

**Individual Catholic Educational Plan (ICEP) Draft**

**An ICEP is used to provide a student with accommodations *and* any one or more of the following: specialized academic instruction, modification of curriculum, modification of assessments.**

Student name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

School \_\_\_\_\_ Date: \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Supporting information: (Give date of assessment or evaluation)

\_\_\_\_\_ Medical \_\_\_\_\_ Psycho-educational evaluation  
\_\_\_\_\_ Speech & Language Evaluation  
\_\_\_\_\_ Other Professional Assessment (specify) \_\_\_\_\_

The student has documentation supporting the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons having input into this plan:**

**Check one:**

**I. The following plan DID include the input of professional(s) with training in writing specific educational or therapeutic goals for children with special needs:**

Name	Title	Degree or training
_____	_____	_____
_____	_____	_____

Others involved in creating this plan:

Parent(s): \_\_\_\_\_ Name and title: \_\_\_\_\_  
Name and title: \_\_\_\_\_ Name and title: \_\_\_\_\_

**II. The follow plan did NOT include the input of professional(s) with training in writing specific educational or therapeutic goals for children with special needs. In this case, please contact the Catholic Schools Office for further information.**

Parent(s): \_\_\_\_\_ Name and title: \_\_\_\_\_  
Name and title: \_\_\_\_\_ Name and title: \_\_\_\_\_

**Present Educational Performance Levels  
and Perceived Strengths and Needs**

\_\_\_\_ Results of assessment in the following areas are attached.  
If results are not attached, please complete the gray boxes below.

<b>Reading (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____	<b>Needs:</b>
<b>Writing (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____	<b>Needs:</b>
<b>Math (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____	<b>Needs:</b>
<b>Communication/Speech (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____	<b>Needs:</b>
<b>Social/Emotional (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____	<b>Needs:</b>
<b>Motor/Health (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____ =	<b>Needs:</b>
<b>Behavioral (Complete below if assessment is not attached)</b>	<b>Strengths:</b>
Instrument _____ Evaluator _____ Date _____ =	<b>Needs:</b>

**Note: Reproduce this page for each annual goal addressed. Students will need at least one annual goal, and usually more, in each developmental or skill area impacted by their disability.**

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 services to the child to meet the following objectives: (If outside of the school, include contact information)	Frequency of Services _____ Location of Services _____ _____	
Short Term Measurable Objectives to Achieve the Above Annual Goal	Date reviewed (at least 3 times per school year)	Progress (see code below) Reviewed by (initials)
1.		
2.		
3.		
4.		
5.		

The following evaluation procedures will be used to evaluate the child's progress in this area:

- Standard classroom assessment
- Observation
- Teacher log
- Chart
- Specialized classroom/resource assessment\*\*
- Other (Specify) \_\_\_\_\_

<p><b>*Progress code:</b></p> <p><b>NE</b> – Cannot perform this skill/behavior (Skill or behavior is not evident.)</p> <p><b>SS</b> – Can perform this skill/behavior with significant adult support</p> <p><b>MS</b> – Can perform this skill/behavior with minimal adult support</p> <p><b>I</b> - Can perform this skill/behavior independently</p>
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**\*\*Specialized assessment – This may include oral testing, modified classroom tests (student is not responsible for all material tested), projects substituted for essays, etc.**



**ACCOMMODATIONS FORM –**

The following are typical accommodations that all schools and teachers should know how to implement, and should feel comfortable implementing for students who have proper documentation. A blank section follows, so that accommodations not listed here can be described and documented.

<b>Assessments</b>	<b>Date reviewed</b>
<input type="checkbox"/> Allow extra time to complete tests (specify amount ___25% ___50% ___100%)	
<input type="checkbox"/> Allow teacher assistance for test taking	
<input type="checkbox"/> May write directly on all tests	
<input type="checkbox"/> No use of bubble sheets	
<input type="checkbox"/> Reminder to review directions	
<input type="checkbox"/> Teacher will check that all items on test are attempted	
<input type="checkbox"/> Modify essay / paragraphs responses on tests*	
<input type="checkbox"/> Accept graphic organizers	
<input type="checkbox"/> Accept dictated answers	
<input type="checkbox"/> No penalty for spelling in content areas	
<input type="checkbox"/> Provide word bank (Who will create the word bank? _____)	
<b>Assignments/worksheets</b>	
<input type="checkbox"/> Adjust homework assignments	
(Specify <u>specific</u> adjustment & subject areas)	
<input type="checkbox"/> Amount*	
<input type="checkbox"/> Format (for example, allow dictated answer)*	
<input type="checkbox"/> No re-copying of sentences (Student may fill-in the blank in workbooks)	
<input type="checkbox"/> Specific subjects to allow the above: _____	
<input type="checkbox"/> Assignment pad signed by teacher/parent daily (or email of hw assignments)	
<input type="checkbox"/> Break work into smaller segments	
<input type="checkbox"/> Give extra time to complete tasks	
<input type="checkbox"/> Provide written directions for all assignments	
<input type="checkbox"/> Reduced emphasis on handwriting (May print, or word process)	
<input type="checkbox"/> Simplify multi-step directions	
<input type="checkbox"/> Other (Attach Accommodations information sheet)	
<b>Behavior</b>	
<input type="checkbox"/> A clear warning will be given to student prior to giving demerits	
<input type="checkbox"/> Allow student to stand at times while working	
<input type="checkbox"/> Develop nonverbal cues (“secret signal”) to support time-on-task	
<input type="checkbox"/> Increase opportunities for legitimate movement	
<input type="checkbox"/> Specialized Behavior Plan for this behavior* _____ (Use “Behavior Plan Form” to specify details and attach.)	
<input type="checkbox"/> Student will be taught self-monitoring techniques	
<input type="checkbox"/> Student may hold a specified item in his/her hand to assist with hyperactivity (small Kush ball, or other item to squeeze.)	
<b>Environment</b>	
<input type="checkbox"/> Preferential seating (Specify location: _____)	
<input type="checkbox"/> Seat student near peer helper (Specify helper duties: _____)	
<input type="checkbox"/> Uniform adaptations (For ex.: Student who is tactilely-defensive may wear oversized uniform shirt, leave shirt untucked, or wear summer uniform all year long to decrease contact with skin.)	
<b>Lesson Presentation</b>	
<input type="checkbox"/> Allow wait time for oral responses	
<input type="checkbox"/> Have student repeat directions to check for understanding	
<input type="checkbox"/> Provide hard copy of class notes	
<input type="checkbox"/> Study guides to be provided at the beginning of each chapter	

\* If changes to this item are extensive, it is possible that the child needs and annual goal and ICES Plan.

**Accommodations**

**1. Describe the Accommodation.**

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**2. In what subject areas, classrooms or situations will this accommodation occur?**

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**3. Who is responsible for making sure that this accommodation occurs consistently?**

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**4. What is the purpose of this accommodation?**

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**5. How and when will the effectiveness of this accommodation be measured?**

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**Does this accommodation change the curriculum the child is learning? \_\_\_\_\_**

**Does this accommodation change the way the child is taught? \_\_\_\_\_**

**Does this accommodation change the expectation of a critical skill, such as the ability to read, write an essay or calculate? \_\_\_\_\_**

**If any of the above are checked, this may not be an accommodation, but a modification. In that case, the child needs an annual goal written on an ICES Plan, with the input of someone trained to write educational goals for children with special needs.**

**Parent Responsibilities**

The following represent typical supports that children who need accommodations at school often need from their parents at home. The purpose in documenting these here 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 particular child's success at school.

**Academic Support**

- \_\_\_ Child will read with parents nightly for \_\_\_\_\_ minutes.
  - \_\_\_ Parents will check homework for *quality* of homework.
  - \_\_\_ Child will have routine homework to build skills, which parents will supervise.
- Specify: \_\_\_\_\_

**Behavioral Support**

- \_\_\_ Parents will work with school to come up with a behavior support plan that includes implementation at home as well as in the classroom.
- \_\_\_ Parents will reward child daily with a specific privilege for having acceptable behavior at school.

**Information**

- \_\_\_ Parents are asked to read more information about their child's particular challenge.  
(Specify topic and recommended sources: \_\_\_\_\_)
- \_\_\_ Recommendation that parents consider joining a support group or national organization that works with children who have a particular challenge.  
(Specify topic and recommended sources: \_\_\_\_\_)

**Medication management**

- \_\_\_ Parents inform school of medication changes.
- \_\_\_ Parents observe child taking medication at home.
- \_\_\_ Child has regular follow-up visits with medical personnel to assess effectiveness of medication *which is prescribed for school-related problems*.

**Organizational Support**

- \_\_\_ Parents initial daily homework notebook.
- \_\_\_ Parents consider purchasing a second copy of school books for home use, if not financially prohibitive.
- \_\_\_ Parents supervise backpack clean-out every weekend.
- \_\_\_ Parents review upcoming daily routine with child each day before school.

**Social Skill Development**

\_\_\_ Parent will encourage play opportunities for the child that reinforce age-appropriate socialization. Often, this is one-on-one play with another child, with the parent present. Creative activities such as using legos or playing a ball game are usually preferred to activities involving computer games or television.

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_