

Client Profile:

“Allie” is a client who is seven years old, female, Caucasian, and in second grade. She has been diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactive Disorder, Anxiety, and is currently being assessed for Conduct Disorder. She is currently on a waiting list to attend a day program at the Jewish General Hospital in Montreal, which will provide her help for her behaviour, her academic needs, and family counselling and training. She likes horses and enjoys creating arts and crafts, and working on puzzles.

Allie is able to show empathy to her peers; she will give them hugs when they are crying and will make them cards. She is able to ask for what she wants or feels she needs most of the time, though she also has many nonverbal ways of expressing her needs and feelings. Sometimes Allie will ask me if we can “go up” (go to the resource room or technician room upstairs), this usually means that the stimulation in class is becoming overwhelming for her and she needs to step away. When Allie can listen and focus, she is capable of following the rules very well. For example, she will pick up her mess and put away tools she has used, she will ask to use something else or ask before she leaves the classroom. Allie has also been able to show me her emotions using an emotions chart. She has told me entire stories using this chart to tell me how she felt during the events of her stories.

Allie also faces many challenges that can make functioning in school very difficult for her. Though she is able to show empathy and express her needs and desires as mentioned above, she also has moments or even days where these events are the exact opposite and she will only express herself through non verbal methods such as running away and hiding, kicking, crying or whining, completely shutting down, and there have been times where she will kick, push, and threaten to bite her peers and staff. These events often happen when Allie is feeling anxiety or anger and is struggling to cope with it. Sometimes the antecedents are obvious and sometimes her mood will change as if completely out of nowhere. Certain events that trigger her behavior include loud noises (she does not participate in assemblies or class parties), too much stimulation in class, when too many people try to speak to her, or perfectionism – such as when she is trying to focus on something and can’t seem to get it right (for example, trying to read a word or draw a picture). Based on my observations so far, the most common antecedent I have seen is when Allie is trying to perfect a picture or a word and cannot, she will crumple paper and throw it across the room and will sometimes slap herself in the face and pull her hair. Sometimes Allie can follow the rules very well. Sometimes her behavior is very oppositional and she will have a lot of difficulty doing so. She will go to places or take tools that she is well aware she cannot be using, she will do the opposite of what she is asked and she will refuse to put something away or cease to use it.

Allie’s family situation has some very positive factors, also some very negative factors. Her parents separated when she was a toddler and she moved to a new town with her mother. Two years later, her mother and mother’s new boyfriend moved in together and had a baby. Allie’s now stepdad also had a child of his own who is a year older than Allie. She went through some big transitions in this time and started school this same year. According to her mother, Allie has always shown difficulties with her behaviour but they have escalated since she started the first grade when Allie had to start with more academics and less play.

Allie's parents have been known to regularly use substances in the past, but the extent of alcohol and drug abuse is currently unknown. Her biological father is not very present. He sees Allie every second weekend, however does not participate in any school meetings or any doctor's appointments and does not follow through with any recommendations made by the school psychologist, the school staff, or Allie's doctor. When Allie is at her biological father's, she does not have to follow her routines, she eats what she wants to and does not bathe if she does not want to. According to her mother, her biological father doesn't know how to deal with her behaviour without reacting in anger so he lets her do as she pleases while she is there. Allie's stepfather has been more present than her biological father, but still not the greatest support. Her mother has expressed that her stepfather does not believe that her behaviour challenges should be "rewarded with special treatments". He believes that Allie should follow the same schedules and routines as anyone else in the school and she should not be permitted time outside of class and extra help because of the way she behaves. He is not in agreement with the recommendations made for Allie. Her mother has been very receptive and in agreement with the recommendations. There are certain aspects that took convincing- for example, Allie attends school 50% of the time. Her mother was not very happy about this idea, but decided to agree and it has shown improvements in Allie's favor. Her mother does have difficulty with Allie's routines and how she herself reacts to Allie's behaviour. She gets angry and punishes her often, and Allie sometimes comes to school with dirty clothing and unclean hair, looking like she has not bathed and was dragged out of bed and brought to school. She sometimes comes with little food and/or her snacks usually consist of chips and cookies. With all of that, her mother has shown that she is trying to improve and learn better ways to parent Allie. Her grandmother sometimes watches her when she is not in school so that her parents don't have to miss work, but other than that, she does not see much family.

Allie's social network consists of her family as mentioned, her doctor and local public health unit (CLSC), and very heavily her school staff. She has a good rapport with her Educational Assistant (myself) and the Special Education Technician for her grade. She is comfortable with the school Psychologist and her teacher as well as some other staff such as the secretary. Generally, her biggest source of support is her EA and Technician. Her friends and most of her family offer very minimal support and the relationship the family has had with the CLSC and their doctor has been described as "rocky" as her mother has felt that she has had to jump through many hoops to try to get Allie help before she was able to meet with the school Psychologist. Though Allie's mother has shown that she is trying to make improvements, their relationship is still not in the greatest state. According to both Allie and her mother, their communication is very difficult. Allie has expressed that she does not feel that her mother pays a lot of attention to her and that all her parents' attention goes to her stepsister and baby brother. Allie's mother has expressed that she is very busy and struggles to make time for her because her stepsister has severe anxiety and needs a lot of comfort, and her brother is in his "terrible two's" as her mother says and needs a lot of attention. Allie has also expressed that she thinks her parents don't want to spend time with her because she says "I am bad and they like my sister and brother better than me". Allie has been most vocal expressing her thoughts, feelings, and concerns with her EA and Technician. She looks for a lot of affection through these people and when one of us is not close by, or if she does not know where we are, she will become anxious and look for us. She is beginning to accept separation from the Technician now that I am with

her full time, though in the beginning she would become very anxious if she could not be with the Technician. Now she is having those difficulties when it comes to me. Based on all of our observations, the strongest relationship she appears to have in her life is with the Technician and myself.

Developmental Domain:

Allie is fully capable of functioning physically. She can walk and transition from positions and places with no issues. Taking care of her basic needs such as going to the bathroom and feeding herself are of no difficulty to her. She currently has no need for eye glasses, hearing aids, and teeth or body braces. Her eyes often twitch and sometimes she shakes her head rapidly from side to side without a particular reason. I have observed that her eyes mostly twitch when she is not speaking to someone, but when she is waiting, writing, reading, or coloring.

Allie's affective/behaviour/social domain is the most prominent because it is the domain in which she has the most difficulty with. Allie will sometimes hiss and growl at people when she does not want to be bothered and as mentioned above, will sometimes even threaten to bite them. When she is avoiding authority or may be feeling anxiety, she will sometimes hide in specific places such as behind the secretaries desk, behind the recycling bins, under a table or behind her jacket. We recently had an incident where Allie was upset with me for not giving a reward before having earned it, and she hid under a table in the library growling and shaking, which took many different attempts for me to remove her so that a class could come in. These situations do not happen as often as they used to but are not uncommon with Allie.

I have also observed that though Allie has difficulty with her peers and likes to be left alone more often than not (she gets upset when classmates turn around to speak with her and plays alone more than she plays with others), she is also capable of being friendly and empathetic with her peers. She shares crayons with her classmates and shares a cushion she uses in class with the person beside her and she will give hugs and make pictures for her classmates. It appears she would like to have more relationships with people her own age, but she struggles to communicate affectively and becomes anxious when there is too much social stimulation.

Allie has shown to have a very good memory. Though she does invent stories, she has mentioned things from many years ago that were true. Her ability to restore and retrieve information appears to be very good, now it is a matter of finding out where her fabricated stories are coming from- does she believe them to be true memories? Are they an attempt to get positive or negative attention? Allie does attempt things physically before working problems out in her head. She will look at a situation and jump right to it before planning out how she is going to solve it. When she is putting a puzzle together, she will try to force pieces together and try random ones in the same place instead of looking at the pieces and the holes to see what could fit where. It is the same for shapes and sizes. I have observed Allie play with Barbies in a small doll house and get frustrated when they do not fit on the furniture. Allie also has some difficulties following routines and does not have very much of a concept of time. I am working on visual aids with her to help her with these and though there are improvements, she requires a lot of prompting and reminding.

In terms of language and learning, Allie was evaluated at being academically approximately two years behind the average student her age. She is reading at a beginner's level and progressing very slowly with her reading and writing. She does try to sound out words, but she still struggles to spell them. She mixes her vowels and letters often. For example, she will write "stap and go to deb" instead of "stop and go to bed". Allie is also primarily French, though she has always been in an English school and her mother does speak English. She switches back and forth between English very frequently and she will try to get me to always speak French with her.

For the most part, Allie's friendly relationships with the boys and girls her age don't very much differ from one another. She plays with them the same and does not seem to notice a difference between the two. There was once a boy who is approximately four years older than her who was sitting in her classroom as a punishment. Allie spent most of her time in the classroom trying to get his attention and did not want to leave the classroom that day when normally she will try to spend all of her time outside of the classroom. She would take a book and sit beside him to read it out loud to herself and whenever she would say something or make a noise, she would look at the boy. Allie also spends a lot of time grabbing and scratching her genital area depending on what she is wearing that day. Because her school has uniforms, she either wears dress pants or squorts. When she wears dress pants, she does not pay as much attention. However, when she wears the squorts or skirt/shorts she will pull and scratch all day, especially if she is wearing thick leggings underneath. Allie has expressed that she does not like the feeling of restricting clothing and in the past has actually removed her clothing in the middle of the hallway and refused to put it back on.

Request for services:

In the past, the services Allie has received were primarily from her pediatrician. She has been prescribed different medications over the last two years through her doctor before finding one that does fit as best as possible. She has not yet had any therapy and the most recent past services she has received were from the school psychologist which has opened a door for more services now that she has had a proper evaluation and has diagnoses to better explain her behavior and anxiety patterns. When she was working with the technician for her grade, different options were explored and attempted. They had tried a token system where Allie would have a chart on her desk with 3D Velcro stickers to track her behavior; however this resulted in Allie throwing and breaking the stickers when she did not get what she wanted. The technician had also tried using a checklist system where she would keep track of Allie's behaviors and routines to work up to a reward; Allie did not show very much interest in that at the time.

Currently, Allie is working one on one with me as her EA at all times while she is at school. The school and her mother are working through the CLSC to get her into a day program at the hospital as soon as possible, though right now it appears this won't happen until next year. She is obtaining more services now than she has been in the past; however it is still a very slow progress. I am working on as much as I can with her but the main focus for the moment is behavior.

Her Individual Education Plan currently states that she needs to be spending thirty minutes in class per day and the main focus is managing her behavior. Right now we are using a reward system to get her through her routines as much as possible; though every day is unpredictable. Allie has shown a lot of improvements but she still needs to learn to better manage her behavior, especially on her own. I spend a lot of time asking her to tell me what she thinks the right choice is and why she thinks she should or should not get a reward however she does still need prompting and reminders almost daily. The biggest problem right now is that the school cannot offer Allie all of the help she requires in order to better manage all of these difficulties. We are doing our best given the time and materials provided until she can move on to the day program at the hospital, but we have limited access to necessary tools and necessary professionals to help her fully learn to manage her own behavior, reactions, and emotions as well as help her family as a whole. We have no authorization or mandate when it comes to her family, only her when she is in the school and when the focus is directly relevant to her education and social management.

Description of a relevant issue, incident or situation which demonstrates a limiting behavior or skill deficit:

Allie has shown undesired behaviors following obvious antecedents as well as at very random times and days. There are days where Allie comes in very tired and upset because she was up late the night before and did not want to come to school and has difficulties managing her behavior all day – though sometimes she can come in on days like that and function perfectly fine and get through her day without shutting down or having a tantrum. As mentioned earlier, Allie's behavior usually shows its worst when she is over stimulated or frustrated when she cannot perfect a task she has begun.

In one particular situation, Allie came to school after a three-day weekend at her biological fathers, which meant she had spent the last three days without any routines or authority. She came in looking very tired, her hair was knotted and all over her face and her uniform was stained. She wanted to give me a hug when I greeted her, as she usually does, however she then just sat at her desk and was not acknowledging me or anyone else like she would on most days. She took out a white board that the technician had given her and when her drawing was not going as she had wanted it to, she began to have a tantrum.

In greater detail, this incident took place in her homeroom classroom, beginning at 8:15 in the morning on Wednesday, November 21st. Allie had taken her whiteboard out at around 8:10 when the students settled into class. This is quiet time while their teacher signs and reads agendas. At this time, students are practicing their cursive writing or reading their assigned books. In the classroom there were the students (approximately eighteen), the teacher and myself.

Allie was quietly coloring on her whiteboard (the school had decided that her main focus of intervention needs to be on behavior so academic work is not mandatory for her). She began to color a snowman and was trying to make all three snow balls perfectly round, but the bottom of the snowman would be straight because when the marker hit the edge of the whiteboard, it made a straight line. Allie tried numerous times to perfect the snow ball despite the straight edge of the white board, I offered her help and even tried a distraction but she was adamant on perfecting the

snow ball. After numerous attempts, Allie began and to grunt and whine, which lead to her throwing the white board and markers and yelling. I approached Allie to remind her to whisper and take a deep breath, which often worked with her; however she responded with more yelling and turning away from me. She then stormed out of the classroom and hid behind her jacket which was hanging on her hook with her school back and lunch box. Her hook is right beside the classroom door. Allie made it clear that she was not interested in speaking to me by turning away from me every time I tried to speak, so I stepped away and gave her enough space that she thought I was gone, but made sure I could still see her and was close enough to intervene if necessary. At 8:30 the class went upstairs to go to French class. Allie followed them down the hall but when she walked into French class, she decided to go back to her home room. When she went back, the door was closed and locked. Allie sat in front of the door and cried to go back in. I explained that it was locked and we could not go in because her teacher was busy and I asked her if there was something she wanted to talk about- which usually helps because Allie does confide in me when she feels she needs someone, but on this day she was not interested in having me around her. I had the feeling that at this point, it had a lot to do with attention so I took another step back. The library is beside Allie's classroom and I crossed paths with the technician when I walked away. We stood in the library where we could see Allie but she could not see us and discussed the situation. Allie stopped crying "I want to go in my class" about five minutes after I had walked away. She sat in the hall pouting and every now and then would whine saying "I want my class". Her level of whining and pouting would fluctuate between quietly sitting there and yelling to get back into her classroom. The technician attempted to calm her down by hugging her and moving her away from the door. Allie responded by putting her mouth on the technicians hand which we both perceive as her threatening to bite if she is not left alone.

At about 9:15 students came to the hall to get their snacks. Allie ran and hid in one of her hiding places, which is behind the recycling bins. I slowly made my way to her so she did not feel like she was being chased or ambushed. The technician spoke to the pre-school teacher and then came to ask Allie if she would like to go help them with their portfolios but Allie ignored her and turned away. When the technician left I waited a bit longer then approached Allie again, which resulted in her running to the secretary's office and hiding behind his desk. She sat there for approximately seven minutes and I stood back observing to give her space but not let her disrupt anyone. She got up and went into the library and sat under the table in the fetal position. At this point it was almost 10:15 and the students were preparing to go outside for recess. . I approached Allie and informed her that it was recess and she could go outside; she responded by hissing at me and turning her head away from me again. I backed away again and gave her some more space and stepped into the hall to deal with another student who I saw pushing someone. (I knew that Allie was safe in the library and was in the librarians view). It is not uncommon for Allie to hide in the library or secretary's office and the staff are well aware of her tantrums and do not react when she hides in these places unless I or the technician ask them to.

A bit after 10:30 after the students returned from recess, a class was scheduled to use the library so I approached Allie again and asked her if she was ready to go help the preschoolers. She nodded and got up. Before we entered the preschool classroom, we briefly processed about the right and wrong choices she had made that morning. Normally I would not give a student an opportunity to do something fun like help the teacher when they have displayed these behaviors,

but I am learning different techniques with Allie and in this moment she needed to be distracted so we could leave the library to the designated class without Allie literally kicking and screaming. Allie was able to tell me the wrong choices she had made that day, and I made sure to let her know that choosing to leave the library and help the preschoolers was the right choice. Allie calmly helped organize the preschool students portfolios, sniffing and rubbing her eyes from all of the crying until her mother came to pick her up at about 11:30.

Other than crying “I want to go into my classroom”, Allie did not use any verbal behavior. She expressed herself mostly through non verbal behaviors such as throwing her white board and markers, threatening to bite the technicians hand, running away and hiding, turning her head from me and hissing at me. When Allie is in a very emotional state she often expresses herself through non verbal behaviors. We are working on her learning to express herself verbally before reacting physically and she is slowly showing improvements however it is a very long work in progress.

Mission of the institution:

The mission at New Frontiers School Board is to:

“Provide experiences that will challenge our students and employees to learn and to develop respect for themselves, others, and the environment;

Engage students, staff, parents, and the community as educational partners;

Expect and support all employees to continuously improve with a focus on enhancing student learning;

Create a hospitable learning environment where everyone feels they belong and are appreciated”.

I think that the most relevant part of my institutions mission is to “Create a hospitable learning environment where everyone feels they belong and are appreciated” and “Expect and support all employees to continuously improve with a focus on enhancing student learning” because it is so incredibly important when working with students with special needs- especially students like Allie who require so much one on one and alternative techniques and even settings for her to thrive as best as she can in school. These students need to know that they are as welcomed as anyone else and are also vital members of their school. It is not only the students who grow in these situations but the staff who work with them as well. We are constantly learning about ourselves when we learn about the students. When we learn different methods and techniques to help students, we are learning about our own capabilities, strengths and ways we can improve to be better role models and special care counsellors for our clients, which is why it is so important to continuously improve with a focus on enhancing student learning.

Legal Framework:

Youth Protection Act (YPA) Chapter II, section 2.4 (8) states that a child and his parents are entitled to receive the appropriate health and social services, the child is entitled to receive educational services from an educational body.

Allie’s mother has the right to have her in school full time and this was her wish in the beginning of the school year though she has been compliant with the recommendation that Allie attend school 50% of the time and this plan of action has actually showed great improvements compared to Allie’s behavior when she was in school full time.

YPA Chapter IV, section 38 states that every professional who provides care or any form of assistance to a child and has reasonable grounds to believe that the security or development of the child may be considered to be in danger must inform the Department of Youth Protection (DYP/DPJ) without delay.

The Special Care Counsellors Code of Conduct (aeesq) section 4, 4.1.7. states that “the SCC has a duty to report any form of physical or mental brutality, discrimination, harassment or exploitation that the client may be subject to”.

We have to keep a close eye on Allie (like any student under our care) to ensure that her safety and development are not being compromised. Especially considering Allie has had violent outburst in the past and has no authority with her biological father, we have to watch out for neglect and possible abuse and be prepared to make a signalement if need be.

New Frontiers Code of Ethics, By-law BCAA annex A is a solemn affirmation to respect confidentiality. The AEESQ section 4.6 also addresses confidentiality, specifically 4.6.5. which states that “the S.C.C. shall avoid indiscreet conversations regarding a client and the services provided to them”. When working with clients in this field, especially children, confidentiality is extremely important. Information on the client may be discussed with relevant coworkers and DYP and police if necessary, but discussing confidential matters with anyone outside of this can result in employee discharge as well as civil and criminal penalties. In situations like this assessment, clients name and specific details need to be changed in order for their identity to remain confidential.

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INTERVENTION PLAN

Student Information: Name: Allie Baker Date: November 29th 2018 DOB: 12-25-2011 School: Champlain Elementary School Legal guardian(s): Julia Baker Grade: 2

Assessment

done by: Ashley Jewer NFSB Attendant (Educational Assistant)

Priority

need(s): Allie is in need of learning how to manage her behavior, as well as her emotions and reactions leading to undesired behaviors. Allie must find ways to cope with her emotions and behavior triggers without reacting with violence, running away, shutting down, and having a meltdown. Allie must also learn how to effectively communicate with peers, especially in moments of intense emotions.

Problem

behavior(s): Current problem behaviors include: -running away from class and from staff -slapping self and pulling own hair -destroying school property -throwing objects across classroom/school -hiding around the school -hissing and growling at staff and peers

Long term

goal(s):

Desired

behaviors Allie will learn healthy ways to cope with frustration, anger and anxiety Allie will learn healthy communication skills with family and peers Allie will follow through with specific routines for her own health and academics

Intervention

objectives: 1. Allie will improve her coping skills by asking to step outside of the classroom and asking for a specific area and/or tool to calm down in an appropriate place without an audience. Allie must be able to remove herself from a situation to an appropriate area without being told, at least three times per week. Allie's attendant will be keeping track of Allie's behaviors and progression through a chart which she will share with Allie to measure the efficacy of this plan. She will also be offering weekly rewards for achieving success- such as 15 minutes of play outside of class. Allie has shown that she is capable of achieving these objectives by having done them in the past on a weekly basis. She has difficulties in moments of frustration or intense

emotions; however she is slowly showing improvements using these methods. Allie will have access to charts and a token economy system to help her achieve success in this objective. This proposal will be reviewed by term 2 after six weeks from today and revised as needed. 2. Allie will follow through with specific routines for her health and academics by following a chart with a token economy system. The chart will be made with Allie in full awareness of her expectations and rewards for following through. Allie can choose a reward such as being a junior helper in the kindergarten class or in the secretary's office. Allie must spend a minimum of thirty minutes in class before being permitted to go to the resource room. Allie must also go outside with her classmates at recess and dress in her snowsuit when playing outside.

For each task, Allie will receive a sticker on her chart when she has successfully completed the task. Allie must have at least two stickers per day in order to receive her reward on Friday. Each week the chart will be evaluated and requirements for stickers may be augmented depending on Allie's success rate. Allie is capable of achieving this objective because she has been able to follow through with her routines in the past with prompting. Allie is struggling to follow through right now because she expresses that she does not "feel like being in class" or "like to go outside". Allie has shown that she is aware of the choices she must make and which choices are usually right and which are wrong. When Allie chooses to make the right choice by following through with her routines, she will receive stickers for the specific task. This chart will be evaluated weekly to measure Allie's success or need for improvement and the chart will be updated as needed. After the winter break in four weeks, when the term is coming to an end, the team of Allie's attendant, the technician for cycle 2, and Allie's teacher will evaluate whether the chart is still needed.

Proposed methodology:

Clinical tools to be used: -Emotions chart to be used when Allie has difficulty expressing herself verbally -Reward chart to keep track of Allie's objectives and success rate -Visual aids for Allie to aide her with her routines such as a picture at her cubby to help her remember to put on her jacket, snow pants, boots, hat and mittens. A visual aid at her desk reminding her to quietly raise her hand when she has a question or comment to make in class, And a visual chart of her overall tasks with pictures including "stay in class for 30 minutes", "have snack at snack time", "play outside at recess", and "ask miss Ashley before going to the resource room or library". - A "calm down box" made by her attendant specifically with her in mind that will be kept in the technicians room for when Allie needs a break from the stimulation around her. This tool includes a weighted stuffed animal, play dough, an art therapy coloring book with crayons, stress balls and scented squishies, as well as fidgets. Activities: Every second week, Allie will partake in activities with her attendant to help her with her behavior management. These activities are designed as games to help keep Allie focused and interested. Some activities include creating a "calm down sandwich" which can be used when Allie is feeling anxious or frustrated- it consists of each ingredient of the sandwich being a technique for calming down until the sandwich is complete and Allie has calmed down. We will also play a choices jenga game which has questions in each block that open a door for discussing times of anger, stress, and ethical dilemmas and what choices were and could have been made in those moments. Allie's attendant will be making tools with Allie such as stress balls and galaxy bottles to help her calm down when she needs a break. These activities will take place in the resource room on Tuesday

mornings between 8:30 and 9:15 when the room is not scheduled for use, and when Allie is not too tired from the weekend, but not too over stimulated from the school week. Who will implement? Be present? Allie's attendant will be implementing the proposed activities with her and always be present during the activities. The cycle 2 technician will be invited to join in the activities when possible, and for certain activities there will be the opportunity to invite one or two classmates to join if Allie is emotionally capable of sharing the space with peers that day and if they are permitted to leave class for ten to fifteen minutes to participate in the therapeutic activities.

Evaluation of assessment : The proposed methodology for achieving mentioned objectives was designed specifically for Allie in order to help meet her needs. The current main focus for Allie is learning ways to manage her behavior, followed by finding ways to effectively get through routines, and then learning effective social and communication skills. The main priorities at the moment are behavior management and following through with routines and tasks. The proposed methodology was designed using systems that have been successful with Allie in the past, as well as some new and slightly new proposals that are estimated to be successful given Allie's improvements and learned skills. The methodologies for achieving the objectives for Allie will be evaluated every four to six weeks to decide if they need to be revised or completely changed. Allie takes time and often a lot of prompting before she learns how to perform certain tasks on her own, so the time is long enough to allow her to do so, but not so long that necessary changes won't be made in time. As with any intervention plan, long term goals, short term objectives and tools and activities to meet them, this is a trial and error. It was designed after a lot of observations and assessments, but may need revisions and changes over time in the event that it does not work well enough, or if it turns out to be too easy and needs to be made more challenging so that Allie can achieve her goals on her own and still learn and grow in the process.

Signature of parent(s)/legal guardians:

_____ Signature of person
responsible for IP: _____

Signature of student's teacher:

_____ Signature of
school principal: _____

01A8: To develop an intervention plan

Accomplished Competent Developing