

# The Essential Preschool IEP

## Part 2: Measurable Goals and Specially Designed Instruction

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### Opening Slide:

**This is Part 2 of the Essential Preschool IEP Module. This presentation focuses on measurable goals, progress monitoring, specially designed instruction (SDI), accommodations, modifications, and support for school personnel.**

### Slide 2: Elements of a Measurable Goal

There are three elements of a measurable goal. All three elements must be a part of each goal on the IEP in order to be considered compliant.

The first element of a measurable goal is clearly defined behavior. The second element of a measurable goal is the condition under which the behavior will occur. The final element is the criteria that will be used to evaluate the performance of the behavior.

### Slide 3: Clearly Defined Behavior

Clearly defined behavior is defined as the specific action the child will be expected to perform. The behavior should be based on one specific skill. Do not blend skills, such as listening and responding, in one goal. The description of the skill should be clear, concise and specific. Avoid using broad terms like “follow directions,” “receptive language skills.”

### Slide 4: Condition

The next element of a measurable goal is the condition under which the behavior will occur. The condition can be defined as the situation, setting or given material in which the behavior is to be performed.

### Slide 5: Criteria Used to Evaluate Performance

The last element of a measurable goal is the criteria that will be used to evaluate the performance of the behavior. The definition of performance criteria is the level the child must demonstrate for mastery (for example, 10 steps independently) and the number of times that skill or behavior must be demonstrated (for example, 4 out of 5 trials) to be considered for mastery. Note that for young children, using a percentage of accuracy may not be the best way to define mastery and document progress. Besides percentage of accuracy, other dimensions of behavior to consider are frequency, latency, intensity, and duration.

**It is important to use the same unit of measurement when describing mastery of the goal that will be used in the present levels of performance and in the progress reports.** For instance, if the goal states the child will take 10 steps independently in 4 out of 5 trials, then the present levels would state what the child’s current baseline is in walking independently, for example 2 steps independently in 2 out of 5 trials.

Avoid using vague terms such as increase or decrease with a baseline or target of acceptable performance. Performance criteria should include both a level of degree and a level of mastery.

Below the measurable annual goal, there are checkboxes lettered A – K. The district must determine and identify here the best way to monitor the progress toward the annual goal for the child. Remember that there must also be written documentation to support whichever method is selected. For example, if the observation box is checked, there must also be a written record in order to support this method of data collection.

### **Slide 6: Progress Monitoring**

**Progress monitoring is used to determine if the child is making progress on IEP goals. Frequent data collection on how the child is performing in relation to IEP goals and how the specially designed instruction is being implemented helps determine if the specially designed instruction, accommodations and interventions in the IEP are working. The data compiled from progress monitoring can be a basis to reevaluate the IEP and reconvene the IEP team to make any needed adjustments in the services and supports to better meet the needs of the child.**

In Section 6 of the IEP, you will indicate the method that will be used to measure the student's progress towards each goal. By simply hovering over the listed method on the form, a definition appears explaining each method. Progress should be monitored using the same unit of measure in a goal to best determine progress toward the goal.

You will also indicate the frequency of reporting progress to the child's parents. Remember: while progress REPORTING to parents occurs at each grading period, progress MONITORING can occur throughout the grading period to guide instructional decisions.

### **Slide 7: Optional Form OP-6A - Progress Report**

Progress Reports must be provided to parents of a child with a disability at least as often as progress reports are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.

Please ensure that if you are using a district-related form for reporting progress, that the following components are included:

- Summarize the measurable data utilized to assess the child's progress towards attaining the goal. Report the child's current performance on the GOAL compared to the goal mastery criteria from the IEP.
- Refer to the method being used for measuring the child's progress towards their annual goal. Remember to refer to Section 6 of the IEP, the Method Boxes A-K located under the measurable annual goal.
- Refer to the number of times and the level of mastery the child is presently performing. See the slide for example. Remember that for young children, using a percentage of accuracy may not be the best way to define mastery and document progress. Besides percentage of accuracy, other dimensions of behavior to consider are frequency, latency, intensity, and duration.

### **Slide 8: Specially Designed Instruction and Related Services**

Specially Designed Instruction (SDI) means adapting, as appropriate to the needs of a child the content, methodology, or delivery of instruction to address the unique needs of the child that results from the child's disability and to ensure access to the general education curriculum, so that the child can meet the educational standards that apply to all children.

### **Slide 9: Specially Designed Instruction (1)**

Specially designed instruction is how you are teaching the child and how instruction aligns to the needs of the child. For SDI the delivery of instruction is either different from what every child receives or is a critical element of instruction. For example, a teacher may use the strategy of modeling with all young children, but for the child with a disability the strategy is critical to ensuring the child has access and can participate in the general education curriculum. There must be a clear connection to the specific goal referenced and the location of services. The amount of time and frequency must reflect the need of the individual child and not be based on a schedule or availability of staff. In addition, the amount of time and frequency must be clear and understandable to parents regarding when services are being provided. Each specially designed instruction should only have one provider and one location listed so that it is clear who is doing what, where, and for how long. Specially designed instruction can also be a related service.

### **Slide 10: Specially Designed Instruction (2)**

Specially Designed Instruction are INSTRUCTIONAL methods and strategies specially designed for each individual student and goal. Specially designed instruction is NOT simply a list of accommodations. SDI should be specifically designed to assist the child in progressing toward achievement in the child's goals. When designing the specially designed instruction, teachers should consider the implications for instruction in part 2 of the ETR, consult with the school psychologist and/or use other evidence on how the student best learns.

Specially designed instruction can be provided by any intervention specialist and related service provider. Paraprofessionals and general education teachers can reinforce skills that have been taught, implement accommodations and monitor progress. The role of the paraprofessionals and general education teacher should be documented in the Support for School Personnel section and not in the SDI section.

### **Slide 11: Specially Designed Instruction (3)**

Each box of the specially designed instruction section should be completed without multiple providers and locations. If the same goal is being served by more than one provider and/or in more than one location, there needs to be a separate specially designed instruction row for each location and provider. The time and frequency should be specific to each provider and location. See the slide for an example showing how to correctly write an SDI when 1 intervention specialist is providing services in 2 different locations. On the first row the intervention specialist will be providing 25 minutes per week of SDI within the preschool classroom in the presence of typically developing peers. On the second row the intervention specialist will be providing 15 minutes per week of SDI at a separate table within the preschool classroom, one-to-one, away from typically developing peers.

Also, if an IEP team decides that a child's services will be provided only by a related service provider (such as a speech and language pathologist) **and that those services are SDI**, then those services would be noted in this SDI section. Remember, though, that for any child with a disability the district must make a free and appropriate public education available, and that this includes access to the general education curriculum and to the maximum extent possible education with same age peers.

## **Slide 12: Related Services**

Just like with how SDI is described in the IEP, the RS section must also meet the same requirements.

The RS section must specifically identify what related service will be provided AND how the delivery of instruction aligns with the needs of the child AND supports achievement of annual goals.

The related services section must describe skills and methods used for instruction specific to the goal and to the child. This section must describe strategies the adult will use to support the child's progress toward the goal.

Again, just like with the SDI section, there must be a clear connection to the specific goal referenced and the location of services. The amount of time and frequency must reflect the need of the individual child and not be based on a schedule or availability of staff. In addition, the amount of time and frequency must be clear and understandable to parents regarding when services are being provided. Each related service should only have one provider and one location listed so that it is clear who is doing what, where, and for how long.

## **Slide 13: Assistive Technology**

Assistive technology is defined as any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain or improve the functional abilities of a student with a disability.

When describing the specific assistive technology, proprietary names should not be used.

It is important to note that a surgically implanted device is NOT considered by federal law to be assistive technology.

Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device.

**Time and frequency for using an AT device or for providing an AT service must be documented in Section 7 of the IEP.**

## **Slide 14: Accommodations**

Accommodations provide access to course content but DO NOT alter the scope or complexity of the information taught to the child. Accommodations do not reduce the learning or performance expectations of what is being taught or tested. Refer to the slide for some examples of accommodations. These accommodations were cited from Ohio's Accessibility Manual. They are Visual Highlighters, Extended Time (be sure to include the subject and amount of allotted time allowed), Cuing, Fidgets, Manipulatives, Reduction of Visual Distractions, Large Text Print, and finally, Frequent Breaks (be sure to include the limited number of breaks and amount of allotted time allowed). Please remember that the conditions for and the extent of accommodations must be explained.

[Ohio's Accessibility Manual](#)

### **Slide 15: Modifications**

Modifications change the amount and/or complexity of the instructional material taught. Modifications of the curriculum result in the child being taught the same information as the same-age, grade-level peers, but with less complexity or reduced work requirements.

### **Slide 16: Support for School Personnel**

Support for school personnel is an area that documents the needed support from adult to adult. It is NOT when an adult is providing services directly to a child. This section must list the school personnel to receive the support, the specific support that will be provided, who will provide the support, and when the support will take place (the time and frequency for each support). There can be more than one support description in this area.

An example of this could be when an itinerant teacher consults with a general education classroom teacher within a general education setting. The itinerant teacher would be providing support to the classroom teacher. As another example, consider a student who has been identified with a speech impairment. The Speech and Language Pathologist might consult with the classroom teacher to provide strategies which could be used in the classroom for the student. This section is where the interaction of the Speech Pathologist consulting with the classroom teacher would be documented.

If a child has a one-to-one aide document this in the accommodation's sections (since this is an adult providing services directly to a child), and if necessary, document this in the support for school personnel section (if another adult, such as the teacher, would be providing consultative support to the aide).

The IEP form does not include specific time and frequency boxes under support for school personnel. For preschool provide time and frequency in the description. On the dynamic version of the IEP form, the text box above the begin and end date boxes will expand and is an acceptable place to include time and frequency.

### **Slide 17: PSE Rules for Support for School Personnel**

For all preschool children receiving special education services, it is important to note that support for school personnel services must be considered during each IEP meeting.

Additionally, any child who has a visual impairment and/or hearing impairment, regardless of the child's disability category, who receives services in a non-categorical classroom shall have a minimum of support for school personnel services provided by an intervention specialist licensed in the area for the child's sensory impairment(s) (for example, PK-12 "Intervention Specialist for Hearing Impaired").

### **Slide 18: Closing Slides**

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