

School District Name: Lexington Public Schools

School District Address: 146 Maple St . Lexington, MA 02420

School District Contact Person/Phone #: Bonavita, Alexis (781) 861-2520

Administrative Data Sheet

STUDENT INFORMATION

Full Name: [REDACTED] School ID#: [REDACTED] SASID: [REDACTED]

Birth Date: [REDACTED] Age: Gr as of IEP Start Date 4 Current Age: Gr PK1Primary Language: Chinese - Mandarin Language of Instruction: _____

Address: [REDACTED] _____

Telephone: _____ Sex: ☒ Male ☐ Female ☐ Non-BinaryIf 18 or older: ☐ Acting on Own Behalf ☐ Court Appointed Guardian☐ Shared Decision-Making ☐ Delegated Decision-Making

Shared/Delegated/Court Appointed Person: _____

PARENT/GUARDIAN INFORMATION:

Name: [REDACTED] Alan Relationship to Student: Parent/Guardian

Address: [REDACTED] _____

Telephone: [REDACTED] Other Telephone: [REDACTED] _____

Primary Language of Parent/Guardian: _____

PARENT/GUARDIAN INFORMATION:

Name: [REDACTED], Yun Relationship to Student: Parent/Guardian

Address: [REDACTED] _____

Telephone: [REDACTED] Other Telephone: [REDACTED] _____

Primary Language of Parent/Guardian: _____

MEETING INFORMATION:

Date of Meeting: 09/04/2025 Type of Meeting: Team ReconveneNext Scheduled Annual Review Meeting: 12/10/2025 Next Scheduled Three-Year Reevaluation Meeting: 2/14/2027

ASSIGNED SCHOOL INFORMATION (Complete after a placement decision has been made.)

School Name:	Telephone:	Address:	Start Date:
Estabrook Elementary- ILP	(781) 861-2520	117 Grove St, Lexington, MA 02420	08/26/2025
Lexington Children's Place - ILP	781-860-5823	20 Pelham Rd, Lexington, MA 02421	12/11/2024

Contact Person: Hoxie, Johanna Role: Evaluation Team Telephone: (781) 860-5800Cost Shared Placement ☒ No ☐ Yes If yes, please specify agency _____

After a meeting, attach to an IEP, an IEP Amendment or an Extended Evaluation Form.

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Individualized Education Program**Massachusetts DESE Individualized Education Program (IEP)**

IEP Dates from: 12/11/2024 to 12/10/2025

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] Grade Level: PK1

STUDENT AND PARENT CONCERNS

(For the purposes of special educational decision-making, parent shall mean father, mother, legal guardian, person acting as a parent of the child, foster parent, or an educational surrogate parent appointed in accordance with federal law.)

What concern(s) do you want this IEP to address?

Although [REDACTED] father has seen improvement in [REDACTED] skills he remains concerned about his communication delays and the impact that it has on his social skills, classroom participation and academic readiness. [REDACTED] father also has concerns surrounding [REDACTED] sensory issues (he is a picky eater, he doesn't like to get wet or messy, and he is particular about his clothing). There are concerns around [REDACTED] behavior challenges and its impact on his safety.

STUDENT AND TEAM VISION**Student's Vision (ages 3-13)**

This year, I want to learn:	[REDACTED] loves playing on his Ipad and he enjoys the playground, animals, loves taking trips and dinosaurs. He has recently been interested in skiing.
By the time I finish elementary school, I want to:	N/A

Additional Team Vision Ideas

In response to the student's vision, this year:	The Team wants to see [REDACTED] communicate effectively and efficiently, develop peer relationships, transition, attend and participate with more independence throughout the school day. The Team would like to see [REDACTED] tolerate non-preferred activities and continue to love school.
In response to the student's vision, in 5 years:	The Team would like to see [REDACTED] make a smooth transition to elementary school, maintain friendships, and participate in all aspects of the school day with independence and confidence.

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

STUDENT PROFILE

The student is identified as having the following disability or disabilities. Include all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> Hearing |
| <input checked="" type="checkbox"/> Developmental Delay (ages 3-9) | <input type="checkbox"/> Neurological Impairment | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Deaf-Blind |
| | | <input type="checkbox"/> Specific Learning Disability |

English Learner

Has the student been identified as an English learner?

☒ Yes ☐ No

If yes, describe the student's English Learner Education program, English as a Second Language services, and progress toward English language proficiency benchmarks:

* [REDACTED] receives Sheltered English Instruction from the classroom teachers and related service providers throughout the day.
* [REDACTED] also receives push in/pull out English Learner Education instruction from an ELE teacher two times a week for 30 minutes each.
* [REDACTED] has been a part of the ELE program since 9/18/23.
*PreLas Oral Language Score on 9/18/23: 4 Level: 1
*PreLas Oral Language Score on 12/12/24: 62 Level: 2
* [REDACTED] English language proficiency will be reassessed for kindergarten using the WIDA Screener for Kindergarten.
*The languages spoken at home are Mandarin, Cantonese and English

Identify any language needs and consider how they relate to the student's IEP:

[REDACTED] has a communication delay which impacts English language acquisition and usage.

Assistive Technology

Does the student require assistive technology devices or services?

☐ Yes ☒ No

If yes, this need will be addressed in the following section(s) of the IEP:

- | | |
|---|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | <input type="checkbox"/> Additional Information |

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:
ACADEMICS**

Describe the student's present levels of academic achievement and functional performance in the relevant areas listed below.

Consider the areas of learning listed below and complete only the sections that apply to the student. Include relevant information and data from sources such as initial or most recent evaluations; documentation from classroom performance; parent(s), student, and teacher observations; and curriculum-based and standardized assessments, including MCAS.

- | | |
|--|---|
| <input checked="" type="checkbox"/> English Language Arts | Consider the language, composition, literature (including reading) and media strands. |
| <input checked="" type="checkbox"/> History and Social Sciences | Consider the history, geography, economic and civics and government strands. |
| <input checked="" type="checkbox"/> Math | Consider the number sense, patterns, relations and functions, geometry and measurements and statistics and probability strands. |
| <input checked="" type="checkbox"/> Science, Technology, and Engineering | Consider the inquiry, domains of science, technology and science, technology and human affairs strand. |
| <input checked="" type="checkbox"/> Other Curriculum Areas | Specify: Preschool Curriculum |
-

Briefly describe current academic performance.

[REDACTED] is able to identify colors, letter names, shapes, animals and numbers. He can count up to 10 but needs support with counting using 1:1 correspondence. He can sort objects into groups by attributes and can build with blocks based off a model.

Strengths, interest areas, and preferences in the area of Academics.

[REDACTED] shows a strong interest in building with blocks, hands on science experiments, and he enjoys sorting same and different items, especially safari animals. [REDACTED] loves music and movement activities and he shows a strong interest in peers.

Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.

[REDACTED] limited communication skills impact his ability to fully access the preschool curriculum.

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:
BEHAVIORAL/SOCIAL/EMOTIONAL**

Briefly describe current behavioral/social/emotional performance. Consider the use of positive behavioral interventions and supports, and other strategies, to address behavior that impedes learning.

[REDACTED] currently engages in maladaptive behaviors in the preschool setting, which may include; non-compliance, protesting, tantrums, or bolting. These behaviors are socially significant, as they impact his ability to interact within his current learning environment. Per observational data and teacher report, [REDACTED] is most likely to engage in challenging behavior when presented with non-preferred activity or response.

Strengths, interest areas, and preferences in the Behavioral, Social, Emotional areas.

[REDACTED] has an engaging demeanor and enjoys seeing his peers in the classroom and has a desire to interact with them. He enjoys interacting with the adults in the classroom as well and has shown an increased interest in gaining attention from those in his environment.

[REDACTED] favorite activities include using the iPad and playing with animal or dinosaur toys. He has also demonstrated interest in Legos and building using Magna-Tiles. [REDACTED] has very good pretend play skills when using the animal and dinosaur toys.

Impact of student's disability on involvement and progress in the Social, Emotional, Behavioral involvement.

Although [REDACTED] seeks out friends, his significant communication delays impact his ability to interact and play with his peers in the preschool classroom.

[REDACTED] emerging social/communication skills (particularly during moments of dysregulation) affect his ability to effectively engage with peers and adults without significant support.

Bullying

Describe any disability-related skills and proficiencies the student needs in order to avoid and respond to bullying, harassment, or teasing. This section must be completed for students who have a disability that affects social skills development; students vulnerable to bullying, harassment, or teasing; and students with autism.

The Team discussed and considered the implications of MGL.c.71 s.37o regarding this student and communication social, and fine motor/sensory supports and social play and communication goals for [REDACTED] have been included in this IEP.

Specify how these needs, if any, will be addressed in the IEP.

Social and communication goals and objectives.

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:
COMMUNICATION**

Briefly describe current communication performance.

English, Mandarin, and Cantonese are spoken in [REDACTED] home. English is his dominant language. [REDACTED] relies heavily on single words, vocalizations, gestures, facial expressions, and body proximity to convey his wants and needs to adults. When prompted by visual supports or adult speech models, [REDACTED] uses 2-4 word phrases and simple sentences. His speech intelligibility is often poor, which hinders effective communication with his peers.

Strengths, interest areas, and preferences in the area of Communication.

[REDACTED] is a social preschooler who is motivated by adult interaction and play with preferred toys. He shows emerging strengths in verbal and speech imitation skills.

Impact of student's disability on involvement and progress in the area of Communication.

[REDACTED] communication delays impact his ability to effectively communicate with peers and adults and access many of the learning opportunities in the preschool classroom.

Does the student require the use of augmentative and alternative communication (AAC)? Consider any AAC needs for non-speaking students or those with limited speech.

☐ Yes

☒ No

If yes, describe how the Team will address the student's needs (including acquiring, designing, customizing, maintaining, repairing, and/or replacing AAC device/system).

- ☐ The student needs an AAC device/system at school.
- ☐ The student needs an AAC device/system at home or in other non-school settings to receive a free appropriate public education.
- ☐ The student needs training and/or technical assistance to use the AAC device/system.
- ☐ The student's family needs training and/or technical assistance concerning the AAC device/system.
- ☐ Educators, other professionals, employers, or others who work with the student need training and/or technical assistance concerning the AAC device/system.

These needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:
ADDITIONAL AREAS**

Additional Areas, as Applicable (such as activities of daily living, health, hearing, motor, sensory, and vision)

Briefly describe current performance and any applicable documentation. Please note that parent(s) are only asked to share health information voluntarily.

[REDACTED] has made nice gains with his ability to complete string beads, copying pre-writing strokes (vertical, horizontal, circle, and plus sign). He can also complete various school-based self-care tasks independently, such as managing his clothing after using the bathroom, opening containers, washing his hands, and managing fasteners.

Strengths, interest areas, and preferences in additional areas.

[REDACTED] enjoys playing games in the occupational therapy room, especially if it includes dinosaurs or paw patrol.

Impact of student's disability on involvement and progress in additional areas.

[REDACTED] decreased fine and visual motor skills impact his independence with completing age-appropriate classroom activities.

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

ACCOMMODATIONS AND MODIFICATIONS

Accommodations: List the accommodations the student needs to make progress in the areas of academic achievement and functional performance. Leave blank any boxes that are not appropriate for the student.

	Presentation of Instruction The way information is presented.	Response The way the student responds.	Timing and/or Scheduling The timing and scheduling of the instruction.	Setting and/or Environment The characteristics of the setting.
Classroom accommodations	<ul style="list-style-type: none"> *Materials and activities designed to promote high motivation and verbal engagement *In task visual schedule for tasks/projects (and/or to support choices, task completion, and transitions) *Visual supports for social and classroom expectations *Use of first, then when placing demands *Model language to support peer interactions as needed *Simplify and repeat directions as needed *Provide verbal prompting but fade when possible *Provide student with immediate, positive, and descriptive feedback *Gain attention before given spoken direction *Adult support to break down tasks, reinforce attention, and support persistence *Use highly motivating activities/materials as a bridge for more challenging/less preferred activities *Use of Behavior Intervention Plan (BIP) as written and modified by BCBA, including: <ul style="list-style-type: none"> - Use of consistent and function-based interventions to address challenging behaviors - Use of antecedent manipulations to generate behavior momentum for engagement in work task and teacher demand -Visual supports for social and classroom expectations -Token board to reinforce compliance and prosocial behaviors as needed -Break time opportunities in "cozy corner" -Limit language when redirecting behavior 	<ul style="list-style-type: none"> *Provide additional wait time for child to respond *Have student repeat back directions to ensure comprehension 	<ul style="list-style-type: none"> *Provide movement/sensory breaks throughout the day as needed *Preparation for changes in routine or in advance of transitions (timers, warnings, visuals) *Verbally and visually prepare for transitions, with built-in warnings and use of a countdown *Allow additional time to complete a task or assessment *Allow for frequent breaks 	<ul style="list-style-type: none"> *Group student with peers who can model social interactions *Sitting close to the point of instruction, away from doors and windows and/or to minimize distractions *Access to a quiet, enclosed area in which to take a break from stimulation of the classroom *Use personal timers or alarms to help with time management *Provide seating/work area with reduced visual distractions (e.g. a table in a corner rather than a table in the middle of the room; a divided work space)
Nonacademic settings (lunch, recess, etc.)	<ul style="list-style-type: none"> *Visual supports for social and classroom expectations 			

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1

Extracurricular activities				
Community/workplace				

Modifications: List the modifications, if any, that are needed to the student's program so they can meet their goals, make progress, and participate in activities alongside students with and without disabilities. Leave blank any boxes that are not appropriate for the student.

	Content	Instruction	Student Output
Classroom modifications	*Tasks broken down into smaller steps with repetition/additional opportunities for practice *Modified individualized curriculum is presented in a slower manner with visuals and multi-sensory approaches.	*Small group opportunities *Scaffold complex tasks by breaking them down into manageable steps *Use visual supports/cues to teach routines, schedules, and strategies for self-regulation *Expand play schemes via direct modeling *Personal transition warnings *Gain eye contact before giving a transition warning or demand *Use of high interest activities as a bridge to less preferred activities *Frequent preference assessments *Preview/review new concepts and tie them to previously learned content *1:1 or small group for instruction	*Build in opportunities to generalize newly acquired skills
Nonacademic settings (lunch, recess, etc.)			
Extracurricular activities			
Community/workplace			

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1

STATE AND/OR DISTRICTWIDE ASSESSMENT/ALTERNATE ASSESSMENT

Identify the state or districtwide assessments planned during the IEP period. Consider MCAS (Grades 3-12), ACCESS (Grades K-12), etc.

N/A

How does the student participate in state and/or districtwide assessments?

- ☐ The student participates in on-demand testing with no accommodations under routine conditions in all content areas.
- ☐ The student participates in on-demand testing with accommodations.

Please indicate which testing accommodations the student requires:

English Language Arts	Math	Science	Other

- ☐ The student participates in state and/or districtwide alternative assessment(s).

Please select the subject(s) below in which the student needs alternative assessment(s). Please explain why the student needs alternate assessment(s), and why the alternative assessment you have chosen is appropriate for them.

<input type="checkbox"/> English Language Arts	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Alternate Access for ELLs
N/A			

Student Name:
DOB:
ID#
ST#
Grade Level: PK1

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability.

Goal Number: 1	Goal Area: Communication			
Baseline (What can the student currently do?): relies heavily on single words, vocalizations, gestures, facial expressions, and body proximity to convey his wants and needs to adults. When prompted by visual supports or adult speech models, uses 2-4 word phrases and simple sentences. His speech intelligibility is often poor, which hinders effective communication with his peers. follows familiar directions with basic verbs, prepositions, and actions. He answers "what's that," "what doing," and "where" questions about ongoing activities and is working on answering questions during shared reading of simple picture books, given visual supports.				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
will improve his communication skills to more effectively communicate with peers and adults.	mastery of short-term objectives in 80% of measured opportunities, in the speech therapy setting, given decreasing adult support.	data collection observation progress reports	monitored weekly and reported in semi-annual progress reports	speech-language pathologist
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
1. will use 3-5 word phrases and simple sentences for a variety of communicative functions (e.g., ask questions, answer questions, make requests, request help, protest, comment/share information, respond) with peers and adults. 2. will follow 1-2 step directions incorporating various temporal, spatial, quantitative, and qualitative concepts (e.g., color, shape, size, location, number). 3. will answer who, what, and where questions regarding picture scenes and storybooks during structured language activities 4. will imitate cvcv, cvc, vc combinations with the consonants /b,p,m,d,t,n,g,k/, given visual cues and touch cues.				

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability.

Goal Number: 2	Goal Area: fine/visual motor			
Baseline (What can the student currently do?): <div> <div>[REDACTED]</div> <div>has made progress with copying pre-writing strokes and has worked on drawing shapes such as a square, X, and triangle. Currently he requires verbal and visual support to complete these shapes. When drawing a plus sign he will make a horizontal line first then a vertical line but will often return to the top to extend his vertical line. He will continue to work on making a plus sign with only two strokes.</div> </div> <div> <div>He has also worked on cutting various lines on cardstock and is able to remain within 1/4 inch of the line. When cutting shapes [REDACTED] requires verbal cues to move his helping hand (left hand) as the paper turns as well to follow the line when cutting.</div> </div> <div> <div>[REDACTED] has also worked on interlocking puzzles and currently averages 50% independence with puzzles over six pieces. He benefits from verbal cues with which color matches this piece or can you see what the picture is in order to find other matching details. [REDACTED] has also worked on mazes and needs assistance with finding the correct path to the end.</div> </div> <div> <div>Lastly, he has worked on sequencing various art projects that are between 2-4 steps (cut, color, glue). [REDACTED] requires verbal cues on each step and referencing the model in order to put the project together.</div> </div>				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
<div>[REDACTED] will increase his independence in fine and visual motor and self-help to participate in school-related activities.</div>	Mastery of benchmarks below.	data collection, observation, informal assessment, progress report	weekly	occupational therapist
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
<div> <div>1.</div> <div>[REDACTED] will sequence simple art projects (that include cutting and/or coloring) with 80% independence in 4 out of 5 opportunities.</div> </div> <div> <div>2.</div> <div>[REDACTED] will draw a picture with at least 2 details (e.g., house with windows and door) with 80% independence in 4 out of 5 opportunities.</div> </div> <div> <div>3.</div> <div>[REDACTED] will complete 2 visual motor activities (e.g., mazes, interlocking puzzles) with 80% independence in 4 out of 5 opportunities.</div> </div> <div> <div>4.</div> <div>[REDACTED] will draw 2 different shapes (e.g., square, x) with 80% independence in 4 out of 5 opportunities.</div> </div>				

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability.

Goal Number: 3	Goal Area: Social/Play			
Baseline (What can the student currently do?): [REDACTED] requires verbal and visual prompting to to use language to comment during activities and to direct others and respond to questions in structured and unstructured activities. [REDACTED] also requires prompting to persist with the activity when he is required to share a toy with a peer. He will typically opt to find a new activity when a peer approaches during a situation where he is required to share. He requires verbal prompting to indicate to a peer that he is still using a toy during sharing activities. During a baseline session [REDACTED] accurately answered 0 out of 5 social questions (dad's name, mom's age, age, birthday, school). [REDACTED] often uses non verbal communication to gain attention from teachers and peers and requires visual and verbal prompting to appropriately gain the attention of a communication partner.				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
[REDACTED] will improve his social play skills as evidenced by the following objectives:	Per specified in objectives below.	Through data collection during session opportunities.	Daily data collection.	Special Education Teacher.
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
1. [REDACTED] will use language to comment during activities, direct others and respond to questions in structured and unstructured activities given two or fewer prompts in 4 out of 5 measured opportunities 2. [REDACTED] will share toys and materials by using language to ask for a turn or let a peer know he is still using a toy given two or fewer prompts in 4 out of 5 measured opportunities. 3. [REDACTED] will use peer-directed language during structured and unstructured activities to comment, respond or direct the play action given two or fewer prompts in 4 out of 5 measured opportunities. 4. Social Questions: [REDACTED] will answer social questions in 89% of opportunities for 3 consecutive sessions with 12 questions. 5. Request Attention: [REDACTED] will verbally initiate a request for attention in 80% of opportunities for 3 consecutive sessions. 6. Self Advocacy With Peers: [REDACTED] will verbally advocate for his needs and wants with peers ("I'm using that", "It's my turn", "Stop please") given two or fewer prompts in 4 out of 5 measured opportunities.				

Student Name:
DOB:
ID#
ST#
Grade Level: PK1

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability.

Goal Number: 4	Goal Area: Classroom Readiness			
Baseline (What can the student currently do?):				
<div> </div> has made progress with attending and verbally participating in whole-class teacher-directed activities. However, he requires teacher prompting to return to the activity after having taken a break and does not consistently attend whole-class activities or lessons without prompting to remain seated and engaged.				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
<div> </div> will improve his classroom readiness skills as evidenced by the following objectives:	Per specified in objectives below.	Through data collection during session opportunities.	Daily data collection.	Special Education Teacher.
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
1. <div> </div> will follow the classroom schedule with his peers, given decreasing adult and/ or visual support given two or fewer prompts in 4 out of 5 measured opportunities. 2. <div> </div> will maintain attention to a teacher-directed lesson (remain in his seat, look toward the speaker, and verbally or physically participate) given two or fewer prompts in 4 out of 5 measured opportunities.				

Student Name:
DOB:
ID#
ST#
Grade Level: PK1

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability.

Goal Number: 5	Goal Area: Pre-Academic			
Baseline (What can the student currently do?): During a baseline session identified 1 out of 10 printed words. He was able to count to 5 using 1:1 correspondence but needed prompting to slow down and use 1:1 correspondence in order to count from 5 to 10. required verbal prompting when asked to recall key events from his school day.				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
will increase his skills in pre-academics as evidenced by the following objectives:	Per specified in objectives below.	Through data collection during session opportunities.	Daily data collection.	Special Education Teacher.
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
1. Sight Words: will name printed words in 89% of opportunities for 3 consecutive sessions with 15 printed words. 2. 1:1 Correspondence: will count with 1:1 correspondence in 80% of opportunities for 3 consecutive sessions with 9 quantities. 3. Recall Events: will answer questions about past events in 89% of opportunities for 3 consecutive sessions with 9 questions.				

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability.

Goal Number: 6	Goal Area: Classroom Behavior			
Baseline (What can the student currently do?):				
[REDACTED] currently engages in maladaptive behaviors in the preschool setting, which may include; non-compliance, protesting, tantrums, or bolting. These behaviors are socially significant, as they impact his ability to interact within his current learning environment. Per observational data and teacher report, [REDACTED] is most likely to engage in challenging behavior when presented with non-preferred activity or response.				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
[REDACTED] will increase his appropriate classroom behaviors, while decreasing his challenging behaviors by meeting the following objectives	Per specified in objectives below.	Formal and informal assessments, observations, data collection and progress reports.	Progress will be monitored on an ongoing basis and formally reported twice per year, commensurate with the report card schedule.	Board Certified Behavior Analyst/Special education teacher
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
1. Break Request: When [REDACTED] identifies the need to take a break, he will indicate (using a multi-modal approach) to staff that he is leaving his current space to take a break with 1 prompt or less in 4 out of 5 opportunities. 2. Return to Activity: [REDACTED] will return to the original activity/expectation following a break within a pre-determined time frame (e.g. 5 minutes) in 4 out of 5 opportunities as measured across 4 consecutive weeks. 3. Respond to Lead Teacher: In the context of group instruction, [REDACTED] will respond appropriately to teacher instruction in an age appropriate timeframe with one additional prompt or less in 4 out of 5 opportunities, across 4 consecutive weeks.				

SCHEDULE OF PROGRESS REPORTING

Explain how and when parent(s) will be periodically informed of the student's progress toward meeting the annual goal(s):

Parents will receive progress reports twice yearly, commensurate with kindergarten report cards.

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

PARTICIPATION IN THE GENERAL EDUCATION SETTING

Can the student's educational needs be met in the general education setting, with or without the use of supplementary aids and

- ☐ Yes
☒ No

If no, provide an explanation of the extent to which the student will not participate in general education. Include a description of the specific supplementary aids and services considered before determining that the student would be removed from a general education class or activity.

[REDACTED] requires a distraction-reduced environment in order to receive his services as well as small class size and direct instruction.

SERVICE DELIVERY

Include specially designed instruction, related services, and supports based on peer-reviewed research to the extent practicable (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]). Consider providing services in general education settings before considering other options.

Goal Number(s)	Type of Service	Provided by List job title	Location	Frequency/Duration __ x __ minutes per __ - day cycle	Start Date	End Date
A. Consultation (Indirect Services to School Personnel and Parents)						
4, 1, 3, 6, 5, 2	Consult to SPED	SPED+GEN/OT /SLP/SSI	Meeting Space	1 x 60 / Month	12/11/2024	12/10/2025
4, 3, 5, 2, 1	Consult to SPED	SPED+GEN/OT /SLP/SSI	Meeting Space	1 x 15 / 5 days	12/11/2024	6/18/2025
4, 3, 6, 5	Planning Meeting	PAR+BCBA/SP ED	Meeting Space	1 x 60 / 6 weeks	12/11/2024	12/10/2025
6	Consult to BCBA	BCBA+SPED/S SI	Meeting Space	1 x 60 / Month	12/11/2024	12/10/2025
B. Special Education and Related Services in General Education Classrooms (Direct Service)						
5, 2, 4, 1, 3, 6	Acad/Behavior/Social	SPED/SSI	Academic Classroom	1 x 770 / 5 days	8/26/2025	12/10/2025
4, 3, 1, 2, 6, 5	Acad/Behavior/Social	SPED/SSI	Academic Classroom	1 x 780 / 5 days	12/11/2024	6/18/2025
C. Special Education and Related Services in Other Settings (Direct Service)						
4, 3, 1, 2, 6, 5	Acad/Behavior/Social	SPED/SSI	Special Ed Classroom	1 x 600 / 5 days	12/11/2024	6/18/2025
5, 2, 4, 1, 3, 6	Acad/Behavior/Social	SPED/SSI	Special Ed Classrooms	1 x 1000 / 5 days	8/26/2025	12/10/2025
1	S&L	SLP	Service Provider Location	3 x 30 / 5 days	12/11/2024	12/10/2025
2	OT	OT	Service Provider Location	2 x 30 / 5 days	12/11/2024	12/10/2025

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

TRANSPORTATION SERVICES

☒ Transportation will be provided in the same manner as it would be for students without disabilities. Please note that if the student is placed in a program located at a school other than the school the student would have attended if not eligible for special education, then transportation will be provided.

☐ The student requires transportation supports and/or services as a related service.

☐ Student will be transported on a regular transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

☐ Student will be transported on a special transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

SCHEDULE MODIFICATION

Does the student require a different duration to their school program, including the length of their day or year so that they can receive a free appropriate public education?

☒ Yes

☐ No

If Yes, what are the student's disability-related needs that require a different schedule?

Due to the nature and severity of [REDACTED] disability, ESY programming and services are recommended.

If Yes, describe the change in schedule to the student's educational program.

7/7/25-8/8/2025 Monday-Thursday 9-1:30 Friday 9-11:30

If the student requires Extended School Year Services, please include the services they will receive (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent(s)) during Extended School Year in the service delivery

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1

SERVICE DELIVERY FOR EXTENDED SCHOOL YEAR SERVICES

Describe the specially designed instruction, related services, and supports that the student needs during extended school year to receive a free appropriate public education.

Goal Number(s)	Type of Service	Provided by List job title	Location	Frequency/Duration __ x __ minutes per __ - day cycle	Start Date	End Date
A. Consultation (Indirect Services to School Personnel and Parents)						
6	Behavior	BCBA+SPED/SSI	Meeting Space	1 x 60 / ESY Program	7/7/2025	8/8/2025
B. Special Education and Related Services in General Education Classrooms (Direct Service)						
C. Special Education and Related Services in Other Settings (Direct Service)						
5, 2, 4, 1, 3, 6	ESY-ILP	SPED/SSI	Special Ed Classroom	1 x 1140 / 5 days	7/7/2025	8/8/2025
1	ESY-S&L	SLP	Service Provider Location	2 x 30 / ESY 4 days	7/7/2025	8/8/2025
2	ESY-OT	OT	service provider locataion	1 x 30 / ESY 4 days	7/7/2025	8/8/2025

Extended School Year Transportation Services

☐ Transportation will be provided in the same manner as it would be for students without disabilities. Please note that if the student is placed in a program located at a school other than the school they would have attended if not eligible for special education, transportation will be provided.

☐ The student requires transportation supports and/or services as a related service.

☐ Student will be transported on a regular transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

☐ Student will be transported on a special transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

Student Name: [REDACTED] DOB: [REDACTED] ID# [REDACTED] ST# [REDACTED] Grade Level: PK1

ADDITIONAL INFORMATION

Record other IEP information not previously stated (e.g., information about the student that is important to know but is not addressed through IEP goals and services).

[REDACTED] parents received a copy of the Team meeting notes and summary of proposed goals and services.

*The Lexington Public Schools' Intensive Learning Program at Lexington Children's Place can provide learners with adult support throughout the school day. Each classroom is staffed with a Special Education teacher and Student support Instructors. Teachers are available during the day 26 hours /week to work with students directly, supervise staff, prepare materials, write educational programs and plan and model appropriate teaching techniques and strategies.

* B and C Grid classroom minutes may be used flexibly based on [REDACTED] ability to access the general education curriculum.

*Flexible Delivery Model: Up to 60 minutes per month of therapy services in the C Grid may be used flexibly, depending on the student's needs. It may be used for direct service, indirect service, consultation with the teacher, coaching of special education assistants, observations of the student in a variety of settings, or directly assisting the student in using strategies within the classroom. How this time is used may vary from month to month. The goal of the time is to help the student generalize skills learned in the small group setting into a larger group setting, such as the classroom.

Observations will be conducted in the beginning of the school year to determine if additional support or evaluations should be made in the area of PE

Adaptive Physical Education: [REDACTED] will be observed during his Physical Education class to determine if further evaluation for APE services will be needed.

B grid minutes should be utilized as follows:
155 min/week recess
75 min/week snack
75 min/week morning meeting
75 min/week closing meeting
120 min/week science & social studies
90 min/week purposeful play
60 min/week music, 60 min/week PE, 30 min/week art (the second half), 60 min/week PE
B and C grid minutes may be used flexibly based on [REDACTED] ability to access the general education curriculum/environment.

RESPONSE SECTION

School Assurance: I certify that the goals in this IEP are those recommended by the Team and that the indicated special education services will be provided.

Signature of LEA representative		Date:
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Response from parent(s), or student who has reached the age of majority with decision-making rights
It is important that the district knows your decision as soon as possible. Please indicate your response by checking the appropriate

☐ I accept this IEP as developed.

☐ I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

☐

☐ I reject this IEP as developed.

Parent comment:
I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over**		Date:
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Meeting Request

Massachusetts DESE Individualized Education Program (IEP)

IEP Dates from: 12/11/2024

to 12/10/2025

Student Name: [REDACTED]

DOB: [REDACTED]

ID# [REDACTED]

ST# [REDACTED]

Grade Level: PK1



I request a meeting to discuss the rejected IEP or rejected portion(s).