

**INDIVIDUAL EDUCATIONAL PLAN
COUNSELING IEP**

- Instructional Service
- Related Service
- Consultative Service

Page _____
 Draft Date _____
 Accepted by ARD Committee

Student _____ Gr. _____ Duration of Service: From _____ to _____

CONTENT AREA: Counseling/Behavior Skills Instruction

PERSON RESPONSIBLE FOR IMPLEMENTATION: Special Education Counselor/Behavior Skills Teacher

EVALUATION PROCEDURES: (Select from list as appropriate) Checklist: Anecdotal Records; Observation of Role Play or Modeling, Oral Explanation, and/or Transfer of Skill; Pencil/Paper Tests; Level System; Information from Teacher/Staff, Review of School Records or Other Data;
 Other _____

SCHEDULE FOR EVALUATION: Six Weeks/Instruction and Annually/Counseling

EVALUATION	STATUS
M-Mastered	A-Add
P-Progress	D-Delete
N-No Progress	C-Continue

GOAL: The student will develop the ability to function academically.

SHORT-TERM OBJECTIVES			
(T) OBJ	WITH _____% ACCURACY, THE STUDENT WILL BE ABLE TO	EVAL CODE	STATUS CODE
	a. prepare acceptable work on assignments		
	b. complete class assignments without excuses or complaints		
	c. begin tasks without reluctance or complaint		
	d. organize work and materials		
	e. stay on task assigned		
	f maintain passing grades		
	g. participate in regular classes with/without special education personnel present		
	h. follow directions without complaint		
	i. complete and turn in homework assignments		
	j. attend school/classes on a regular basis		
	k. be on time for classes/scheduled events		
	l. follow classroom rules		
	m. solicit teacher's attention appropriately		
	n. increase the ability to work independently		
	o. other:		