

Elementary Sample

Elementary Level Portfolio Teacher's Manual

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Portfolio Teacher's Manual

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RELATED SERVICES

As classroom teachers, we cannot possibly know it all. We must rely upon the expertise of other team members to develop programs that meet all of the needs of each student. At the same time, related service providers have limited time with our students and, as a result, can't always deliver the level of intervention that classroom staff can. Related service times are a great opportunity for classroom staff to learn about programs being implemented during therapy and how best to support students throughout the day. Relying upon each other and collaborating is the only way to appropriately address *all* needs of each student and ensure areas, such as communication and mobility, are carried out consistently.

This section is intended for you to be able to keep information pertaining to your students' related services. Encourage your providers to give you specific information and plans that can be carried out throughout the school day and not just during therapy time.

Related services can include, but are not limited to:

- speech-language pathology and audiology services
- interpreting services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes
- school health services and school nurse services
- social work services in schools
- parent counseling and training

Common Related Services Acronyms:

- **SLP:** Speech/Language Pathology/Pathologist
- **OT:** Occupational Therapy/Therapist
- **PT:** Physical Therapy/Therapist
- **TVI:** Teacher of the Visually Impaired
- **VI:** Visual Impairment
- **OMS:** Orientation and Mobility Specialist
- **O & M:** Orientation and Mobility services
- **TOD:** Teacher of the Deaf
- **SAS:** Supplementary Aids and Services

RELATED SERVICES MATRIX

Sometimes it is difficult to keep track of all team members, especially itinerant staff who may only see your student monthly or quarterly. Because of this, we have included a Related Services Matrix

to track the services your student receives. It is recommended you fill out this form in the beginning of each school year and keep the Related Services Matrix in the front of this section. This form will remind you of the services your student receives, who the provider is, and the frequency with which they see your student. Remember, all related service providers are part of the IEP team and should be included in all team meetings.

Teacher Tip: If you are new to a building or district, check with your administration to find out which related service providers are assigned to your students. The beginning of the year is busy for everyone, so it is helpful to reach out to the related service providers you will be working with to introduce yourself, confirm which students they will be working with, and to set up a time to meet in person.

NON-SCHOOL BASED RELATED SERVICES

It is also important to check with your school district and families to find out if any outside agencies are involved with your student and if they would like to include them in team meetings. Use the Non-School Based Related Services form to gather contact information.

QUICK REFERENCE FORMS

In order for related service information to be put to good use and not lost in the Student Portfolio, we have included multiple Quick Reference Forms that are designed for use by the team members and peer tutors working directly with the student throughout the day. You will want to take the time to ask each team member to identify and summarize the critical information they have gathered about the student in their particular area of service. These forms should be copied and put not only into Student Portfolios but also daily Program Data books.

We have included Quick Reference Forms for the following areas:

- Speech and Language Pathology (SLP)
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Vision (TVI & OMS)
- Hearing (Audiologist)
- Other (use this form for any other related services)

It is recommended you ask each related service provider to give you copies of any assessments or other information they have collected that would be pertinent to include in the Student Portfolio. Put the detailed information behind the corresponding Quick Reference Forms in this section.

RELATED SERVICES MATRIX

Service	Provider	Minutes	Frequency
			___ x per week ___ x per month
			___ x per week ___ x per month
			___ x per week ___ x per month
			___ x per week ___ x per month
			___ x per week ___ x per month
			___ x per week ___ x per month
			___ x per week ___ x per month
			___ x per week ___ x per month

NOTES:

NON-SCHOOL BASED RELATED SERVICES

What therapy/support services does your child receive, if any, from outside agencies?

Check all that apply.	Student:
<input type="checkbox"/> Speech and Language Pathology	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Vision Services	
<input type="checkbox"/> Audiology	
<input type="checkbox"/> Counseling/Advocacy	
<input type="checkbox"/> Other	

Do you want outside agency providers invited to team meetings?

YES NO

Are you comfortable signing an Authorization to Exchange Information between your child’s outside agency and the school? This would allow school related service providers to contact outside providers directly to ensure we are providing the most consistent and beneficial program for your child.

YES NO

If the answer is yes, please fill out below.

Agency Name	
Type of Service	
Primary Contact	
Phone Number	
E-Mail Address	

Agency Name	
Type of Service	
Primary Contact	
Phone Number	
E-Mail Address	

QUICK REFERENCE FORM—SPEECH & LANGUAGE PATHOLOGY (SLP)

Name: _____

Date: _____

Expressive Forms of Communication (ways student can be understood): Circle all that apply.					
Gaze/Facial Expression	Y	N	Tangible Symbols (i.e., picture symbols, objects, partial objects)	Y	N
Sign Language/Modified Sign	Y	N	Augmentative Communication Device/Switches	Y	N
Touch Cues	Y	N	Body Language/Gestures	Y	N
Vocalizations/Spoken Words	Y	N	Braille/Print	Y	N

Receptive Forms of Communication (ways student can best understand others): Circle all that apply.					
Gaze/Facial Expression	Y	N	Tangible Symbols (i.e., picture symbols, objects, partial objects)	Y	N
Sign Language/Modified Sign	Y	N	Augmentative Communication Device/Switches	Y	N
Touch Cues	Y	N	Body Language/Gestures	Y	N
Vocalizations/Spoken Words	Y	N	Braille/Print	Y	N

Primary Mode of Communication: _____

Does this student indicate <i>yes</i> and <i>no</i> ?	Y	N
If so, how?		

How does this student indicate:	
Wants/Needs/Obtains/Gets	
Choices/Preferences	
Joy/Happiness	
Pain/Discomfort	
Rejection/Escape/Avoid	

QUICK REFERENCE FORM—PHYSICAL THERAPY (PT)

Name: _____

Date: _____

Mobility concerns/physical diagnosis:
Common characteristics:

Things to remember:

PT recommendations:

Other:

QUICK REFERENCE FORM—OCCUPATIONAL THERAPY (OT)

Name: _____

Date: _____

Functional mobility concerns:

Common characteristics:

Things to remember:

OT recommendations:

Other:

QUICK REFERENCE FORM—VISION (TVI AND/OR OMS)

Name: _____

Date: _____

Vision diagnosis:
Common characteristics:

Things to remember:

TVI/OMS recommendations:

Other:

QUICK REFERENCE FORM—HEARING (AUDIOLOGIST)

Name: _____

Date: _____

Hearing diagnosis:
Common characteristics:

Things to remember:

Audiologist recommendations:

Other:

QUICK REFERENCE FORM—OTHER

Name: _____

Date: _____

Area of concern:
Common characteristics:

Things to remember:

Recommendations:

Other:

BEHAVIOR

This section applies to everything behavior related and is not meant to be only for students on behavior plans. Review the forms and add any helpful information related to behavior (both positive and negative) in this section.

Remember to note behaviors that don't require a formal assessment/behavior plan but are helpful for others to know. For example, Cameron is terrified of dogs and will cry whenever he sees one, or Sydney will stay on task as long as she is the one to set her own timer, or Sawyer will scream if Georgia sits next to him during snack time.

If your student has a behavior plan, be sure to include copies of the following:

- Positive Behavior Support Plans
- Functional Behavior Assessments
- Behavior data

Common Behavior Acronyms:

- **ABC:** Antecedent, Behavior, Consequence
- **BIP:** Behavioral Intervention Plan
- **FBA:** Functional Behavioral Assessment
- **PBIS:** Positive Behavior Interventions and Supports
- **PBS:** Positive Behavioral Supports
- **PBSP:** Positive Behavior Support Plan

QUICK REFERENCE FORMS

The Quick Reference Forms provided in this section are designed to document and share information and strategies that help maintain positive behavior and ease student anxiety. Include strategies and techniques you were told or wish you had known when you first started working with your student.

Teacher Tip: Some teachers have found it useful to make extra copies of certain forms to include in Program Data books and folders. Consider using initials to protect student privacy and then posting critical forms in a highly visible location so staff can easily refer to them and follow proper protocol.

We have included Quick Reference Forms for the following areas:

- **Challenging Behavior**—Use this form to summarize behavior plans or simply as a means for gathering and noting useful information regarding your student's behavior. If your student exhibits more than one challenging behavior, make extra copies and include one form per behavior of concern.
- **Sensory Consideration**—Some children with processing issues can be oversensitive (hypersensitive) to sounds, sights, textures, flavors, smells, touch, or other sensory input. Other children may be under-sensitive (hyposensitive) to information received through the senses. Use this form to document any sensory processing issues or considerations.
- **Motivators & Reinforcers**—Include items, activities, or strategies for motivating students and/or reinforcing appropriate and desired behavior.

QUICK REFERENCE FORM—CHALLENGING BEHAVIOR

Name: _____

Date: _____

Behavior of concern:

Describe the behavior:

Events/situations that predict behavior occurrences (triggers or antecedents):

Perceived function of the behavior:

Prevention strategies/replacement skills:

Consequence strategies/staff response:

QUICK REFERENCE FORM—SENSORY CONSIDERATIONS

Name: _____

Date: _____

Seeking -the student needs or enjoys. Avoiding -the student avoids or is aversive to.		
Sensory Consideration:	<input type="checkbox"/> Seeking	<input type="checkbox"/> Avoiding
Sensory Consideration:	<input type="checkbox"/> Seeking	<input type="checkbox"/> Avoiding
Sensory Consideration:	<input type="checkbox"/> Seeking	<input type="checkbox"/> Avoiding
Sensory Consideration:	<input type="checkbox"/> Seeking	<input type="checkbox"/> Avoiding
Sensory Consideration:	<input type="checkbox"/> Seeking	<input type="checkbox"/> Avoiding

Things to remember:

Parent/specialist recommendations:

QUICK REFERENCE FORM—MOTIVATORS/REINFORCES

Name: _____

Date: _____

Favorite items/objects:

Favorite activities/outings:

Favorite friends/peers:

Expectations for earning reward:

Other:
