

Verification of Receipt and Teacher Knowledge and Skills Survey

Student: _____ Area of Disability: OHF ID# _____ Campus: _____ Case Mgr. _____

- Current Goals and Objectives
- Psychological Recommendations
- Other _____
- Modifications and Accommodations
Note: Behavior Strategies which are different from the Behavior Intervention Plan are included in Accommodations and Modifications.
- Behavioral Intervention Plan
- IEP Amendment

Survey

S.B. 451 requires a school district to provide scientifically researched based training to an educator who works primarily outside the area of special education only if the educator does not possess the knowledge and skills necessary to implement the student's individualized education program.

1. How knowledgeable are you in the area of the student's disability?
 - I have no knowledge
 - I need more knowledge
 - I have sufficient knowledge
 2. How knowledgeable are you in scientifically based research strategies needed to successfully implement the student's IEP including the student's accommodations and modifications as determined by the ARD committee. (See attached Student Support Services Page)
 - I have no knowledge
 - I need more knowledge
 - I have sufficient knowledge
- I certify that:
- I have received copies of the completed forms checked above.
 - I acknowledge and understand that teachers in general education are required to provide accommodations and modifications of the general education program as required by the ARD/IEP committee.
 - If I have any questions or need clarification regarding this student's disability or educational programming I may contact the special education case manager.
 - I have the knowledge and skills necessary to implement this student's IEP **OR**
 - I need training to assist me in implementing this student's IEP.

General Educator's Signature _____ Position _____ Date Completed _____
 Special Education Case Manager Only
 *Training, resources and/or information provided to teacher on this date _____ Case Manager's Initial _____

NAME OF STUDENT _____ ID# _____ MEDICAID# _____ CAMPUS _____ DATE OF BIRTH _____

The following program Modifications/Accommodations address individual student needs and are necessary to enable the student to be involved in and to progress in the general education curriculum:
 Are Modifications/Accommodations needed for this student? Yes No

Duration of Services From: 12/05/2012 To: 06/06/2013
 Language of Delivery: English

SPECIAL LANGUAGE PROGRAMS Not Applicable Yes No
 BEHAVIOR INTERVENTION PLAN Yes No
 ASSISTIVE TECHNOLOGY Yes No

ADAPT INSTRUCTION BY PROVIDING:

GOAL & OBJECTIVE/SUBJECT	LAE	M	SSH	SCI	PEA	FA	CT	R
Frequent feedback	X	X	X	X				
Turn in Spec Sheet weekly if falling.	X	X	X	X				
Reminders to turn in work.	X	X	X	X				
Content Mastery	X	X	X	X				

Legend: LAE=LanguageArts/English M=Math SSH=Social Studies/History SCI=Science PEA=PE/AI/hi FA=Fine Arts CT=Career/Technology R=Reading OTH=

MANAGE BEHAVIOR BY PROVIDING:

GOAL & OBJECTIVE/SUBJECT	LAE	M	SSH	SCI	PEA	FA	CT	R
Clearly defined limits	X	X	X	X				
Positive reinforcement	X	X	X	X				
Private discussion about behavior	X	X	X	X				

Legend: LAE=LanguageArts/English M=Math SSH=Social Studies/History SCI=Science PEA=PE/AI/hi FA=Fine Arts CT=Career/Technology R=Reading OTH=

NAME OF STUDENT _____ ID# _____ MEDICAID# _____ CAMPUS _____ DATE OF BIRTH _____

MEASURABLE ANNUAL GOAL:

Goal Number: 1 Goal Focus Study Skills
 Draft ESY Accepted by Committee Transition Related Goal
 Academic Functional Related Services

Will increase mastery of Study Skills as demonstrated by meeting the objectives (8) out of (10) times.

Duration: 12/05/2012 to 06/06/2013
 Language of Delivery: English
 ESL Yes No Grade Level: _____

ESY Code	BENCHMARKS OR SHORT TERM OBJECTIVES
BEHAL070	Demonstrate the ability to comply upon first request of adult.
BEHAL090	Demonstrate the ability to complete an assignment within the allotted amount of time and place in designated area as specified by teacher.

Implementer: General Education and Special Education Teachers
 Method of Evaluation: Discipline Records, Report Cards, Teacher reports/feedback
 Periodic reports on the progress the student is making toward meeting the annual goal will be provided (frequency):
 Concurrent with the issuance of report cards

MEASURABLE ANNUAL GOAL:

Goal Number: 2 Goal Focus Study Skills
 Draft ESY Accepted by Committee Transition Related Goal
 Academic Functional Related Services

Will increase mastery of Study Skills as demonstrated by meeting the objectives below (9) out of (10) times.

Duration: 12/05/2012 to 06/06/2013
 Language of Delivery: English
 ESL Yes No Grade Level: _____

ESY Code	BENCHMARKS OR SHORT TERM OBJECTIVES
	will allow himself time to cool off before addressing undesirable situations.
	will practice strategies to avoid allowing one situation to ruin his entire day.
	will attend class regularly.
	will improve on task behaviors.

Implementer: General Education and Special Education Teachers
 Method of Evaluation: Teacher reports/feedback, Discipline Records, Report Cards
 Periodic reports on the progress the student is making toward meeting the annual goal will be provided (frequency):
 Concurrent with the issuance of report cards