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

GOAL: The student will decrease a tendency to develop physical symptoms or fears.

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

SHORT-TERM OBJECTIVES			
(₸ OBJ	WITH _____% ACCURACY, THE STUDENT WILL BE ABLE TO	EVAL CODE	STATUS CODE
	a. increase ability to tolerate stress		
	b. increase ability to withstand frustration		
	c. avoid perfectionistic tendencies and excessive neatness		
	d. decrease nervous tendencies (nail-biting, crying, tics, rocking, etc.) and develop an effective substitute behavior		
	e. behave appropriately when presented with new or unexpected situations		
	f. decrease anxiety in competitive situations		
	g. other:		