Questions for the Collaborative Team To Ask:
Developing the IEP & Assessing the Results of Instruction & Services

Effective assessment, development of IEPs and instructional strategies, and provision of academic and support services to students, requires collaboration between parents and professionals involved with each child. Thus, each child’s collaborative team must include the parent(s), student(s), when appropriate, general and special education teacher(s), and related and support services provider(s). Students age 14 and older, and younger students at the parents’ discretion, should attend their IEP meeting. If they cannot or do not wish to attend, their interests and preferences must be presented and documented (the reason why they are not participating should also be documented at the meeting).

Proceeding through the following questions as early as possible in the school year, and as necessary throughout the year, will assist collaborative team members to exchange essential information and expectations, facilitate the development of appropriate IEPs and instructional/support strategies, and assess the results of instruction and services.

My Child’s Strengths & Needs (see Positive Student Profile)

1. What are my child’s strengths and needs compared to age and grade appropriate students? Be sure to address:
   - Academic progress (measured by classroom, districtwide, and state tests)
   - Social/emotional development
   - Health/medical issues
   - Communication skills
   - Functional life skills
   - Other areas of development

2. What are my concerns for enhancing my child’s learning and development?

Expected Outcomes: Goals & Objectives Tied to Core Curriculum Standards

1. What are the outcomes expected for children at this age/grade/educational level? Have we considered:
   - Academic outcomes
   - Social/Emotional outcomes
   - Health/Medical outcomes
   - Communication outcomes
   - Vocational/Career outcomes
   - Life-skill outcomes

2. Are these appropriate outcomes for my child with a disability?1
   - Yes
   - No. Please explain:
   ____________________________________________________________
   ____________________________________________________________

3. Should any of these outcomes be modified given my child’s disability and its impact on performance?
   ____________________________________________________________
   ____________________________________________________________

1 Remember: Most children receiving special education services should be expected to attain high academic and other standards given appropriate special instructional and support services.

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___ Yes.  Please explain: _______________________________________________________

___ No

4. Have we considered all essential information? Have we:
   ___ As parents and other collaborative team members, completed and discussed the Positive Student Profile?
   ___ Reviewed previous and current assessments?
   ___ Considered the interests and preferences of the student at age 14 and older?

5. How should we reflect these outcomes in the goals and objectives on my child’s IEP?

   _______________________________________________________

6. Have we assessed our child’s learning styles? Describe and/or attach.

   _______________________________________________________

7. How do our child’s learning styles impact on IEP goals and objectives?

   _______________________________________________________

8. Have we considered and discussed what has or hasn’t worked in the past at:
   ___ School  ___ Home  ___ Other settings

9. Given our child’s learning styles, what modifications are necessary to achieve the outcomes?
   ___ Modifications to instructional methods

   _______________________________________________________

   ___ Modifications to curriculum

   _______________________________________________________

   ___ Modifications/adaptations to learning environment

   _______________________________________________________

   ___ Modifications to instructional materials

   _______________________________________________________

   ___ Assistive technology/specialized equipment

   _______________________________________________________

2 My child’s learning styles can be determined through a review of such instruments as the Positive Student Profile and the Multiple Intelligences Profile.

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10. What related and support services are necessary to achieve these outcomes?

11. How will these modifications be made? What is each collaborative team member’s role (including parents)?

12. How will these related/support services be provided? What is each collaborative team member’s role (including parents)?

13. What professional development and staff support is necessary to implement these services?
   - Assistance in modification of curriculum
   - Consultation with other professionals
   - Modeling of modified instructional strategies
   - Developing functional curricula
   - Development of community-based instruction
   - Conducting functional assessments
   - Development of in-class supports
   - Developing Transition goals and objectives within the IEP
   Other. Describe:

14. What collaborative planning time is necessary? Who will be involved?

15. Who else must we bring into this process to ensure that the necessary professional development, support and collaboration is available and implemented?
   - Building principal
   - Superintendent
   - Other professionals in the school
   - Community-based organizations
   Specify:
   Director of Special Services
   Central District resources.

16. Have we provided a copy of all information used to develop this form and this IEP; this completed form; and the completed IEP, to all collaborative team members?
   - Parent(s)
   - General educators
   - Special educators
   - Related services providers
   - Other support
   - Other support service providers.
   - Other relevant professionals. Specify: 

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Tools/Methods to be Used to Measure Progress

The collaborative team works together to develop methods and identify tools that will be used to determine student progress. A review of the following checklist will be helpful.

**Academic Performance**

1. (a) Which of the following will we utilize to determine our child’s academic progress?

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<th>Assessment Methods</th>
<th>Who Conducts?</th>
<th>When?</th>
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<td>Review of IEP Goals/ Objectives Mastery</td>
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<td>Interviews</td>
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<tr>
<td>Other. Specify:</td>
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</tr>
</tbody>
</table>

(b) What modifications/accommodations must be provided?

(c) When will this information be shared and discussed with collaborative team members?

¹Examples include language articulation and processing tests.

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Social / Emotional Development

2. (a) Which of the following will we utilize to determine our child’s social/emotional development?

___ Observation of on-task behavior by teacher & team members
___ Observation of peer and adult/student interactions
___ Observations of auditory and visual attention spans
___ Results of group and individual work
___ Child’s own reports on perceived development
___ Group reports from cooperative work groups
___ Home/parent input
___ Areas of growth reflected on Positive Student Profile
___ Review of mastery of IEP goals and objectives
___ Observation at job and/or community training sites

(b) When will this information be shared and discussed with collaborative team members?

Assessment of Achievement of Expected Outcomes

The collaborative team periodically reviews each student’s progress using the identified tools, and asks the following questions:

1. Is my child on track (i.e., making acceptable progress) towards achieving the expected outcomes/goals and objectives that we set for him/her?
   
   ___ Yes
   
   ___ No.   Explain: ________________________________

2. Have we considered all relevant areas:
   
   ___ Academic   ___ Communication
   
   ___ Social/emotional   ___ Vocational/career
   
   ___ Health/medical   ___ Life-skills

3. Are the special education instruction and services that are being provided appropriate?
   
   ___ Yes
   
   ___ No.   Explain: ________________________________

4. Given our child’s progress or lack of progress, do we need to modify his/her goals and objectives, or the instruction and services we are providing?
   
   ___ No
   
   ___ Yes.
If yes, what modifications need to be made? Examples:

_____ Class size reduction

_____ Additional services. Specify:

_____ Revision of goals and/or objectives. Specify:

_____ Additional adaptations/modifications in learning environments. Specify:

_____ Other. Specify:

5. How can we marshal our resources to provide the necessary assistance to our child?

School resources:


Peer resources:


Collaborative team resources:


Community resources:


Home/family resources:


6. How does our child’s rate of growth relate to the rate of improvement of other students in:

_____ Special education class

_____ Age/grade appropriate general education class

_____ School

(i.e., is our child continuing to lag far behind the progress of general education students, or is s/he decreasing the performance gap?)

7. How has our child performed on the standardized tests or other assessment measures used for all other students?


(a) How does this compare with the performance of other special education students in the same program?
(b) How does this compare with the performance of general education students?

(c) Were the appropriate accommodations provided in the testing process? Examples:
   - Extended time
   - Specialized place for testing
   - Questions read aloud
   - Large print
   - Oral answers instead of written answers
   - Use of assistive devices
   - Other. Specify: ________________________________

(d) Did we ensure that the test reflected both grade level performance and growth?

8. Are other assessments/testing modifications necessary?

9. At annual, requested, and/or triennial reviews, how does our child’s current evaluation compare to the previous evaluation? Is our child making:
   - Academic progress?
   - Social/emotional progress?
   - Health/medical progress?
   - Progress in communication skills?
   - Progress in vocational/career skills?
   - Progress in developing life-skills?

10. What factors have impacted on growth (positive and negative)? How can we address this?

11. Do modifications need to be made in instruction and/or services?
   - No
   - Yes. Specify: ________________________________

   ²Students who start a school year several years behind their grade level should also be given tests that allow them to demonstrate how much progress they have made, i.e., at the beginning of their fourth grade year they were reading at a 1st grade level, now they are reading at a 3rd grade level, as well as tests at their actual grade level.

   ³For this to be a useful process, evaluation data must be captured so that it is easy for collaborative team members to understand. The data must also be available to all team members.

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12. Can our child be successful in a more inclusive/less restrictive setting? Can our child benefit from additional supported inclusion, full or part-time?

____ No, not at this time. Explain:

When will we revisit this issue?

____ Yes. If so:

(a) What types of assistance should be provided to our child in making the transition from one educational setting to another that is more inclusive/less restrictive?

(b) What types of assistance should be provided to the general education teacher?

____ Curriculum modification
____ Consultation time
____ Modeling of instructional strategies

____ Team teaching
____ Classroom supports
____ Other. Specify:

(c) How can we marshal our resources to appropriately support our child?

____ School resources:

____ Collaborative team resources:

____ Community resources:

____ Home/family resources:

(d) What can we as parents do at home to help prepare our child and assist him/her to benefit from the change?

(e) What assistance can the professional members of the team provide to us as parents/family to help us support our child?
Additional Questions for Administrators

1. Did I provide the necessary professional development and support for all staff involved in providing services to this child?
   
   ____ Yes.  Explain: ________________________________
   
   ____ No.  Why? ____________________________________

2. Did I provide the necessary collaboration/meeting time for all staff involved in providing services to this student?
   
   ____ Yes.  Specify: ________________________________
   
   ____ No.  Why? ____________________________________

3. What steps must I take now to ensure that the necessary professional development, support and collaboration/meeting time is provided for all staff providing services to this student?

   __________________________________________________
   
   __________________________________________________
   
   __________________________________________________
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