# DOING IT RIGHT: IEP goals and objectives to address behavior

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The purpose of this module is to assist special educators in writing Individualized Education Program (IEP) goals and objectives/benchmarks to meet the behavioral needs of students with disabilities. The content of this module identifies key issues relevant to the development of IEPs for students with these needs. Module content presupposes a basic knowledge and understanding of the IEP requirements as outlined in the Individuals with Disabilities Education Act (IDEA) '97, and of general IEP development as both a product and a process.

### **FORMAT**

Through a case study approach, participants will have the opportunity to practice developing an IEP for students with social, emotional, and behavioral needs. The information in the case studies are from students who have met the state's eligibility for special education services, thus, determination of disability and eligibility for services are not part of the scope of this training module.

Participants may use the case study information to

- identify the unique characteristics and needs of the student, and
- identify what the school will do to teach the student the skills s/he will need to access the general education curriculum
- develop clearly defined and measurable goals and objectives, the "heart and soul" <sup>1</sup> of the IEP.

Remember—Behavior may be a special factor for students in all disability categories, not just those identified with emotional behavioral disabilities (EBD). If behavior interferes with the child's learning or that of others, the IEP must address that behavior.

#### MYTHS AND MISPERCEPTIONS ABOUT IEPS

<u>Quiz 1</u>: Check what you know and think about IEPs by taking this short true-false test. Answers can be found on page 32. True or false:

- 1. Behavior IEPs are different from other IEPs.
- 2. Using an average for occurrences / non-occurrences is an acceptable measure of behavior.
- 3. Evaluate IEP progress once a year.
- 4. The more data you have, the better.
- 5. Percent of occurrences/non-occurrences can be indicators of progress toward benchmarks.

<sup>&</sup>lt;sup>1</sup> Bateman, B.D. & Linden, M.A. (1998). *Better IEPs: How to develop legally correct and educationally useful programs* (3<sup>rd</sup> edition). Longmont, CO: Sopris West.

#### WHAT GETS IN THE WAY OF EDUCATIONALLY USEFUL IEPS?

3 Reactive vs. proactive approaches to addressing behavior

Educators may view behavior differently than they view academics (Walker, Colvin & Ramsey<sup>2</sup>). In reality, there are many students who need to be "taught" how to behave.

Typical Responses to Misbehavior		
Reactive	Proactive	
<ul> <li>Assume the student is not trying to behave appropriately.</li> </ul>	Identify functional relationship	
<ul> <li>Assume misbehavior is deliberate.</li> <li>Provide negative consequences.</li> </ul>	(purpose) between behavior & environment.	
<ul> <li>Do not provide practice.</li> <li>Assume they will make the right choice and behave appropriately</li> </ul>	<ul> <li>Identify expected or acceptable behaviors.</li> </ul>	
next time.  Assume the student knows the right behavior and is being uncooperative.	<ul> <li>Modify the environment (context of the behavior) to support expected behaviors.</li> </ul>	
<ul> <li>Consider the student separate from the context of the behavior.</li> </ul>	Provide differential reinforcement.	
<ul> <li>Assume the student has learned his/her lesson and will behave appropriately next time.</li> </ul>	Teach generalization of behavior and plan for maintenance.	

<u>Quiz 2</u>: Try this short quiz on proactive vs. reactive approaches (answers on page 33). Is the statement proactive or reactive?

- 1. "This student is just not trying!"
- 2. The student doesn't need practice making the correct behavioral choice he/she will make the right choice and behave appropriately next time.
- 3. The teacher identifies the expected or acceptable behaviors.
- 4. "This student is deliberately misbehaving. I just need to find the right punishment and that will take care of it."
- 5. The teacher modifies the environment to support the practice of expected behaviors.

### 3 Lack of available curricula

While there may be a definite scope and sequence to curricula that teach social skills, behavior change is not often sequential and individual student behaviors differ significantly.

3 Maladaptive behaviors are context specific.

<sup>2</sup> Walker, H.M., Colvin, G., Ramsey, E. (1995). *Antisocial behavior in school: Strategies and best practices*. Pacific Grove, CA: Brooks/Cole.

There are cultural issues and societal norms that dictate what "social competence is and looks like." (Howell & Nolet)<sup>3</sup>. Whether a specific behavior is or is not appropriate may depend on the context.

There is a need to distinguish between control (bringing the student into conformity) and instruction. The weakness of a control-oriented focus is that

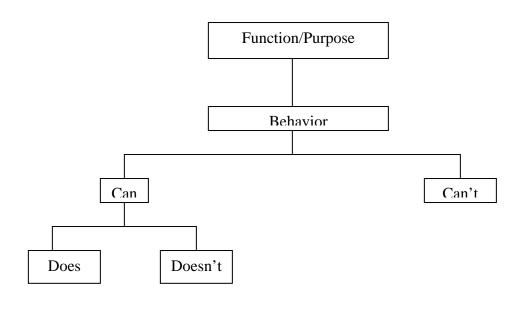
- All teachers do not have the same behavioral expectations;
- All classrooms do not require the same social and behavioral skills;
- The behavioral requirements of classrooms are quite different from those in the everyday world. (Howell & Nolet).<sup>4</sup>

"Control" as the focus of IEP goals and objectives may emphasize behaviors that are not important in different classroom settings and to different teachers, and may not provide the student with critical real life inter- and intra-personal skills.

Consistency in feedback about behavior is often inconsistent because expectations differ from classroom to classroom.

3 Maladaptive behaviors may result from skill deficits or from performance deficits.

Howell and Nolet<sup>5</sup>, describe the "Can vs. Can't" model for examining why students are not meeting behavior expectations



Can versus Can't

5

<sup>&</sup>lt;sup>3</sup> Howell, K.W. & Nolet, V. (2000). *Curriculum-based evaluation: Teaching and decision making*. Belmont, CA: Wadsworth/Thompson Learning.

<sup>&</sup>lt;sup>4</sup> Howell, K.W. & Nolet, V.

<sup>&</sup>lt;sup>5</sup> Howell, K.W. & Nolet, V.

A student may be using a maladaptive form of behavior because

- (a) s/he **can't** use the expected form of behavior: the student has a skill deficit (lacks the skills)
- (b) s/he can use the expected form, but doesn't or won't: the student has a performance deficit and has selected a wrong or unacceptable behavior. (Caution: this doesn't mean the student consciously chose the inappropriate behavior responses are often automatic and the student may be unaware of the choices and how they are made.) Does the student view the expected behavior as an option? Have there been opportunities to practice the expected behavior? Has demonstration of the expected behavior been reinforced?

### 3 Maladaptive behaviors have a specific function unique to each student

The function of the behavior is its purpose; the form of the behavior is the way the student goes about trying to accomplish the purpose (Kerr, & Nelson)<sup>6</sup>.

The functions of inappropriate behavior are the same as the functions of appropriate behavior. There are no inappropriate functions, but there are inappropriate ways to meet legitimate needs.

#### AN IEP BY ITSELF IS NOT MAGIC

The existence of an IEP will not automatically result in educationally significant progress for a student either academically or behaviorally, and it won't help him/her access the general education curriculum. The IEP must be:

- Individualized and based on student's needs, not on existing district resources or programs
- Based on student strengths and parent concerns
- Inclusive of the necessary program elements (i.e., special education services, related services, supplementary aids and services, program modifications and supports for school personnel) the student needs
- Based on positive behavior interventions when behavior is an issue.

In other words, it is important to ask:

- What is it about the student's disability that is getting in the way of his/her educational success?
- Which behavior(s) are preventing the student from accessing the general education curriculum and environment?
- What special education programming will bring the student to a more independent or inclusive level?

<sup>&</sup>lt;sup>6</sup> Kerr. M.M. & Nelson, M.C. (1998). *Strategies for managing behavior problems in the classroom* (3<sup>rd</sup> *edition*). Columbus, OH: Prentice-Hall.

• What's "special" about the services the student needs - If specialized instruction is not needed, is the student a student with a disability?

#### Remember:

- Useful evaluation data is the critical foundation for IEP development. Information about a student's needs, present level of performance, and skills or strengths must be available.
- A direct link must be forged between evaluation data and the IEP goals and objectives.
- Ongoing monitoring and evaluation of progress is important to indicate whether the student is making sufficient progress toward the goals and objectives. If sufficient progress is not being made, then perhaps revisions are needed.
- Ask: What needs to be different to ensure sufficient progress toward IEP goals and objectives? Is it necessary to change the instruction in some way (e.g., content, intensity, amount)? the environment? the level of reinforcement? Student and/or teacher supports?

#### KEY CONCEPTS FOR WRITING EDUCATIONALLY RELEVANT IEP GOALS

- 3 Students may have many behaviors that need intervention and it is important to prioritize behaviors since it may be impossible to target all behaviors at the same time.
- When prioritizing challenging behaviors for intervention

Give the highest priority to behaviors that pose a danger to the student or others, damage property, or significantly interfere with the learning environment. Behaviors that are irritating but not dangerous have a lower priority.

Consider how increasing or decreasing one behavior will affect other challenging behaviors.

Focus on prerequisites — for example, you cannot address behavior until the student attends regularly.

Define the behavior in objective, measurable, observable terms. What will we see and/or hear that will tell us if the behavior is being exhibited? Feelings and emotions are not objective or observable. To assist in defining behaviors, consider using "Fair Pairs", the "Dead Man's Test", and the "Stranger Test" (Kaplan)<sup>7</sup>:

Fair Pairs: A replacement or alternative behavior is one that is incompatible with or competes with the inappropriate behavior. The replacement or alternative behavior that is selected should create a "fair pair" with the inappropriate behavior. Some examples of "fair pairs" are:

- Taking property of others without asking; asking to use property of others.
- Calling out to get attention; raising hand and waiting to get attention.

<sup>&</sup>lt;sup>7</sup> Kaplan, J.S. (1995) *Beyond behavior modification: A cognitive-behavioral approach to behavior management in the schools.* Austin, TX: Pro-Ed.

*Dead Man's Test*: The question posed by this test is: Can a dead man do this? If the answer is yes, the target behavior is not a replacement behavior. For example,

- Student will not lie a dead man can "not lie". A better behavior would be "tells the truth"
- Student will not hit a better example would be "respond by asking the other student to stop."

Stranger Test: Could someone who does not know the student read the definition of the behavior and understand it? Could that person recognize the behavior if the student exhibited it? For example, "decrease inappropriate verbal behavior" will not pass the stranger test because different people might define "inappropriate" and/or "verbal behavior" differently.

#### FORMAT FOR GOALS AND OBJECTIVES/BENCHMARKS

#### 3 Annual Goals

- In prioritizing needs and developing goals, ask "what are the skills the student needs in order to access the general curriculum?" and "what can be reasonably accomplished in the next year (in the term of this IEP)?" or "what is getting in the way of the student passing all classes, following all school rules, earning credits, etc.?"
- Here is one format that could be used to develop goals: *Given [conditions], student will [perform what observable/measurable behavior] to what level [performance criteria].*

### 3 Objectives/benchmarks

- Objectives are intermediate steps between the present level of performance (PLOP) and the annual goal, while benchmarks are major milestones between the PLOP and the goal.
- One format for objectives is as follows: *Given [conditions], student will [perform what observable/measurable behavior] to what level [performance criteria]*
- For benchmarks: *Given* [conditions], student will [perform what observable, measurable behavior] to what level [performance criteria] by [when].

### 3 Performance criteria

What is the acceptable standard for the behavior? Whose standards will be used? Is there consensus on the standard? Can it be objectively defined?

What is a reasonable measure? Consider averages or minimum numbers (e.g., "on average, twice per day" or "a minimum of once per session") since behavior can vary from day to day.

Try to avoid statements like "appropriate" or "commensurate with peers". Also, be wary of percentages (Bateman and Linden)<sup>8</sup>. For example, "...increase functional living skills for independence to 80%" What does "80%" mean? Is it 80% accurate score on a checklist or rating scale? Does it mean that the student demonstrates a particular skill in 80% of the opportunities?

#### A WORD ABOUT THE CASE STUDIES

There are three case studies included in this packet. Each case study provides some background information, baseline data for the present level of performance, and three sets of sample goals and objectives for each case. The reader may feel that there is useful information missing from the case studies, and there are gaps that might not exist in the case of a real student with whom IEP team members are familiar. The information provided is that which is available in the student's file.

These are samples only – there is no one way to write goals and objectives, and the reader may have prioritized the students' needs differently. Please note that the present level of performance (PLOP) statements included in these samples are not complete PLOPs, as they only contain baseline data related to the sample goal. This is an exercise in developing IEP goals and objectives/benchmarks.

Disability categories are not included in the case studies, as the focus of the IEP should be on student needs rather than label. The students in the case studies have been identified as children with disabilities, and behavior is a special factor for each one.

The goals and objectives/benchmarks are written as they are to indicate the positive strategies and interventions that will be provided. By doing so, a behavior intervention plan is incorporated into these goal statements. While it may be technically correct to write a goal such as "...will reduce tantrums to fewer than two per day", that goal does not incorporate the positive strategies that the school will use to help the student meet the annual goal.

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<sup>&</sup>lt;sup>8</sup> Bateman, B. D. and Linden, M.A.

# CASE STUDY I

### **SCOTT**

# 1<sup>st</sup> grade male – Age 6

# Background Information

- Very small for his age, constantly in motion
- Usually looks very serious; when he is unhappy with something, he will scowl and make a high pitched and long lasting shriek; this happens 8-10 times every hour
- Asks a lot of questions (e.g., Why? Where did that come from? What's this mean?)
- When engaged in something in which he has an interest, he becomes lively and animated and asks relevant questions as he is trying to figure out what is happening (lasts up to 7 minutes at a time).
- Enjoys trains and collecting coins; likes to build things with Legos or Lincoln Logs
- Knows everything about local public buildings (city hall, library, schools) # of windows, # of doors, when built, building materials, # of bricks each contains
- Developed very particular likes and dislikes with food (e.g., he will only eat white or light colored foods, and nothing can be mixed together. Refuses to eat meat and many vegetables and fruits).
- Behavior problems surfaced around 15 months easily frustrated, which resulted in throwing things, hitting, kicking, biting, and disrespect shown to parents, especially mother
- Mother has used timeout chair can take from 5 minutes to 2 hours for him to regain control
- Parents report that they do not take him out into the community (e.g., grocery store, etc.) because of behavior. One parent stays home while the other goes out to do errands.
- Scott is extremely active. He stopped taking naps at the age of about 2½ and he cannot fall asleep until three or four hours after he is put to bed. He spends the time looking at books and playing with the toys in his room. As long as he stays in his room and is quiet, his parents leave a dim light on.
- Scott lives with his parents and older sister. The family goes on recreational outings together, including summer camping trips and weekend trips to visit family in another area of Wisconsin.
- Parents describe Scott as "interesting." They have worked through many issues with their daughter (diagnosed with ADHD and bi-polar disorder, but not in special education) and feel that Scott will develop appropriate behaviors as time goes by.
- Defiance is an issue incidents 10-15 times per day of yelling, stomping his feet, throwing things if he doesn't get his way
- Will wander away from the yard has gone up to 6 blocks away, crossing busy streets. This happens 3-4 times per month

# School History

- Mother requested district screening when Scott turned 3 because he refused to follow rules, and would tantrum when he couldn't get his way. He also showed a lack of interest in activities like coloring or drawing with markers or crayons, cutting paper, and repeating nursery rhymes. He would refuse to do these tasks.
- Parents did not want to consider district early childhood programming and enrolled him at a structured preschool at age 4 his day was subsequently shortened to 2 hours and his parents had to pick him up early 1-3 times per week because of behavior (yelling, screaming, refusing to follow directions; wouldn't participate in any tasks that involved drawing, coloring or writing).
- Community summer programs tried but he was asked to leave because of behavior (ran out of the room, yelled, screamed, threw things).
- During the summer before he started Kindergarten, the parents did not enroll him in summer school. They planned many family activities but Scott was not in any kind of a structured program. They report that the number of tantrums decreased to 1-2 per day. However, the tantrums were more severe with longer recovery time.
- Placed in a blended Kindergarten (5 special education and 11 regular ed students with Kdgn. and EC:special ed. teacher team)
- Identified as EBD in Kindergarten
- During the special education evaluation process, he took a pair of scissors and stabbed the teacher in the arm. He was suspended for 3 days and parents took him to a psychiatrist who put him on medication.

# Concerns/Reasons for Referral

- Aggressive and disruptive behavior. Scott kicks and hits staff along with outright refusal
  to follow directives with yelling and screaming and throwing himself on the floor. Scott
  throws books and chairs and narrowly missed hitting a peer with the chair. These
  behaviors occur 4-6 times daily within a two-hour period.
- Unwillingness to follow directions for social or play activities says, "No," or "I won't" or refuses to speak and sits with arms crossed and head down with no movement toward doing what was asked, or runs and hides under a table.
- Refusal to do any activities with scissors, paper, pencil, crayons or markers.
- Isolates self in a corner or under a table.

#### **Interventions**

- In-class interventions to build cooperation and compliance (e.g., model expected behaviors, extra time for compliance, encouragement, buddy system, teacher proximity, picture schedule, modified activities and short time-out when positive interventions were not effective).
- Areas of improvement
  - Decreased aggressive reactions (such as kicking, hitting, spitting) which now occur less than 5 times per day
  - Decrease in outburst responses when frustrated/angry. Currently has the ability to talk through situations and respond to staff interventions. Scott now states that he is

getting upset or frustrated and asks if he can go to his beanbag chair 50% of the occurrences in a day. The number of "frustration or anger" opportunities is 9.

- Sensory interventions/assistive technology:
  - Weighted lap pad or pressure vest
  - Fiddle toys
  - Special bean bag chair for sensory calming, processing
- No identifiable events or patterns were identified for 70% of the disruptive (yelling and screaming with refusal to do what was asked) or violent outbursts (hitting or stabbing others with objects)
- Any task involving writing set the stage for frustration and writing tasks precipitated approximately 30% of the verbal or physical incidents. It appears that Scott was frustrated with his inability to complete a task perfectly.
- Scott really likes being in the regular education classroom.
- Began Kindergarten with 2 hours per day. This was gradually increased until he began attending full days in February. That continued for the rest of the school year.
- OT for two 30-minute sessions per week

### Testing and other evaluation

### 1. Wechsler Intelligence Scale for Children-Third Edition (WISC-III)

This test measures current intellectual functioning. Overall cognitive ability in the average range (FSIQ = 103;  $58^{th}$  %tile). Nonverbal ability is significantly better developed ( $77^{th}$  %tile; 111) than verbal ability ( $37^{th}$  %tile; 95).

### 2. Visual Motor Integration Scale

47<sup>th</sup> %tile; Age equivalent = 5 yrs. 10 months

The types of tasks in this assessment test perceptual and motor skills which are precursors for writing letters. Scott has shown improvement since initial screening at 3 years, 8 months when he was at the 25%ile. Given the right circumstances during testing session (e.g.,, cooperation, time, interest, motivation) Scott can perform the assessment task at levels commensurate with age norms. Scott can replicate lines, shapes, designs and figures.

#### 3. Behavior Assessment Scale for Children (BASC)

Clinically significant ratings in the areas of:

- Hyperactivity (excessive movement, acts without thinking, calls out in group activities, interrupts adults when wants something)
- Aggression (threatens to hurt others, hits others, breaks and wrecks things of others)
- Depression (e.g., moods change quickly, easily frustrated and upset, pouts, screams "That's not fair")
- Attention Problems (e.g., gives up easily, short attention span, easily distracted)
- Withdrawal (e.g., plays alone, refused to talk, avoids activities with others)
- Atypicality (stares blankly, seems out of touch with reality, repeats thoughts over and over, sings or hums to self, and hears or sees things that aren't there)

### 4. Peabody Individual Achievement Test-R (PIAT-R)

Sub Test Range

General Info Above Average Reading Recognition Above Average Read. Comp. Above Average

Mathematics Average

Spelling Above Average Total Test Above Average

#### **Conclusions**

He has acquired basic pre-readiness skills in reading (he can identify all upper and lower case letters in the alphabet, can identify pictures for word beginning with a, b, c, d, f, g, h,l, m, n, s, t, can retell a three event story and answer a comprehension question after a passage is read). In the math area Scott can orally count to 30, identify all basic shapes, say the names of the days of the week, and answer addition and subtraction facts to five.

### 5. Work Samples: Writing

- Only 3 samples were available because Scott refuses to write. Writing is very immature with large, gangly stick figures, no proportions, and very light.
- Pencil grip is incorrect and awkward refuses to hold pencil correctly even with cushioned grippers.
- Refuses to write name, letters or numbers

#### 6. Occupational Therapy Evaluation:

#### **Fine Motor Skill Development:**

**Bruininks-Osteretsky Test of Motor Proficiency** (a standardized battery of motor performance tests; used by OTs, PTs and sometimes P.E. teachers; assesses both gross and fine motor skills) 54<sup>th</sup> %ile

- Needed prompts and motivator to overcome refusal did complete test.
- Response speed equivalent is 5 yrs. 8 months.
- Visual motor control equivalent is 5yrs. 5 months.
- Upper limb speed and dexterity age equiv.-7 yrs. 2 mo.
- Right hand preference with irregular grasp and tight hold. Demonstrates diminished strength in shoulders and arms. Complains of fatigue after one minute.

### **Sensory Processing Skills:**

### Areas of definite difference when compared to peers

• Touch processing (tactile defensiveness, craves touch)

### Areas of probable difference when compared to peers

- Sensory seeking behaviors
- Oral sensory processing
- Auditory processing
- Vestibular (related to balance, orientation of the head, etc.) processing
- Multi-sensory processing

#### **Conclusions:**

- Fine motor skills are at a functional level with the exception of strength and endurance.
- Sensory processing is a concern. Difficulties interfere with participation in classroom activities, interaction with peers and staff, emotional and behavioral control and attending skills.

#### 7. Observations

### Day 1 - 9:00-11:00 a.m.

Students were engaged in circle time activities such as calendar (day, date, weather, etc.) Scott was asked to draw the weather symbol on chart—he refused...Said "no." Refused teacher's offer of help and ran to the table and sat under it. Teacher asked him to come out and join group. Refused and stayed under table until circle time finished (20 minutes).

Students engaged in various center time activities (e.g., making shapes with clay, alphabet activities, etc.).

- Scott refused to join in any of the activities. His off-task behavior consisted of shouting, yelling, screaming that he wasn't going to do something, throwing things, knocking his chair over, trying to leave the classroom, hiding in the classroom, going under the table.
- He refused to participate in anything the class did 70 minutes of the 1.5 hour observation. Initially teacher tried to "coax" Scott into joining an activity. Then she ignored his behaviors and interacted with the other students (e.g., asking them questions about their center activity, etc.)
- During the last 10 minutes of the observation Scott engaged in a self-selected activity. Scott went to the Lego table and began to build a Lego structure.
- Peer behaviors included 1 "tussle" (both boys tugging at the same truck during free choice activity) over a toy truck with one boy saying, "I had it first."

#### Day 2 - 9:00-11:00

Schedule of activities was the same as Day 1.

- During calendar Scott sat outside the group but didn't verbally yell or interrupt group.
- During center time Scott refused to join his assigned group for alphabet activity. When teacher tried to physically assist him to group Scott kicked and hit at the

teacher when she approached him. Whenever the teacher tried to engage or assist Scott to join group (4 different times) he refused verbally with yelling ("I'm not going to!" or "No, no, no") and threw himself on the floor and finally moved under the table.

• Peers followed teacher directions. No verbal or physical interactions (hitting, throwing, etc.) occurred with peers.

### Day 3 - 9:00-11:00

Schedule of activities was the same as Day 1.

- During calendar Scott sat outside the group.
- Didn't join in any center activities.
- 15 occurrences of verbal disruptions (e.g., shouting out, humming, yelling, "I'm going to kill you") during the 2-hour observation
- 1 occurrence of tantrum (i.e., threw himself on floor and continued to scream and shout) with duration of 5 minutes.
- 3 physical threats (i.e., threw chair at another student who wouldn't give him the Legos; pushed child to get out the door, threatened teacher with scissors (pointed scissors at teacher and made a jabbing motion) when she reminded him to be careful.
- There were 5 verbal outbursts (yelling, screaming) and 2 physical outbursts each day. On Day 2 Scott threw a book at teacher and pushed another child out of his way. On Day 3 Scott threw clay at another student, barely missing him, and kicked the teacher when she came over to ask Scott a question.

**Recess Observations:** Data was collected over 7 days for one 15 minute period each day. (One recess supervisor was assigned to watch Scott at all times and make sure he returned to the building.) Behavior included watching others play, running alone, or sitting on the ground singing and humming. There were no interactions with other students and Scott did not respond to supervisor prompts to join in.

# SAMPLE GOALS FOR SCOTT

# Goal 1

### **Baseline for PLOP**

- Scott kicks and hits staff at least 2 times per day with outright refusal to follow directives with yelling and screaming and throwing himself on the floor an average of 3 times per hour. He has stabbed a teacher with scissors.
- Transitions to activities difficult (yells, screams, when moving to next scheduled activity, etc.)
- Tantrums when he can't get his way
- 10-15 incidents per day of stomping, yelling, throwing if he doesn't get his way

#### Goal

Given a small group structured setting, Scott will transition from one activity to another quietly (e.g., no yelling, screaming) and with hands and feet to self (i.e., without kicking, hitting, biting).

### **Objectives/benchmarks**

Using his picture schedule, Scott will end the activity he is working on quietly (i.e., with no yelling, screaming) within 3 minutes

- 40 % of the opportunities by the end of Quarter 1
- 60% of the opportunities by the end of Quarter 2
- 75% of the opportunities by the end of the school year

Given a teacher direction, Scott will move quietly to the next activity area (e.g., to the table, to the rug, get in line, etc.) and wait with his hands and feet to himself

- 40% of the opportunities by the end of the 2<sup>nd</sup> quarter
- 75% of the opportunities by the end of the school year

Given teacher instructions, Scott will begin the new/next activity within 2 minutes

- 40% of the opportunities and with no more than 2 additional teacher prompts by the end of the 2<sup>nd</sup> quarter
- 75% of the opportunities and with no more than 1 additional teacher prompt by the end of the school year

# Goal 2

#### **Baseline for PLOP**

- Does not join in any activities with peers or interact with peers.
- Isolates himself by hiding under a table and refuses to join in activities.
- Plays parallel with peers rather than interacting with peers in activities and games. When playing parallel with peers he can play up to 10 minutes
- Unwilling to follow directions for social or play activities

#### Goal

Given social skills training in a small group setting, Scott will move from parallel play to participation with peers in play opportunities by the end of the school year.

### Objective/benchmarks

Given teacher prompts, Scott will sit and watch a group of 2 students play a game for 10 minutes, 4 of 5 structured opportunities by the end of the 1<sup>st</sup> quarter.

Given teacher prompts, School will sit and play a game with 2 students to completion, 4 of 5 structured opportunities by the end of the  $2^{nd}$  quarter.

Given teacher prompts, Scott will ask 2 students to play a game with him 4 of 5 structured opportunities by the end of the 3<sup>rd</sup> quarter.

Scott will spontaneously choose a game and play it to completion with 2 other students 4 of 5 opportunities by the end of the school year.

# Goal 3

### **Baseline for PLOP**

- Refuses to use a scissors for cutting activities or refuses to write for any writing project
- Frustrated if he can't do the task perfectly
- Pencil grip is incorrect and awkward

### Goal

Given assistive technology, Scott will accurately complete fine motor tasks involving writing, cutting, and/or coloring by the end of the year.

### **Objectives/benchmarks**

Given a pencil, crayon or marker, or scissors, Scott will pick up the tool and hold it correctly in his hand 100% of the times he is directed to do so by the teacher or therapist by the 15<sup>th</sup> of October.

Given crayons or markers, Scott will

- color in a design (allowing for him to go outside the lines) 7 of 10 times he is given a design by the end of December
- draw a picture of his choice when directed to do so 7 of 10 times by the end of the school year.

Given scissors with padded handles, Scott will cut

- along a straight line for at least 6 inches by the end of January.
- simple shapes already drawn for him (e.g., circle, triangle, square) by the end of March.

Given a large-size pencil or a pencil with a rubber grip, Scott will write his name on his worksheets and assignments.

Given a large-size pencil or a pencil with a rubber grip, Scott will accurately copy up to 10 words (e.g., correct spelling, letter formation, letter and line spacing)

- from a book by the end of the 1<sup>st</sup> semester
- from a list by the end of March
- from the chalkboard by the end of the school year.

Scott will complete a simple worksheet (e.g., fill in a 1 word answer, fill in a missing letter, put an "x" on an incorrect answer, draw a line to match items) 100% of the opportunities by the end of the school year (Note: completion of the worksheet is the issue, not 100% correct answers)

Scott will write a simple sentence of 4 to 6 words (e.g., spacing, correct spelling, letter formation) by the end of the school year.

# **CASE STUDY II**

# **D**AVID

# 7<sup>th</sup> grade male - Age 13

# **Background Information**

- Mother is a single parent; completed GED after David's birth; was in high school when she became pregnant
- Mother is a full time college student in her 3<sup>rd</sup> year; she also works full time on 2<sup>nd</sup> shift
- Parents never married biological father has very rare contact with David
- David resides with maternal grandmother week days and mother on weekends
- No siblings; 2 male same-age cousins also reside with David's grandmother
- Mother wants David to finish school; she wants him to be different from other family members.

# Medical Information

- Rapid growth during grade 6 was 5'6" in fall, 6' by spring. Mother took him to physician no medical problems
- Grade 7 began taking medication for anxiety; prescribed by a psychiatrist
- Sees psychiatrist for monthly med checks only (no therapy) beginning September of this year

# School History

- Entered kindergarten with no prior formal schooling or daycare facility enrollment; mother kept him out of school until David was 6
- Daycare provided by maternal grandmother prior to starting kindergarten
- Attended neighborhood schools in grandmother's neighborhood
- No grade retentions

#### Attendance

- Averaged 18 days of absence from K through 5
- 65 days of absence in grade 6
- Has not attended at all in grade 7
- No disciplinary referrals in any grades up to present time

### Grade 6 (last year)

- Absent 1-2 days per week starting mid first quarter
- By October pattern of tardiness to school in the morning
- Arrange to stay in guidance office afternoons to complete work independently, alone, two hours per day continues through October whenever David attends

- Grandmother reports to guidance counselor, "He's refusing to get up in the mornings...lags in getting dressed...complains of aches and pains
- Absent more days than he attends
- By December David doesn't attend school at all
- Fails all classes due to attendance

#### Grade 7

- Continued physical growth now 6'2"
- Did not attend at all first three weeks
- Average intelligence; no learning disabilities

# Testing and other evaluation

#### Woodcock-Johnson Revised

# Passage comprehension - 25<sup>th</sup> percentile

This subtest measures reading comprehension through increasingly difficult and complex sentences and paragraphs which require the subject to infer the single word correct response

# **Reading vocabulary** – 24<sup>th</sup> percentile

This subtest measures ability to identify synonyms and antonyms. A subject's performance or score is influenced by their ability to correctly pronounce the stimulus word. David uses a very concrete vocabulary and was unable to offer specific likemeaning or opposite-meaning words; for example, "not like" for the opposite of the stimulus word "like". Testing was shortened due to David's anxiety and verbalized desire to leave "Are we done now?"

# Calculation – 27<sup>th</sup> percentile

This subtest consists of increasingly difficult and complex whole number, fraction, percent, and decimal paper and pencil math operations with no time limit upon the subject's completion.

David's computation errors included:

- division of 2 and 3 digit whole numbers
- addition of unlike fractions
- subtraction of unlike fractions
- addition of mixed numbers
- multiplication of single digits above "5".

### **Applied problems** – 25 percentile

This subtest consists of word problems, read aloud by the examiner, and accompanied by visuals, graphics or narrative cues to the subject;

David's applied problem math skills are commensurate to his calculation skills; he did not demonstrate significant differences in math performance with the additional visual, auditory and tactile (paper and pencil) presentation of test items.

# **Dictation** – 5<sup>th</sup> percentile

This subtest consists of capitalization, usage, punctuation, and spelling . Language arts-related skills are David's weakest, or most deficit academic content and skill area. David scored at the lower limits of the first quartile -95 of 100 students ranked above David.

David's language arts written expression skill deficits include:

- application of capitalization rules for names, titles
- use of commas in compound
- use of apostrophe in irregular singular and plural possessives.

**Science** – 20<sup>th</sup> percentile.

# Interventions Prior to Special Education Referral

- Attendance secretary makes daily calls home
- 1-to-1 sessions with guidance counselor
- Building consultation team
- Schedule changes
- Truancy petition to Juvenile Court Intake

# Reason for Referral:

- Escalating pattern of absenteeism (now a non-attender)
- Decreasing socialization with peers at school and in the community
- Failing grades
- Very low self acceptance/self concept

#### Interviews

- Grade 7 classroom teachers' responses focused on his absences, and their consequent lack of information, academic and behavioral, about him
- Psychiatric report: Clinical depression; distorted view of himself physically, preoccupied with personal defects, goes beyond normal adolescent issues
- Report from Guidance Counselor
  - David spontaneously smiles and converses with him; says he is comfortable in the guidance office; says he wants to be in school to please his mom and to participate in sports; tells the guidance counselor he likes him.

- No intellectual assessment (i.e., IQ score) completed due to refusal to participate; past testing indicates average intelligence
- Got 75% on 100 multiplication facts in 5 minutes; 64% on 25 problems of 2-and 3-digit division; did not attempt to add/subtract like fractions said he had no idea how to begin and wouldn't even try (refused to pick up pencil)
- No general classroom observations due to absence.
- Interview with Mother
  - She says a negative comment about his appearance/size to David while at the Boys and Girls Club precipitated his isolation
  - She does not insist he go to school or leave the house if he doesn't want to
  - He has a great deal of anxiety concerning peers
  - He worries excessively about what people think of him
  - On medication for anxiety
  - Medication has lessened anxiety for peer interaction i.e., although no contact with schoolmates, he does associate with similarly aged cousins
  - Family is overprotective of him he is allowed to remain at home; family members meet his social needs when he refuses to go out by coming to the house to visit with him and scheduling family gatherings at his residence
  - She has started attending a parent support group in the community
- Interview with David
  - Says he thinks he is a "freak" too tall, too big, odd looking, biracial (father was Caucasian)
  - Says other kids make fun of him, call him "half breed", tell him he's weird looking, tell him to go away or they will "catch something", says he has been called "giant" and "monster"
  - He tears up when he talks about himself; voice quivers
  - Says he feels badly that his mother has to often buy him new clothes as he outgrows those he has
  - During the interview he did not sit up straight (slouched in chair) and he walks hunched over
  - He acknowledges adults (smiles, "thank you", responds to questions)
  - Says he likes adults, would rather talk with adults than peers
  - Does ask questions, initiate comments with adults
  - Has a good vocabulary and speaks fluently
  - Says he wants to make his mother happy and proud of him but doesn't think he can
  - Says he likes sports but is "too clumsy" to play them
  - Says he is "close" to mother and grandmother

### Community

- No law enforcement involvement (No court appearances)
- No formal placements out of home
- Ceased community activities (doesn't visit Boys' & Girls' Club, doesn't go shopping, doesn't attend any gatherings outside family activities at his home, stopped attending church and youth groups)

# SAMPLE GOALS FOR DAVID

# Goal 1

#### **Baseline for PLOP**

- He had stable attendance (average 4 absences / quarter) through grade 5
- Absent 65 days in grade 6
- No attendance so far in 7th grade. He refuses to come to school
- Mother allows him to stay home.
- Increase of absences appears to be associated with physical changes of adolescence

### Goal

Given a structured, small group instructional setting, David will attend school regularly, beginning with 2 classes per day and increasing to 100% of classes.

### **Objectives/benchmarks**

Given David's input, he will attend 2 classes per day plus morning check-in with the special education teacher for 5 consecutive days (1 week).

Given David's input on what classes to add, he will attend 4 classes plus morning check-in for 8 of 10 days.

Given David's input on what classes to add, he will attend 5 classes, morning check-in and lunch for 8 of 10 days.

David will attend full day (8 class periods including lunch and morning check-in) 8 of 10 days.

• Note: Attendance could be a measure of success in addressing anxiety or body image issues. These issues could also be addressed in additional goals/objectives.

# Goal 2

#### **Baseline for PLOP**

- David's social interactions have dropped as his attendance has decreased
- Stopped all independent community activities. (Boys and Girls Club, shopping, youth group, social gatherings with peers).
- Does not initiate or respond to peer attempts to engage him in conversations or activities
- Smiles and converses with adults but not with peers
- Cooperative with adults (i.e., usually follows directives, requests)
- Expresses concern over appearance and visibly uncomfortable with size and appearance (e.g., doesn't stand, sit straight, voice wavers when talks about himself and his appearance)

#### Goal

Given social skills training in a small group setting with the teacher nearby,

David will initiate peer interactions (e.g., greet a peer, respond to peer greetings, ask questions, initiate conversations, participate in discussions) during structured and unstructured situations in 75% of the opportunities for 10 consecutive days.

### **Objectives/benchmarks**

Given 1 teacher prompt, David will greet a peer or respond to peer greetings 100% of the time on 5 of 5 days.

Given structured group instruction with 2-3 students, David will participate in the group by asking questions and participating in the discussions 75% of the opportunities for 8 of 10 days.

Given 1 teacher prompt, David will initiate a conversation with a peer during unstructured time (e.g., lunch, transition time between classes, before and after school in the hallways) in 75% of the opportunities for 8 of 10 days.

# Goal 3

### **Baseline for PLOP**

- Woodcock Johnson-Revised 27%ile in Math
- Failing grades
- Average intelligence
- 100 basic multiplication facts: 75% correct in 5 minutes
- Sample of 25 2- and 3-digit whole number division: 16/25
- Cannot do addition and subtraction of unlike fractions at all

#### Goal

Given 1-to-1 instruction and individualized materials, David will increase his math computation skills as measured by the objectives below.

### **Objectives/benchmarks**

Given the 100 basic multiplication facts, David will have 100% correct within 2 minutes.

Given 25 2- and 3-digit whole number division problems, David will have at least 20/25 correct.

Given 25 addition and subtraction problems of unlike fractions, David will have 80% correct including the following steps:

- find the lowest common denominator
- solve the addition of subtraction problem
- reduce the answer to the LCD (lowest common denominator)

# **CASE STUDY III**

# SUSAN 9<sup>th</sup> grade female – Age 16

# **Background Information**

- Birth parents divorced; mother re-married within last year. Stepfather refuses to allow Susan to live with the family and will not allow Susan to be alone with her 2 younger sisters (ages 11 and 7) or her 7-month-old half-brother she can only visit if he or the mother are at home
- Susan lives with her older sister (age 20) in a 1-bedroom apartment sister has a 29-year-old boyfriend who often spends the night; Susan sleeps on the couch; mother gives the sister money for Susan's rent and food; Susan says her sister only lets her stay there because of the money. She expresses some anxiety about what could happen if her sister gets fed up or gets married. Susan says she doesn't really feel that is her home when asked where she thinks is "home", she says "I don't have one"
- Sister has a car but will not transport Susan unless the sister is going to the same place at the same time
- Biological father incarcerated; serving a life sentence without parole for murder and aggravated assault; sentenced when Susan was 11 years of age; writes Susan 2-3 times per year but never acknowledges her birthday, Christmas or other holidays. Susan says she sometimes writes him back.
- Susan talks on the phone 2-3 times per week with her mother and gets a weekly allowance check in the mail she says the allowance is not enough and she wants a part-time job to earn extra \$\$
- Susan's mother says that school success is "Susan's business"; Susan is a "bad" influence on her siblings—"the house runs smoother when she is not there"
- Mother says Susan is "boy crazy" and has been sexually active since age 12; she is fearful of Susan contracting a sexually transmitted disease (STD) or becoming pregnant. Susan says she does have sex, but says "I don't want any screaming brats"
- Susan states she has no female friends, "I only hang out with boys."
- She says she doesn't have anyone to support her, and she admits she feels overwhelmed at times "no place to go, no one who gives a f\*\*\*"
- As a ninth grader Susan sees her future economic security and personal happiness dependent on males "I'll find a guy to take care of me...buy me things." When asked what her back-up plan is if that doesn't work, she says "Welfare."
- Susan describes school as "dumb and babyish", "no one cares; no one helps why bother?" She says she attends school because "it's something to do". When not in school, she says she sneaks back to the apartment after her sister leaves "only time I can do what I want."
- Asked to pick 3 words to describe herself, Susan says "dumb, ugly, f\*\*\*ed up"
- Asked what she likes, Susan says "clothes, boys, sleeping"

# Medical History

- Says she has stopped alcohol consumption (formerly on a weekly basis) and pot smoking (formerly on a 3-4 times per week basis); as far as is known or has been observed, that is accurate
- Alcohol and other drug abuse in-patient treatment for 14 days at age 12; she didn't finish the program because she ran away
- Placed in a psychiatric unit for a suicide attempt (swallowed about 30 aspirin) for 10 days at age 13; medications prescribed but she refused to take medication after being released
- Second suicide attempt age 14; cut her wrists; hospitalized again for 10 days. Discharged with diagnoses of clinical depression and possible below average mental functioning (may be negatively impacted by depression)
- Self inflicted ink tattoos: HATE on right hand fingers, and LOVE on left hand fingers; various self-inflicted cigarette burn scars on both forearms

# School History

- Speech/language services in early childhood through grade 5; evaluated in grade 1 for EBD but not eligible (no record of why not as evaluation done in another state); retained in grade 1; came from another state in grade 2 and information is sketchy
- Absent about 1/3 of the time in elementary school (bronchitis, coughs, colds)
- Grade 4 eligible for EBD (lashes out verbally at peers, denies misbehaving, lack of self control/impulsive, very low self concept)
- Middle school
  - Grade 6: Attendance good 1<sup>st</sup> semester but deteriorated; grades declined from first quarter C's and B's in all classes to all F's in third quarter; 1<sup>st</sup> suicide attempt; when she returned from hospital, she spent 75% of her day in self-contained special ed. for academic remediation and extreme refusal to participate in class activities
  - Grade 7: 2<sup>nd</sup> suicide attempt; attended about ½ the time; failed all classes
  - Court placed her in secure detention in spring of grade 7 year and then in juvenile corrections facility remained there for the rest of 7<sup>th</sup> grade and all of 8<sup>th</sup> grade before returning to community this past summer
- Teachers provided the following anecdotal observations of Susan's behaviors/class adjustment since school began this fall
  - A serious attendance problem misses an average of 2 days per week unexcused (Susan says she's sick but no one calls or sends a note)
  - Rarely talks to peers or teachers
  - Makes spontaneous negative comments/remarks to students in class and corridors ("what an idiot", "you suck at that"); sometimes makes barking noises or oinks like a pig at other students
  - Rarely brings materials to class will just sit; refuses to complete work hands in about 25% of assignments usually only partially finished
  - Total refusal to attempt assignments will say things like "That's baby work"; refuses to try a new task/skill
  - Turns away from teachers when approached at her desk or in corridors—doesn't respond to greetings or positive comments
  - "Attractive girl but just radiates negativity"; no significant hygiene issues

- Denies any wrong-doing or responsibility ("I wasn't there" or "I didn't do it" or "why are you blaming me?"); blows up, swears, refuses to respond when criticized or corrected

# Testing and Other Evaluation

### 1. Woodcock-Johnson-Revised, Form B, Tests of Achievement

• Susan's skills cluster around the  $6^{th}$  grade level. The exception is science information, which may reflect Susan's interest in TV science programs, and vocabulary. She scores in the lowest quartile ( $1^{st} - 25^{th}$  %ile)

### 2. Wechsler Intelligence Scale for Children III (WISC-III)

• Full scale IQ of 87 (low average range) – may be negatively impacted by depression

### 3. Reynolds Adolescent Depression Scale

• "Critical" level of depression – "I feel I am no good"

# Community Information

- Criminal charges beginning in 6<sup>th</sup> grade: Possession of stolen property, criminal trespass, accomplice to strong-arm robbery and physical assault, retail theft (2 charges), criminal damage to property, 3 reported runaways (4 days, 7 days, 5 days), car theft
- Charges resulted in court appearances, mental health evaluation ordered, supervision by social worker, intensive in-home counseling – ceased when Susan ran away and her mother said "this is useless."
- Placed in juvenile corrections facility for 18 months
  - Cottage residence; 24 hour house "parents," lived with four other girls
  - Daily group therapy (anger management; errors in thinking); individual counseling 3 times per week
  - Daily AODA counseling (fives times per week for six weeks; three sets of sessions while placed)
  - Daily medication monitoring
  - Daily behavior management/level system for behaviors
  - Special education school program never put together more than 5 consecutive days of successful behavior/school performance during the 18 months she was there
  - Many disciplinary incidents for fighting, threats, name calling, harassment, refusal to follow rules/directions/orders
- Minimal follow-up since she was released a few phone calls to ask how she was doing.
   Mother said "fine" that was it. As far as the mother knows, no agencies are aware that Susan is not living with her.

# SAMPLE GOALS FOR SUSAN

# Goal 1

#### **Baseline for PLOP**

- Self-mutilating behaviors (e.g., burns, cutting, scratching); past suicide attempts
- Denies misbehaving
- Truant, runs away, withdraws/turn away, blows up when criticized
- Says she doesn't know what to do when pressures build up; says she has "no one"

#### Goal

Susan will develop basic problem solving skills.

### **Objectives/benchmarks**

Given choices (e.g., journaling, drawing, speaking) Susan will accurately tell what happened when asked.

By the end of the 1<sup>st</sup> quarter, Susan will list and describe situations that cause her anger, frustration, or sadness.

By the end of the 2<sup>nd</sup> grading period, given input from the special education teacher and guidance counselor, Susan will develop a list of alternatives to her negative responses.

By the end of the 3<sup>rd</sup> grading period, Susan will describe or role play how she would use those alternatives in problem situations.

By the end of the school year, Susan will use those alternatives when confronted with a problem situation.

# Goal 2

### **Baseline for PLOP**

- IQ 87 (low average range); achievement in lowest quartile; failing all classes; truancy issues
- Total refusal to try new things
- Hands in only about 25% of work frequently only partially completed
- Blows up when criticized; turns away from even positive/friendly comments
- Says "I'm no good", "have no one", "no one cares", "why bother"

#### Goal

Given instruction in basic academic and vocational skills, Susan will attempt new tasks/assignments.

### **Objectives/benchmarks**

When given an assignment, Susan will begin work within 3 minutes of the teacher direction to do so

- in 3 of 10 opportunities by the end of the 1<sup>st</sup> quarter
- in 5 of 10 opportunities by the end of the 2<sup>nd</sup> quarter
- in 7 of 10 opportunities by the end of the 3<sup>rd</sup> quarter
- in 9 of 10 opportunities by the end of the 4<sup>th</sup> quarter

If she doesn't understand the task, Susan will ask for help by raising her hand or approaching the teacher's desk (if allowed)

- 40% of opportunities by the end of the 2<sup>nd</sup> quarter
- 80% of opportunities by the end of the school year

When she asks for help, Susan will wait appropriately (e.g., return to her desk, try again, go on to another problem, sit quietly)

- 70% of opportunities by the end of the 3<sup>rd</sup> quarter
- 90% of opportunities by the end of the school year

By the end of the 1<sup>st</sup> semester, Susan will accept positive feedback on her schoolwork (e.g., saying "Thanks" or "I worked hard on that" or "I did a good job") 4 out of 5 opportunities.

By the end of the school year, Susan will accept correction/criticism of her schoolwork (e.g., by correcting work if asked to do so, not swearing, saying what she needs to do to improve next time) 7 of 10 opportunities.

Susan will finish a new task by the deadline and hand it in 100% of the time by the end of the school year. (Note: this means she will hand in 100% of assignments, not that she will get 100% correct)

# Goal 3

### **Baseline for PLOP**

- Wants a part-time job to have extra spending money
- Sees her future dependent on males "I'll find a guy to take care of me...buy me things"; says she doesn't have a home and doesn't know what the future holds; sees "welfare" as an option
- Has to transport herself sister won't drive her

#### Goal

Susan will set goals for self-sufficiency and independence.

### **Objectives/benchmarks**

Given a 1-to-1 discussion with the teacher or counselor, every month, Susan will identify 3 positive things she has done.

By the end of the 1<sup>st</sup> grading period, and given teacher/counselor feedback and interest/aptitude inventory results, Susan will list her strengths/skills and areas in which she would like to improve.

Susan will set short-term goals for this school year in the areas of school work/grades, attendance, and part-time employment:

- by the end of the 1st quarter, she will identify the goals
- by the end of the 2<sup>nd</sup> quarter, she will identify strategies to meet the goals
- during the 2<sup>nd</sup> semester, she will meet with the special education teacher and/or guidance counselor every 2 weeks to evaluate her success and revise her goals and strategies as necessary (e.g., if she is fired from a job, what does she need to do differently the next time, etc.)

During the 4<sup>th</sup> quarter, Susan will identify her long-term (post-high school) goals/priorities in the areas of

- independent living
- post-high school education
- employment/work
- support from community agencies (e.g., health care, emergency support, etc.)
- transportation

#### *Note:*

- IEP goals do not address her self-destructive behavior directly. That may be a need that require outside counseling. However, school can help her develop problem solving skills so she doesn't get overwhelmed.
- There are no academic goals but if she will try to do work, ask for help, etc., her grades should improve and skills increase. Also if she achieves some success and feels better about school, her attendance may improve as well.

# **Answer Key for Quizzes**

# Quiz 1 4)

(page

- 1. Behavior IEP's are different from other IEP's
- F There is no such thing as a behavior IEP. An IEP addresses individual needs in a variety of areas, such as transition academic, social-emotional and / or behavior. Any child who exhibits a behavior that prevents or inhibits his ability to access the general education curriculum, should have that behavior addressed in an IEP goal. If a child's behavior influences or impedes his or her learning or the learning of others then the IEP should address those behaviors
- 2. Using an average for occurrences / non-occurrences is an acceptable measure of behavior
- T Behavior fluctuates from time to time. It is not evenly distributed among persons, places, context... An average provides us with an indication of what usually happens. Like their non-disabled peers, children identified with a disability have good days and bad days. Using an average of occurrences and non-occurrences provides us with an indication of what is the usual behavior for the child. By looking at the usual behavior we can determine the trend of improvement.
- 3. Evaluate IEPs once a year
- F Progress toward IEPs for students must be evaluated and reported to parents at least as often as progress is reported for general education peers. IEPs can and should be evaluated more frequently!
- 4. The more data you have the better
- Before collecting data, stop and think about what information will be needed to provide a clear picture of the behavior (i.e., validity). The more valid the data the better. Valid data must also be reliable across persons, settings and behaviors. The convergence of data sources provides the clearer picture of the student strengths, weakness and needs
- 5. Percent of occurrences/non-occurrences can be indicators of progress
- The percent of occurrences/non-occurrences is a good measure of progress if benchmarks are set as percents.

### *Quiz* 2 (page 5)

1. This student is just not trying!

Reactive

If the student is not doing what is expected, it could be that the student does not know what is expected, or can not do what is expected. It could also be that the student does not choose to perform the behavior. When we limit the response by saying that he/she is not trying, we are taking a reactive perspective.

2. The student doesn't need practice making the correct behavioral choice - he/she will make the right choice and behave appropriately next time.

Reactive

When working with new behaviors, a proactive teacher does more than hope that the right acceptable behavior will be chosen. That teacher makes sufficient opportunities available for the student to practice the behaviors in a variety of contexts. A reactive teacher waits to see what happens and then reacts.

3. The teacher identifies the expected or acceptable behaviors.

Proactive

Proactive teachers tell students what is expected, when it is expected, how to perform the expected behavior.

4. That student is deliberately misbehaving. I just need to find the right negative consequence and that will take care of it.

Reactive

Negative consequences may be effective in eliminating a behavior, but negative consequences do not teach acceptable replacement behaviors. Relying on negative consequences rather than teaching better alternatives is reactive.

5. The teacher modifies the Proactive environment to support the practice of expected behaviors.

Many times the environment or context is a contributing factor to misbehavior. A proactive teacher recognizes the influences of the environment and makes changes or alterations to try to prevent problems.