education of their child;
- The present level of academic performance, including the student's most recent performance on State or district-wide assessments;
- The present level of developmental and functional performance (including the results of the initial or most recent evaluation);
- How the student's disability affects involvement and progress in the general education curriculum; and,
- The student's preferences, needs, interests, and the results of age-appropriate transition assessments.

It is important to include the individual student's performance in those areas related to traumatic brain injury e.g., cognition, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, psychosocial behavior, information processing and speed.

Transition:

Appropriate, measurable post-secondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills:

Course of study (designed to assist the student in reaching the post-secondary goals):

Agency Participation: If the representative from any other agency likely to be responsible for providing or paying for transition services did not attend, document the information received for consideration in planning transition services.

Graduation:

Anticipated graduation date: _____

___ with regular diploma

___ with alternate document (describe) _____

Transfer of Rights:

The student has been informed of his/her rights under Part B of IDEA that will transfer to the student at the age of majority. ___ yes

Date student was informed _____

The district must also provide written notice of the transfer of rights to the student and the parent when the student reaches the age of majority.

Student's Name: _____ Date: _____ School District: _____

Statewide Assessment

Will the student participate in any Statewide Assessment during this IEP period?

- No, Statewide Assessment not conducted at student's grade level (at time of testing)
- Yes (student's grade level at time of testing _____). *If yes, describe participation decisions below:*

Regular Assessment	Alternate Assessment	* Explanation	Accommodations
Reading/Literature: 3, 4, 5, 6, 7, 8, and 10/CIM <input type="checkbox"/> Standard (may include accommodations)	* Extended Assessment <input type="checkbox"/> * Standard Administration <input type="checkbox"/> * Scaffold Administration		
Mathematics: 3, 4, 5, 6, 7, 8, and 10/CIM <input type="checkbox"/> Standard (may include accommodations)	* Extended Assessment <input type="checkbox"/> * Standard Administration <input type="checkbox"/> * Scaffold Administration		
Writing: 4,7 and 10/CIM <input type="checkbox"/> Standard (may include accommodations)	* Extended Assessment <input type="checkbox"/> * Standard Administration <input type="checkbox"/> * Scaffold Administration		
Science: 5, 8 and 10/CIM <input type="checkbox"/> Standard (may include accommodations)	* Extended Assessment <input type="checkbox"/> * Standard Administration <input type="checkbox"/> * Scaffold Administration		

Same statement as on District Assessment

Consider the student's needs in areas such as: fatigue, pain management, memory, slow processing speed, physical management of materials, vision, and the need for structure in solving these types of problems.

Student's Name: _____ Date: _____ School District: _____

Districtwide Assessment

Will the student participate in any Districtwide assessment during this IEP period?

- No, Districtwide Assessment not conducted at student's grade level (at time of testing)
- Yes, student's grade level at time of testing _____. If yes, describe participation decisions below:

Regular Assessment	Alternate Assessment	* Explanation: <i>State why student cannot participate in regular assessment and why particular alternate assessment selected is appropriate for student.</i>	Accommodations
Assessment: _____ Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> * District Alternate Assessment <input type="checkbox"/> * Other: _____		
Assessment: _____ Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> * District Alternate Assessment <input type="checkbox"/> * Other: _____		
Assessment: _____ Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> * District Alternate Assessment <input type="checkbox"/> * Other: _____		
Assessment: _____ Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> * District Alternate Assessment <input type="checkbox"/> * Other: _____		

Students with TBI may need accommodations to help with fatigue, pain management, memory, etc.

Consider the student's needs in areas such as: fatigue, pain management, memory, slow processing speed, physical management of materials, vision, need for structure in solving these types of problems, etc.

Student's Name:

Date:

School District: _____

Measurable annual goals page:

The IEP team must consider the students needs relating to:

- instruction and/or related services
- community experiences
- employment and other post-school adult living objectives
- acquisition of daily living skills, if appropriate

Measurable Annual Goals:	How progress will be measured:		How progress will be reported to parents:	When progress will be reported to parents:
	Criteria	Evaluation Procedures	Student's Progress Toward Goal	
Social adjustment after a TBI can be difficult. Consider the student's need for specially designed instruction on help with self regulation, recognizing fatigue, or understanding social situations, etc.				
Consider specially designed instruction on use of adaptive equipment or assistive technology.				
Some students need specially designed instruction to learn effective study strategies across multiple settings over time.				
Students may need specially designed instruction to help with memory strategies.				

Social adjustment after a TBI can be difficult. Consider the student's need for specially designed instruction on help with self regulation, recognizing fatigue, or understanding social situations, etc.

See sample IEP goals for a student with a Traumatic Brain Injury

Consider specially designed instruction on use of adaptive equipment or assistive technology.

Some students need specially designed instruction to learn effective study strategies across multiple settings over time.

Students may need specially designed instruction to help with memory strategies.

Student's Name: _____ Date: _____ School District: _____

Measurable Annual Goals/Objectives: (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

The IEP team must consider the students needs relating to:

- instruction and/or related services
- community experiences
- employment and other post-school adult living objectives
- acquisition of daily living skills, if appropriate

Measurable Annual Goal:	Progress will be measured as indicated below:		How progress will be reported to parents:	When progress will be reported to parents:
	Criteria	Evaluation Procedures	Student's Progress Toward Goal	
Measurable Short-Term Objectives			Student's Progress Toward Goal	
			Student's Progress Toward Goal	

Plan on multiple IEP revisions especially for students who had a TBI within the last 3-5 years because student may:

1. Meet goals quickly and need new goals,
2. Not make progress or may need a different approach.

Student's Name: _____ Date: _____ School District: _____

Service Summary (this section may be continued on additional page(s), if necessary)

Specialty Designed Instruction	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider e.g. LEA, ESD, Regional
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Related Services	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Supplementary Aids/Services; Modifications; Accommodations	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Supports for School Personnel	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Some students with TBI need a shortened school day to help with management of fatigue, chronic pain, sleep difficulties, side effect of medications, assistive technology, memory aids, etc.

A student may not need some services for the entire year.

Nonparticipation Justification

Does the student need to be removed from participating with nondisabled students in the regular classroom, extracurricular, or nonacademic activities for the provision of special education services, related services, or supplementary aids and services?
 Yes _____ No _____
 If yes, document the amount/ extent of the removal: _____
 removal:
 xx
 If yes, provide explanation justifying the removal:

Extended School Year (ESY) Services

ESY services will be provided for this student:
 Yes: ESY services to be provided are described on Services Summary Page ___ No ___ To be considered: Will meet to consider ESY by ___ (date)

Students with memory difficulties or other needs associated with TBI may need ESY.