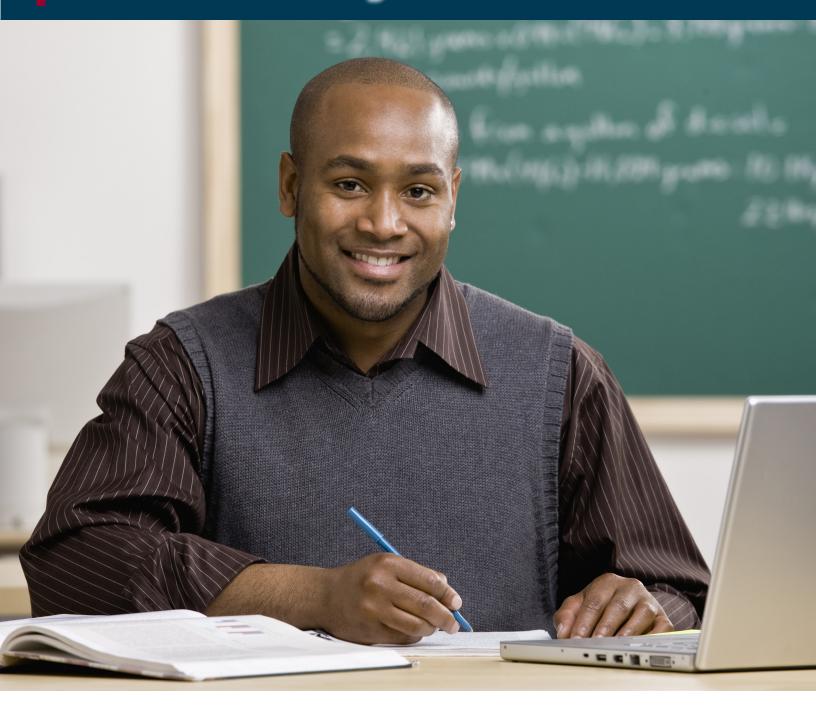
# Resource Program Sample Templates for Documenting Services





SERVICE LEADERSHIP COLLABORATION EXCELLENCE

# WAYNE RESA

September 2018

#### SPECIALLY DESIGNED INSTRUCITONAL LESSON PLANNING CONSIDERATIONS

**Directions**: Below is an instructional planning tool that will support the resource program teacher in creating specially designed instruction for their students. This tool is not a lesson plan, but a guide to support the development of one.

| Lesson Title:   | Course:                          | Date:                                    |
|---|----------------------------------|--|
| Core Content and Process Standards:                             | course.                          | Dutt                                     |
|   |                                  |  |
|   |                                  |  |
|   |                                  |  |
| <b>Resources to View Prior to Teaching The</b>                  | eme:                             |  |
|   |                                  |  |
| Specially Designed Accommodations/Mo                            |                                  | 1  |
| accommodations/modifications under supp                         | lementary aids and services pric | or to planning).                         |
|   |                                  |  |
|   |                                  |  |
| Lesson Objective(s): What will you be tea                       | ching? (List content and langua  | age objectives).                         |
| Example: Can be written in "I Can" staten                       | nents.                           |  |
|   |                                  |  |
|   |                                  |  |
| IEP Goals and Objectives to Consider: (A                        | Make sure to review students' re | equired IEP G/Os prior to planning to    |
| ensure alignment to CCSS and Deficits).                         |                                  |  |
|   |                                  |  |
|   |                                  |  |
| Big Ideas for Enduring Understanding                            | Essential Questions (EQ):        |  |
| Identify which concepts you want your                           |                                  | a unit of study as a problem to be       |
| students to learn and masteri.e                                 |                                  | ents' lived experiences and interests to |
| ✓ Have students identify how                                    |                                  | vorld. EQ should connect what they       |
| characters develop and change                                   | learn back to the real world, w  | here they can put their new              |
| throughout the text.  | understandings to work.          |  |
| ✓ Have students identify the different ways characters reasoned |                                  |  |
| different ways characters respond to challenges.                |                                  |  |
| <ul> <li>✓ Having students summarize the</li> </ul>             |                                  |  |
| text will increase comprehension                                |                                  |  |
| and understanding.  |                                  |  |
| and understanding.  |                                  |  |

Anticipatory Set: Teach vocabulary for text you are using. Give some background information to help students begin to make connections and build knowledge. You can do a KWL chart on board as a large group of have students individually make a chart. What do I know about the topic? What do I want to know? What did I learn? On-line supports:

| Skill Focus: Identify the skills students  | Vocabulary Focus: Identify the vocabulary that will be used during |
|--|--|
| will need to master the content standards: | the specific text.   |
| Example: Identifying Central Theme/Idea    |  |
| in a variety of texts                      |  |

Universal Design for Learning Considerations: Provide multiple means of representation, expression, and engagement.

- Use advanced organizers (e.g., KWL methods, concept maps);
- Make explicit cross-curricular connections (e.g., teaching literacy strategies in the social studies classroom; Provide interactive models that guide exploration and new understandings;
- Embed prompts to "stop and think" before acting as well as adequate space
- Embed prompts to "show and explain your work" (e.g., portfolio review, art critiques)
- Provide checklists and project planning templates for understanding the problem, setting up prioritization, sequences, and schedules of steps

**Identify On-line Supports to Specially Designed Instruction:** 

Assessment (Traditional/Authentic): *How will you know students have learned the content?* 

**Ways to Gain/Maintain Attention:** *How will you gain and maintain students' attention? Consider need, readiness, learning style, novelty, meaning, or emotion.* 

**Cognitive (Psychological) Deficit To Consider in Teaching and Learning:** Identify your students' area of need and determine the impact the deficit (s) has on the mastery of the skill; determine the instructional approach that will be used to support each students acquiring of that skill (s), and identify the instructional strategies that work best to maintain or reinforce the newly emerging skill or concept.

| IEP CCSS related Goal/Objective Sentence Starters for the development or revision of current G/Os. |              |              |                        |               |  |  |  |
|--|--------------|--------------|------------------------|---------------|--|--|--|
| By   | when given a | at           | level the student will | independently |  |  |  |
| by the   | of the scho  | ol year with | accuracy               |               |  |  |  |

## **Student Progress Report**

Student:

Date:

Dear Educator:

The above student is in the Resource Program. In order to be in compliance with federal, state, and county special education rules, regulations, and guidelines, I will periodically ask that you evaluate this student's progress. Please indicate below your evaluation of the student. Thank you for your cooperation in returning this form.

#### Student progress is: (check one)

\_\_\_\_\_Satisfactory

\_\_\_\_\_Unsatisfactory

Student needs improvement in the following areas:

\_\_\_\_\_Attitude \_\_\_\_\_Attendance \_\_\_\_\_Test scores \_\_\_\_\_Social skills \_\_\_\_\_On time/on task behavior \_\_\_\_\_Grasping concepts in class \_\_\_\_\_Grasping concepts in class \_\_\_\_\_Submitting homework or projects \_\_\_\_\_Completing in-class assignments \_\_\_\_\_Needing excessive individual attention

#### Comments\_\_\_\_\_

**Continuum of Progress** 

| Check one | On Target | Improved | Needs<br>Improvement |
|-----------|-----------|----------|----------------------|
| ٦         |           |          |                      |

## **Memo to General Education Teacher**

| TO:   | <br> | <br> | . <u></u> . |
|-------|------|------|-------------|
| RE:   | <br> | <br> |             |
| FROM: | <br> | <br> |             |

The following student(s) have been scheduled into your class. I am their resource program teacher for this school year. It is important that we work together so that our students can be successful in your class's expectations. Feel free to ask for instructional approaches and strategies that will assist in your instruction of the student. My responsibilities include supplemental instructional supports (based on individualized IEP goals/objectives), monitoring their performance in your class, keeping their parents/guardians informed, and offering support to you. Please inform me at the first indication of an academic concern. My room # is \_\_\_\_\_\_, mailbox # is \_\_\_\_\_\_. I also ask that you keep this information confidential to protect the privacy of the student. Thank you for your cooperation and support.

| 1. | 5. |
|----|----|
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

## **Resource Monitoring/Support Times**

Dear Parent or Guardian:

Because your child is a special education resource student with a schedule including general education classes, a weekly monitoring/ support session will be assigned to assist with your child's academic performance. Additional sessions may be added if necessary.

During this <u>minute</u> session, your child will receive one-on-one or group supports that will be used to complete education assignments/workloads, provided supplemental instruction, and/or to monitor their overall academic achievement. I will schedule most of these sessions during non- instructional periods when possible, to avoid or limit interruptions from the instructional day.

I would appreciate your continuous support at home so your child can be successful in his or her classes. Progress Reports will be brought home by your child each \_\_\_\_\_ and below is your child's monitoring/support schedule. If you have any questions, please notify me at \_\_\_\_\_\_ or email, \_\_\_\_\_\_

Sincerely,

Resource Membership Teacher: \_\_\_\_\_

| Beginning the week of:         | Your child:  |
|--------------------------------|--------------|
|                                |              |
| Will attend Resource Tutoring: | Day of week: |
|                                |              |
| Time:                          | Room:        |
|                                |              |

## NOTICE TO GENERAL EDUCATION TEACHER

(For Mainstreaming/Inclusion Purposes)

The students on the attached list are Resource Program students who are enrolled in your class for this semester. Our program emphasizes successful achievement, behavior, and attendance in all classes. The Resource Program Teacher is available to meet the individual needs of students on an as-needed basis during school hours. As resource program teachers, we will assist you in any way possible. If you would like us to administer tests, help with assignments, review or reteach any lesson, just let us know. Room \_\_\_\_\_\_\_ is designated as our Resource Program room.

The Resource Program student is entitled, per IEP requirements (a legal document), to have additional supplemental aids and supports to provide access and mastery of the common core academic standards. The Resource Program may also provide help for students to complete class assignments when necessary, but it's not the intent of the resource program to replace the authentic environment of the general education classroom setting. Student progress will be monitored on a \_\_\_\_\_\_ basis. Also, periodic conferences, observations and progress reports will be utilized to support the academic and behavior needs of each student.

Thank you in advance for your cooperation, Name: Date:

# Sample PARENT CONTACT LOG

\_\_\_\_\_

Parent: Phone:

\_\_\_\_\_

Student:

| Date | Time | Mode of Contact<br>(check one) |       | Contact |  |     |    | onse | Person<br>Calling |  |
|------|------|--------------------------------|-------|---------|--|-----|----|------|-------------------|--|
|      |      | Letter                         | Phone | School  |  | Yes | No |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |
|      |      |                                |       |         |  |     |    |      |                   |  |

|                  | Samp            | e Resou         | rce Supp        | ort Time        | s Sched         | ule             |                 |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Starting         | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | 5 <sup>th</sup> | 6 <sup>th</sup> | 7 <sup>th</sup> |
| Times &<br>Dates |                 |                 |                 |                 |                 |                 |                 |
| Monday           |                 |                 |                 |                 |                 |                 |                 |
| Tuesday          |                 |                 |                 |                 |                 |                 |                 |
| Wednesday        |                 |                 |                 |                 |                 |                 |                 |
| Thursday         |                 |                 |                 |                 |                 |                 |                 |
| Friday           |                 |                 |                 |                 |                 |                 |                 |

#### Кеу

- 1. Co-Teaching Assignment: CT
- 2. Preparation: P
- 3. Consultation: C
- 4. Direct Instruction: DI

# **Resource Program IEP Goals/Objectives Support Schedule**

| Student | Assignment | Time / Date |
|---------|------------|-------------|
|         |            |             |
|         |            |             |
|         |            |             |
|         |            |             |
|         |            |             |
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|         |            |             |
|         |            |             |
|         |            |             |
|         |            |             |

Checklist for goals / Short-term Objectives for Language Arts/Math

# Resource Program Students' Homework Assignment Log

| Class       | Math | English | Science | Social<br>Studies | Elective |
|-------------|------|---------|---------|-------------------|----------|
| Monday      |      |         |         |                   |          |
| Tuesday     |      |         |         |                   |          |
| Wednesday   |      |         |         |                   |          |
| Thursday    |      |         |         |                   |          |
| Friday      |      |         |         |                   |          |
| Completed   | Yes  | No      | N/A     | Student:          |          |
| (Check One) |      |         |         | Teacher:          |          |
|             |      |         |         | Week of:          |          |

# Supplemental Aids and Services: Accommodation Tracker

Student Name: \_\_\_\_\_\_ Week of: \_\_\_\_\_\_

| Teacher Name:  |        | Class/su | ıbject:   |          |        |
|--|--------|----------|-----------|----------|--------|
| Examples   | Monday | Tuesday  | Wednesday | Thursday | Friday |
| Use of<br>Calculator for<br>Math<br>assignments and<br>tests               |        |          |           |          |        |
| Tests read to<br>student in all<br>subjects                                |        |          |           |          |        |
| Additional one<br>week for all<br>homework and<br>classroom<br>assignments |        |          |           |          |        |
| Alternate<br>location for tests  |        |          |           |          |        |
| Other (s)  |        |          |           |          |        |

## **Comments/Anticipated Needs:**

# **Resource Program Service Hour Tracker**

Name:

| Neek<br>ending: |        |         |           |          |        | Service<br>Provided | Setting<br>GE or SE |
|-----------------|--------|---------|-----------|----------|--------|---------------------|---------------------|
| Times           | Monday | Tuesday | Wednesday | Thursday | Friday |                     |                     |
| 8:00            |        |         |           |          |        |                     |                     |
| 8:15            |        |         |           |          |        |                     |                     |
| 8:30            |        |         |           |          |        |                     |                     |
| 8:45            |        |         |           |          |        |                     |                     |
| 9:00            |        |         |           |          |        |                     |                     |
| 9:15            |        |         |           |          |        |                     |                     |
| 9:30            |        |         |           |          |        |                     |                     |
| 9:45            |        |         |           |          |        |                     |                     |
| 10:00           |        |         |           |          |        |                     |                     |
| 10:15           |        |         |           |          |        |                     |                     |
| 10:30           |        |         |           |          |        |                     |                     |
| 10:45           |        |         |           |          |        |                     |                     |
| 11:00           |        |         |           |          |        |                     |                     |
| 11:15           |        |         |           |          |        |                     |                     |
| 11:30           |        |         |           |          |        |                     |                     |
| 11:45           |        |         |           |          |        |                     |                     |
| 12:00           |        |         |           |          |        |                     |                     |
| 12:15           |        |         |           |          |        |                     |                     |
| 12:30           |        |         |           |          |        |                     |                     |
| 12:45           |        |         |           |          |        |                     |                     |
| 1:00            |        |         |           |          |        |                     |                     |
| 1:15            |        |         |           |          |        |                     |                     |
| 1:30            |        |         |           |          |        |                     |                     |
| 1:45            |        |         |           |          |        |                     |                     |

| 2:00       |           |  |  |  |
|------------|-----------|--|--|--|
| 2:15       |           |  |  |  |
| 2:30       |           |  |  |  |
| 2:45       |           |  |  |  |
| 3:00       |           |  |  |  |
|            |           |  |  |  |
| Comments/N | ext Steps |  |  |  |
|            |           |  |  |  |
|            |           |  |  |  |
|            |           |  |  |  |
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|            |           |  |  |  |
|            |           |  |  |  |

#### CO-TEACHING APPROACH: SERVICE TRACKER

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

Service Hours Required Per Most Current IEP Dated: \_\_\_\_\_

| Day of the Week | Hours Provided/Dates | Setting (Gen. or Sp. Ed) | Comments |
|-----------------|----------------------|--------------------------|----------|
| Monday          |                      |                          |          |
| Tuesday         |                      |                          |          |
| Wednesday       |                      |                          |          |
| Thursday        |                      |                          |          |
| Friday          |                      |                          |          |

| Instructional Supports              | Observed                             |
|-------------------------------------|--------------------------------------|
| Learning Targets:                   | Who:                                 |
|                                     | individual student (s) (be specific) |
|                                     |                                      |
|                                     |                                      |
|                                     | small group (be specific)            |
|                                     | Notes/Reflection:                    |
|                                     |                                      |
| Instructional Strategies Used:      | Notes/Reflection:                    |
|                                     |                                      |
| Instructional Materials Used:       | Notes/Reflection:                    |
|                                     |                                      |
|                                     |                                      |
| Assessment Procedures and/or Tools: | Notes/Reflection:                    |
|                                     |                                      |
|                                     |                                      |

## **CONFIDENTIAL**

| IEP-at-a-Glance    |  |
|--------------------|--|
|                    |  |
| Student Name: _    | Date:                                      |
| Disability:        | Case Manager:                              |
|                    | Areas of Need                              |
|                    |  |
| Student's pres     | sent level of functioning in area of need: |
|                    |  |
| Reading            |  |
|                    |  |
| Written Expression |  |
|                    |  |
| Math Calculations  |  |
|                    |  |
| Math Reasoning     |  |
|                    |  |
| Motor Skills       |  |
|                    |  |
| Social/Behavioral  |  |
| -                  |  |
| Speech Language    |  |
|                    |  |

Summary of Student Goals & Objectives:

#### **Instructions for IEP and Accommodation Logs**

Accommodations that are legally mandated (in an IEP) in order for a student to have access to a Free and Appropriate Public Education (FAPE) now require evidence that they are being implemented, in the form of documentation. The forms developed for this purpose have the following features:

- To prompt teachers about the specific accommodations a student requires
- The case coordinator or Special Education caseload manager are responsible for completing the top of the form where the accommodations are listed.
- Every teacher of a student (regular classroom, specials, special education, etc.) keeps a log for that student.
- The form is user friendly requiring the date and only a  $\sqrt{(check)}$  if an accommodation was utilized on that date.

|           |               |   |     |     | IEP A   | ccom  | mod  | lations | LO  | ġ     |  |
|-----------|---------------|---|-----|-----|---------|-------|------|---------|-----|-------|--|
| Student:  |               |   |     |     |         | Grad  | le:  |         | Sch | nool: |  |
| IEP Date: | Case Manager: |   |     |     |         |       |      |         |     |       |  |
| Teacher:  |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         | Accor | nmoc | lations |     |       |  |
| 1         |               |   |     |     |         |       |      |         |     |       |  |
| 2         |               |   |     |     |         |       |      |         |     |       |  |
| 4         |               |   |     |     |         |       |      |         |     |       |  |
| 5         |               |   |     |     |         |       |      |         |     |       |  |
| 6<br>7    |               |   |     |     |         |       |      |         |     |       |  |
| 8         |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   | Acc | omm | odation | 5     |      | Othe    | r   |       |  |
| Date      | 1             | 2 | 3   | 4   | 5 (     | 5 7   | 8    | Yes     |     | Notes |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         | _     | -    |         | +   |       |  |
|           |               |   |     |     |         | -     | -    |         | +   |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         | +     | +    |         | +   |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         | _     | -    |         | -   |       |  |
|           |               |   |     |     |         | +     | -    |         | +   |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         | -     |      |         |     |       |  |
|           |               |   |     |     |         | -     |      |         | +   |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |
|           |               |   |     |     |         |       |      |         |     |       |  |

#### **Frequently Asked Questions**

- **Q.** Where do the accommodations come from?
- A. Either from those listed or from the Supplemental Aids and services on the students IEP.
- **Q.** Do ALL accommodations have to be tracked using a "log?"
- A. No! Some (e.g., preferential seating) can be documented by attaching a document (e.g., seating chart).
- **Q.** What if I don't keep track of accommodations provided?

**A.** Legally if it cannot be verified/documented, it never happened. The district could be cited and penalized for non-compliance. In specific instances, if a student suffers due to non-compliance, those who failed to implement could be charged with negligence.

Each professional providing accommodations should keep and maintain their logs throughout the school year. They are part of a student's "education record" and may be reviewed periodically by administrators, case coordinators/managers, and/or parents. Maintaining them protects the students – in that it provides accountability that their rights are being upheld, the school district – to document we are in compliance, and each teacher.

#### IEP Accommodations / Interventions Log

| Student:  | Grade: |
|-----------|--------|
| School:   |        |
| IEP Date: |        |
| Teacher:  |        |

#### **Accommodations / Interventions**



|      | Accommodations |   |   |   |   | Interv | vene? | Intervention Results |     |    |       |
|------|----------------|---|---|---|---|--------|-------|----------------------|-----|----|-------|
| Date | 1              | 2 | 3 | 4 | 5 | 6      | 7     | 8                    | Yes | No | Notes |
|      |                |   |   |   |   |        |       |                      |     |    |       |
|      |                |   |   |   |   |        |       |                      |     |    |       |
|      |                |   |   |   |   |        |       |                      |     |    |       |
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## IEP Accommodations Log

| Student   | Student: Grade:  |              |                |                       |                   |            |                              |                | Dela            |              | commodatio              | n                        |                               | Alternative Documentation |       |  |  |
|-----------|------------------|--------------|----------------|-----------------------|-------------------|------------|------------------------------|----------------|-----------------|--------------|-------------------------|--------------------------|-------------------------------|---------------------------|-------|--|--|
| IEP Date: |                  |              |                |                       |                   |            |                              | HCP            | ed Assig        | nments       |                         |                          | Syllabus/Co-Taught Class Plan |                           |       |  |  |
| Teacher:  |                  |              |                |                       |                   |            | Braille                      | e/Cane/F       | M equipmen      | t            |                         | Daily usage              |                               |                           |       |  |  |
| Hour:     |                  |              |                |                       |                   |            |                              | Indivi         | dual Aid        | e/Adult Supp | ort                     | At                       | tendan                        | ce of support person      |       |  |  |
|           |                  |              |                |                       |                   |            |                              | Adjus          | ted Grad        | ing Policy   |                         | Re                       | port ca                       | ard/progress reports      |       |  |  |
|           |                  |              |                |                       |                   |            | Repeat/Rephrase Directions   |                |                 |              |                         | Daily classroom practice |                               |                           |       |  |  |
| <b></b>   | 1                |              |                |                       |                   |            |                              |                | Supported Class |              |                         | Ma                       | Master schedule               |                           |       |  |  |
| Week of   | Extended<br>Time | Test<br>Read | Small<br>Group | Alternate<br>Location | Word<br>Processor | Calculator | Accommodated<br>Assignments/ | Stu<br>Guide/1 | Feacher         | Breaks       | Preferential<br>Seating | Offered;<br>Student      | NA:<br>State                  | BIP                       | Notes |  |  |
|           |                  |              |                |                       |                   |            | Tests                        | No             | tes             |              | See Chart               | Declined                 | Reason                        |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |
|           |                  |              |                |                       |                   |            |                              |                |                 |              |                         |                          |                               |                           |       |  |  |

# \*\*\*CONFIDENTIAL\*\*\*

## **Individual Student Log**

| Student  | Grade | Disabilit | ty Area(s)                | Hours  |              |                 | Acco        | ommod        | ations      |             |                |
|----------|-------|-----------|---------------------------|--------|--------------|-----------------|-------------|--------------|-------------|-------------|----------------|
|          |       |           |                           |        | Ext.<br>Time | Alt.<br>Setting | Sm.<br>Grp. | Test<br>Read | D/I<br>Read | Calc<br>Use | Frqnt<br>Brks. |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       | Ancil     | lary Ser                  | vices: |              |                 |             |              |             |             |                |
| Activity |       |           | Practice or<br>Assessment | PI/PO  |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |
|          |       |           |                           |        |              |                 |             |              |             |             |                |

Key:

**Ext. Time = Extended time on assignments** 

Alt. Setting = Alternate Setting (resource program room or other)

**Sm. Grp. = Small group instruction** 

**Tests Read** = **Tests read to student** 

**D/I Read = Directions/Instructions read to student** 

**Calc Use = Calculator Use** 

**Frqt Brks = Frequent Breaks** 

| RESOURCE PROGRAM COMPLIA  | NCE CHE | CKLIST |         |
|---|---------|--------|---------|
| 1. Have you conducted a data analysis for each individual student on your caseload?   | Yes     | No     | Outcome |
| <ul> <li>Possible methods for implementation:</li> <li>Identify and/or review current IEP goals/objectives.</li> <li>Review CCSS to establish the baseline functioning for each student.</li> <li>Review current progress reports.</li> <li>Read and analyze most current state and district assessment reports.</li> <li>Conduct any additional screening, diagnostic or progress monitoring tools to refine learning targets.</li> <li>Incorporate daily observations related to performance, learning style, attention, attitude and motivation.</li> <li>Get information about your students from general education teachers and others as appropriate.</li> </ul>  |         |        |         |
| <ul> <li>2. Have you developed your teaching/service plan based on the instructional needs and strengths of your students?</li> <li>Possible methods for implementation: <ul> <li>Write a learning plan for each student based on the needs and strengths revealed by the data.</li> <li>Project a target for each of your students. Where will each be academically at the end of the month, card marking, semester year?</li> <li>Do not keep secrets! Share the targets with each of the students (in age appropriate ways), their parents and the administration.</li> <li>Use the learning plans to differentiate instruction through small and large groups.</li> <li>Schedule instruction and maintain the allotted language arts time while taking into consideration both the support staff schedules and mainstream schedules.</li> <li>Create a daily and weekly schedule. (instruction, preparation, co-teaching, tutoring, etc)</li> <li>Utilize the appropriate texts, teacher's editions and supplemental materials for the grade-levels.</li> <li>Identify co-teaching opportunities with special or general education teachers to address common needs.</li> <li>Collaborate and consult with general education teachers. Keep each other up to date on IEP goals and student progress.</li> <li>Post your schedule and always have lesson plans readily available.</li> </ul> </li> </ul> | Yes     | No     | Outcome |

| Create a separate package related to your students'<br>needs for a substitute teacher. Keep this material<br>updated.   |     |    |         |
|---|-----|----|---------|
| 3. Are you monitoring the effectiveness of your instruction?  | Yes | No | Outcome |
| <ul> <li>Possible methods for implementation:</li> <li>Expect your students to achieve from the instruction you design and deliver.</li> <li>Use daily and weekly assessments including teacher made tests, student folders, portfolios and informal assessments/observations.</li> <li>Testing supports begins day one! Infuse practice with various test formats as you plan and deliver instruction.</li> <li>Re-teach or change the lesson effectiveness. Regroup students if needed.</li> <li>Collaborate with other teachers about teaching difficult concepts.</li> <li>Participate in appropriate grade-level meetings to learn and share strategies.</li> <li>Seek additional help from the instructional specialists or the special education supervisor if you are not satisfied with you students' progress.</li> </ul> |     |    |         |
| <ul> <li>4. Are you monitoring and documenting the students' progress?</li> <li><u>Possible methods for implementation:</u></li> <li>Maintain a record book for daily assignments, homework, tests and grades.</li> <li>Develop a system to monitor and share each student's progress. Share the progress with the student. Let the student know what "good work" looks like.</li> <li>If the student is attending general classes develop the progress monitoring in collaboration with the general education teacher. Resource Program Teachers keep a daily record of consultation or direct services. Share the system with parents.</li> </ul>   | Yes | No | Outcome |

| PROGRESS MONITORING CHECKLIST   |                            |                                     |  |  |  |  |
|---|----------------------------|-------------------------------------|--|--|--|--|
| Questions to Ponder   | Yes with Evidence of "how" | No with Explanation of<br>"why" not |  |  |  |  |
| What assessment/ progress monitoring tool is used to establish baseline data and growth?  |                            |                                     |  |  |  |  |
| Are the student's learning expectations clearly communicated?   |                            |                                     |  |  |  |  |
| What are the strengths and weaknesses of what is being used?  |                            |                                     |  |  |  |  |
| Does the progress monitoring tool gather<br>data? Will it assist a teacher in knowing if<br>instruction has been effective?                               |                            |                                     |  |  |  |  |
| Does the progress monitoring tool provide<br>data about the student's growth in the<br>general curriculum over time and across a<br>wide range of skills? |                            |                                     |  |  |  |  |
| Which assessment / progress monitoring<br>tool provides outcomes based<br>information/data?   |                            |                                     |  |  |  |  |
| Does the progress monitoring tool allow for parent input?   |                            |                                     |  |  |  |  |
| Is the data provided easily communicated and teacher friendly for interpretation?   |                            |                                     |  |  |  |  |
| Does the progress monitoring tool provide<br>data to assist in measuring and reporting<br>progress toward IEP goals and objectives?                       |                            |                                     |  |  |  |  |

### **IEP Caseload Due Dates**

| Month           | Student Name | Annual IEP Due Date | Re-evaluation Due Date |
|-----------------|--------------|---------------------|------------------------|
| September       |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| October         |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| November        |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     | 1                      |
| December        |              |                     |                        |
| Determoer       |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| January         |              |                     |                        |
| January         |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| <b>February</b> |              |                     |                        |
| February        |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| March           |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| April           |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| May             |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
| June            |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |
|                 |              |                     |                        |

#### IEP and Re-evaluation's Due Dates At-a-Glance

| September Re-evaluation's |
|---------------------------|
|                           |
|                           |
| October Re-evaluation's   |
|                           |
|                           |
| November Re-evaluation's  |
|                           |
|                           |
|                           |
| December Re-evaluation's  |
|                           |
|                           |
| January Re-evaluation's   |
|                           |
|                           |
| February Re-evaluation's  |
|                           |
|                           |
| March Re-evaluation's     |
|                           |
|                           |
| April Re-evaluation's     |
|                           |
|                           |
| May Re-evaluation's       |
|                           |
|                           |
|                           |
| June Re-evaluation's      |
|                           |
|                           |
|                           |

**IEP SUMMARY SHEET** 

| To the te               | acher of:   |              |                           |                         |     |        | _ ID#           |       |  | Date      |
|-------------------------|---|--------------|---------------------------|-------------------------|-----|--------|-----------------|-------|--|-----------|
|                         |   |              | Stud                      | ent's Name              |     |        | -               |       |  |           |
| Disability              | / Area(s):  |              |                           |                         |     |        |                 |       |  |           |
| Date of C               | Current IEP: Due Da   | ate fo       | or Next IEP: _            | Туре                    | : A | Annı   | ial, Ti         | rien  | nial, Supplemental (circ                             | le one)   |
|                         | ent has a disability and must rece<br>ce with his/her Individualized Edu                      |              |                           |                         | m   | odat   | ions, i         | mod   | ifications, and related serv                         | ices in   |
|                         | w requires that all teachers prov<br>dent. As such, accommodations c<br>sment.                | -            |                           | -                       |     |        |                 |       | •  |           |
| The follow<br>parents). | ving information is CONFIDENTIA   | L and        | l may only be             | shared with ap          | р   | ropri  | ate st          | aff ( | or others with authorizatio                          | on from   |
|                         | in Which Student Requires Sp<br>odations:   | <u>oecia</u> | I Education a             | and Related S           | Sei | rvice  | <u>es, Cu</u>   | irric | ular Modifications and/                              | <u>or</u> |
|                         | Reading<br>Motor/Sensory<br>Motor   |              | Written Lar<br>Speech/Lar |                         |     |        |                 |       | Mathematics<br>Social/Emotional                      |           |
|                         | Health/Medical  |              | Other                     |                         |     |        |                 |       | Other  |           |
| Student's               | s Preferred Learning Style(s):  |              |                           |                         |     |        |                 |       |  |           |
|                         | Visual<br>Tactile (manipulation by har<br>Other   | nd)          |                           |                         |     |        | ditory<br>esthe |       | whole body involveme                                 | nt        |
| Learning                | Challenges:   |              |                           |                         |     |        |                 |       |  |           |
|                         | Difficulty following directior<br>Processes information slowl<br>Short auditory attention spa | у            |                           |                         |     |        |                 | ΙT    | istracted easily<br>rouble getting ideas on<br>hther | paper     |
| Required                | Modifications and Accommo   | datio        | ons for Instru            | uction:                 |     |        |                 |       |  |           |
|                         | Directions given in a variety   | of           |                           | Increase ver            | ba  | al res | spons           | se ti | me   |           |
|                         | ways<br>Reduce paper/pencil tasks   |              |                           | Preferential<br>(where) | se  | eatin  | g               |       |  |           |
|                         | Repeated review/drill   |              |                           | · /                     | u   | nicat  | tion d          | levio | ce(s) (specify)                                      |           |
|                         | Shorten assignments   |              |                           | Other                   |     |        |                 |       |  |           |
| IEP Goals               | 5:  |              |                           |                         |     |        |                 |       |  |           |

| <br><br><u>Required M</u> | Nodifications and Accommodations for Standard | –<br>–<br>rdized Te | <u>sting:</u>                          |
|---------------------------|---|---------------------|--|
| <br><br><u>Required M</u> | Nodifications and Accommodations for Standard | –<br>–<br>rdized Te | sting:                                 |
| Required M                | Nodifications and Accommodations for Standard | –<br>–<br>rdized Te | sting:                                 |
| <br>Required M            | Andifications and Accommodations for Standard | –<br>rdized Te      | sting:                                 |
| Required M                | Nodifications and Accommodations for Standard | –<br>rdized Te      | sting:                                 |
| Required M                | Nodifications and Accommodations for Standard | rdized Te           | sting:                                 |
| <u>Required ivi</u>       |   |                     | <u>sung:</u>                           |
| Tosts                     |   |                     |  |
| Tests:                    |   |                     |  |
| 🗆 S                       | Simplify/clarify test directions              |                     | Extra time within a testing day        |
| Π υ                       | Jse of calculator                             |                     | Student will test in separate location |
|                           | Dther   |                     | Other                                  |
| _                         |   |                     |  |
| Behavior Su               | upport:                                       |                     |  |
|                           |   |                     |  |
| □ S <sup>·</sup>          | Student capable of following classroom rules  |                     | BSP attached                           |
| W                         | without intervention                          |                     | BIP attached                           |
| □ E                       | Extra Para support                            |                     |  |
| W                         | without intervention                          |                     |  |

Additional Comments (including relevant medical information for emergency purposes):

| STUDENT:  |        | TEACHER: |           | FOR THE WE | EK OF: |  |
|---|--------|----------|-----------|------------|--------|--|
| <b><u>Instructions</u></b> : List the student's supplementary aids/supports (per the current IEP) in the left hand column. The teacher should mark an X or make a notation under the day of the week when the SAS was provided to the student. If the student declined the SAS or was absent, that should be noted as well. At the end of each week please return this form to: |        |          |           |            |        |  |
| SAS required by current IEP   | MONDAY | TUESDAY  | WEDNESDAY | THURSDAY   | FRIDAY |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
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|   |        |          |           |            |        |  |
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|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
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|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |
|   |        |          |           |            |        |  |

# **Parent Communication Log**

Student:

Address:

Parent/Guardian:

Phone #:

Email:

|       |                          | Reason   |
|-------|--------------------------|----------|
| Datas |                          | 11205011 |
| Date: |                          |          |
|       | Called                   |          |
|       | • Sent                   |          |
|       | Note                     |          |
|       | • Sent                   |          |
| _     | Email                    |          |
| Date: |                          |          |
|       | Called                   |          |
|       | • Sent                   |          |
|       | Note                     |          |
|       | • Sent                   |          |
|       | Email                    |          |
| Date: |                          |          |
|       | Called                   |          |
|       | <ul> <li>Sent</li> </ul> |          |
|       | Note                     |          |
|       | <ul> <li>Sent</li> </ul> |          |
|       | Email                    |          |
| Date: |                          |          |
|       | Called                   |          |
|       | • Sent                   |          |
|       | Note                     |          |
|       | • Sent                   |          |
|       | Email                    |          |
| Date: |                          |          |
|       | Called                   |          |
|       | • Sent                   |          |
|       | Note                     |          |
|       | • Sent                   |          |
|       | Email                    |          |
| Date: |                          |          |
|       | Called                   |          |
|       | <ul> <li>Sent</li> </ul> |          |
|       | Note                     |          |
|       | • Sent                   |          |
|       | Email                    |          |
| l     | Linali                   | 1        |

# Parent Teacher Communications Log

| Date :              | Student :           | Notes : |
|---------------------|---------------------|---------|
| Phone / Email :     | Parent / Guardian : |         |
| Conference / Other: | Reason :            |         |
|                     |                     |         |
| Date :              | Student :           | Notes : |
| Phone / Email :     | Parent / Guardian : |         |
| Conference / Other: | Reason :            |         |
|                     |                     |         |
| Date :              | Student :           | Notes : |
| Phone / Email :     | Parent / Guardian : |         |
| Conference / Other: | Reason :            |         |
|                     |                     |         |
| Date :              | Student :           | Notes : |
| Phone / Email :     | Parent / Guardian : |         |
| Conference / Other: | Reason :            |         |
|                     |                     |         |
| Date :              | Student :           | Notes : |
| Phone / Email :     | Parent / Guardian : |         |
| Conference / Other: | Reason :            |         |
|                     |                     |         |

# IEP at a Glance

This information is CONFIDENTIAL

| Student Name | Grade | Student # | School Year | Eligibility | Case Manager |
|--------------|-------|-----------|-------------|-------------|--------------|
|--------------|-------|-----------|-------------|-------------|--------------|

An IEP at a glance is an abbreviated document that provides a quick reference to a student's Individualized Education Plan (IEP). An IEP is the full document that a special education team in collaboration with the parents meets to create each year.

| Student's Strengths   | Areas of Specially Designed Instruction |
|---|---|
| Accommodations/ Modifications for the Gen. Ed. Classroom            | Testing Accommodations                  |
| Motivators/ Reinforcement   | Areas of difficulty                     |
| Student's Goals/ Objectives   |   |
| Additional Relevant Information (safety Protocols, behavior support | plans, medical needs, etc)              |

\*This is a working document and should be changed and modified as the student's needs change\*





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