** Individual Catholic Education Plan Form 11**

ARCHDIOCESE OF WASHINGTON- Catholic School

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| The purpose of this Individual Catholic Education Plan (ICEP) is to document the reasonable accommodations *and* any specialized academic instruction, curriculum modification, or assessment modifications that the Archdiocesan Catholic school identified below will strive to offer a student with special needs. |

School Name:       Date:

School Year:       Person completing this form:

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| Student Information |

Student Name *(Last, First, M.I.)*:

Grade:       Sex:   Date of Birth:

*Male Female mm/dd/yyyy*

Homeroom Teacher:

Other current teachers:

Local public school district:

Student’s home school district:

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| Information Supporting Accommodations |

Archdiocesan Catholic Schools welcome children who have special needs and may be able to make reasonable accommodations for these students in some circumstances. However, parents must provide current, accurate information regarding the student’s needs to assist schools in determining whether accommodations are possible. Indicate the evaluations or assessments provided by the parents to support the student’s need for accommodations and modifications, and include dates of assessments or evaluations:

Medical evaluation (dated:     )

Educational evaluation (dated:     ) Specify

Speech and Language Evaluation (dated:     )

English Language Assessment as Identified under Title III (ELL) (dated:     )

Occupational Therapy Evaluation (dated: :     )

Vision/hearing evaluation (dated: :     )

Other: Specify

Primary diagnosis/identification:

Pertinent educational and/or ELL assessment information:

School records reviewed:

Standardized testing results (give date and important points):

Does the student have a current Service Plan? Yes No Date of plan:

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| Educational Information |

Past schools attended by this student:

Retained? Yes No If so, grade(s) retained:

Current absences or tardies:

Is there a history of chronic absences or tardiness? Yes No If yes, please describe:

Academic concerns (past and current):

Behavior concerns (past and current):

Other pertinent information, including family, health history, etc.:

Teachers implementing plan:

Name:

Name:

Name:

Name:

Name:

Name:

Persons completing this plan:

*Name and Title:*

*Signature: Date:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name and Title:*

*Signature: Date:*

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*Name and Title:*

*Signature: Date:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of student       Grade       Date

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| Accommodations |

The following are typical accommodations that schools could implement for students who have proper supporting documentation. Unless otherwise indicated, all accommodations are to be made in all subject areas by all teachers.

ICEP written for the following reasons:

**Assessments**

Allow extra time to complete test (Specify amount: 25% 50% 100%)

Allow teacher assistance for test taking

Reminder to review directions

Reread/explain directions

Check that all items on test are attempted

Read aloud: Specify subjects

Allow oral follow-up

Other: Specify

Modify essay/paragraphs responses on tests

Accept graphic organizers

Accept dictated answers

Other: Specify

No penalty for spelling in content areas

Small group testing

Alternative testing environment: Specify

Student may use an English/native language dictionary

Student repeat/rephrase directions

Allow student to read test content aloud

Allow use of technology: Specify

Provide word bank

No use of fill-in-the-bubble sheets

May write directly on all tests

Provide a scribe

Standardized test accommodations

Scantron: Specify

HSPT: Specify

Benchmark: Specify

Faith and Knowledge: Specify

Other Specify:

**Instructional**

Adjust homework assignments

Amount: Specify

Format: Specify

Timing: Specify

Specific subject allowed

Assignment pad signed by teacher/parent daily

Homework assignments emailed to parent/student

Homework submitted electronically

Break work into smaller segments

Give extra time to complete tasks/assignments

No re-copying of sentences

Provide written directions for all assignments

Reduced emphasis on handwriting (may print or word process)

Simplify multi-step directions

Allow use of audio books

Allow student to read aloud

Allow use of speech-to-text/text-to-speech technology

Allow use of a spell checker

Allow use of a calculator

Allow use of addition and/or multiplication chart

Allow use of other assistive technologies: Specify

Allow use of English/native language dictionary

Provide copies of notes or note taking templates

Organizational/procedural checklists

Provide study guide: Specify by when it will be provided

Reduce copying from the board

Provide a scribe

Small group instruction: Specify

Large print

Provide read-to as necessary: Specify

Use visuals: Specify

Pair with home language: Specify

Provide wait-time

Use a timer

Check for understanding

Other: Specify

**Behavior**

A clear warning will be given to student prior a consequence being delivered

Alternative behavioral referral procedure: Specify

Allow student to stand at times while working

Develop nonverbal cues (“secret signal”) to help student stay on task: Specify

Increase opportunities for legitimate movement: Specify

Specialized behavior plan for this behavior: Specify

Student will be taught self-monitoring techniques: Specify

Student may hold a specified item in his/her hand: Specify

Behavioral checklists

Use a timer

Other: Specify

**Environment**

Preferential seating: Specify

Uniform adaptations: Specify

Desk/seating: Specify

Sensory: Specify

Writing: Specify

Other: Specify

Indicate how the success of the above accommodations will be measured. List specific benchmarks and tools for measuring success:

When will this plan be reviewed?

ICEP Annual Goal Page

Reproduce this page for each annual goal addressed.

**Student name**       Page       of       ICEP goal pages.

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| Specialized Service and Support | | | |
| Annual Goal | Developmental/Skill Area Addressed by this goal:  Reading Writing Math  Communication/Speech Social/Emotional  Motor Behavioral | | |
| Person(s) responsible for providing services/instruction indicated below. | How will these goals be accomplished? Include location and timing of instruction. | | |
| Areas of strength (include present levels of performance) | Areas of concern (include present levels of performance) | | |
| **Short Term Measurable Objectives to Achieve the Above Annual Goal** | **Date reviewed (at least quarterly)** | **Progress Code** | **Reviewed by** |
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The following evaluation procedures will be used to evaluate the child’s progress in this area:

Observation Student work Standard classroom assessment

Teacher notes Standardized testing Data collection documents

Specialized classroom/resource assessment. Specify

Other (Specify)

**Progress code:**

**NI-** Not introduced **NE-**Skill or behavior not evident

**LP-** Limited proficiency **P-** Progressing **M–** Mastery

Parent Responsibilities

The following list contains typical supports that children who need accommodations and/or modifications at school often need from their parents at home. The purpose in documenting these supports is to emphasize the critical need for a home and school partnership in order for children to perform at their best. Parents should clearly understand which of the following items the school considers to be most essential to their child’s success at school.

**Academic Support**

Child will read with parents nightly for       minutes.

Parents will check homework for *quality* of homework.

Parents will support a consistent homework/study routine

Parents will supervise homework/study routine.

Parents will ensure their child attends school regularly.

Parents will ensure their child arrives to school on time.

Parents will maintain regular communication with teacher/school. Specify

Other: Specify

**Behavioral Support**

Parents will work with school to develop and implement a behavior support plan.

Other: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health/Medication management**

Parents will inform the school of medication changes.

Parents will insure child takes medication at home.

Child has regular follow-up visits with medical personnel to monitor medication effectiveness and other health related conditions: Specify

Parents will provide the school with medications that must be administered at school along with supporting documentation.

Other: Specify

**Organizational Support**

Parents initial daily homework notebook.

Parents supervise backpack clean-out regularly.

Parents review upcoming daily routine with child each day before school.

Other: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Skills Development**

Parent will encourage play opportunities for the child that reinforce age-appropriate socialization.

Other: Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:**

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| Parent/Guardian Acknowledgment |

I hereby acknowledge that I have read and reviewed this Individual Catholic Education Plan and agree to its terms. I understand and acknowledge the Archdiocese of Washington’s Catholic School Policy 3515, which states that the final decision for admission and re-enrollment of any student rests with the principal. I understand and acknowledge that Catholic school principals will give careful consideration to the admission of students with special needs, but are not required to admit, re-enroll, or continue the enrollment of students whose needs cannot be reasonably accommodated. I understand and acknowledge that Catholic schools may accept students with disabilities if the school is able to meet their needs with reasonable accommodations. Because Catholic schools do not receive any direct federal or state aid to provide for all types of students with disabilities, there are some needs that Catholic schools may be unable to meet.

I understand and acknowledge that when I choose a Catholic school for my child, I am forfeiting the right to “FAPE,” the free, appropriate public education that is required to be provided by public schools. I understand and acknowledge that while my child attends a Catholic school he or she may be eligible to receive direct services from the local educational agency (the public school district), and I will work that LEA, if the need arises, to obtain these services.

This Individual Catholic Education Plan describes the reasonable accommodations and/or modifications that the school will strive to provide for my child. I understand and acknowledge that it is fully within the principal’s discretion to determine whether the School can continue to provide these accommodations, and may determine that the school is no longer able to meet the needs of my child. I confirm that at the time of admission, I provided all relevant evaluations and assessment documents to the School to describe my child’s specific educational needs, and will continue to provide current documentation of testing and evaluation as they become available.

Signature of

Parent/ Guardian: Date:

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