

**A proposal to re-invent disability:
A strength-based SB-ILP for special education students and their families**
Forms

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INPUT GATHERING FORM

Student: _____

Villager: _____

Return to TOR or parent: _____

Thank you for being part of _____ (student's name) Village. Please review the attached Individualized Learning Plan (SB-ILP) Goal Progress before providing your input about the student below and return your INPUT Gathering Form by _____ (insert date). You may return it by: fax _____; email _____ or dropping it off or mailing to (insert address) _____

Agreed upon Development/Belief Model(s)

See Sources Page - Discovering Your Strengths

Review from last most current Development/Belief Models and/or provide any updates or clarifications or, if not filled in, provide your input towards what you feel are the Development/Beliefs Model(s) of the student or his/her family.

Academic:

Psychological:

Social/Emotional:

Cultural:

Religious:

Political:

Economical:

Race:

Family:

Abilities:

INPUT GATHERING FORM

Student: _____

Interests

Please list what you know to be, may be or you would like to see developed as (things you believe the student would be interested in if introduced) as the student's interests.

List Student's Interests	Know to be	May be	Would like to see developed

Strengths

Please lists what you know to be, may be or you would like to see developed as (things you believe the student would be good at in if introduced) as the student's strengths: (Attach another sheet of paper, if needed)

List Student's Strengths	Know to be	May be	Would like to see developed

INPUT GATHERING FORM

Student: _____

Villager: _____

Development Needs

Please list what you know to be, may be or you believe are things the student needs to start working on or needs more development concerning as the student's Development Needs: (Attach another sheet of paper, if needed)

List Student's Development Needs	Know to be	May be	Would like to see developed

How do you believe the student learns best?

Narrative Input

Provide any written comments, concerns, encouragement, etc. concerning the student's interests, strengths, development needs or about the student that you feel may impact the student's learning.

INPUT GATHERING COMPILATION FORM

Student: _____

Agreed upon Development/Belief Model(s)

Academic:

Psychological:

Social/Emotional:

Cultural:

Religious:

Political:

Economical:

Race:

Family:

Abilities:

K = Know to be; M=May be; W=Would like to see developed

Student Individual Interests	<u>Student</u>	<u>General Education Teacher</u>	<u>Parent/Guardian</u>	<u>Special Ed. Teacher</u>	<u>Past Teacher</u>			<u>Student Acknowledgement</u>
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe

INPUT GATHERING COMPILATION FORM

Student: _____

K = Know to be; M=May be; W=Would like to see developed

Student Individual Strengths	<u>Student</u>	<u>General Education Teacher</u>	<u>Parent/Guardian</u>	<u>Special Ed. Teacher</u>	<u>Past Teacher</u>			<u>Student Acknowledgement</u>
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe

K = Know to be; M=May be; W=Would like to see developed Student: _____

Student Individual Development Needs	<u>Student</u>	<u>General Education Teacher</u>	<u>Parent/Guardian</u>	<u>Special Ed. Teacher</u>	<u>Past Teacher</u>			<u>Student Acknowledgement</u>
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe
								Yes No Maybe

INPUT GATHERING COMPILATION FORM

Student: _____

Compilation: How do you believe the student learns best?

Compilation: Narrative Input (leave off names and titles of who provided input. If individual wants to be recognized during SB-ILP meeting, they may choose to do so)

SB-ILP Goal Progress Compilation form

Student: _____

Time Frame: _____ date to _____ date

<u><i>As determined by 1st or last SB-ILP meeting</i></u>	<u><i>Compiled by TOR, with assistance from parent, if applicable</i></u>	<u><i>To be determined by individual Village members based on provided information and discussed at next SB-ILP meeting.</i></u>	
<u>Goal Title</u>	<u>Data, documents or other information pertaining to progress on SB-ILP Goal</u>	<u>Was goal met?</u>	<u>If goal was not met, are other resources needed and does this goal need to be continued or discontinued?</u>

Individualized Learning Plan Meeting (SB-ILP)

Student's Name: _____

Mutually Agreed Date of SB-ILP meeting: _____

Mutually Agreed Time of SB-ILP meeting: _____

Mutually Agreed Location of SB-ILP meeting: _____

Attendees (The Village of the Student): *attached another sheet for additional attendees if needed*

Name	Relationship to Student (Parent/Guardian, Relative, General Education Teacher, Special Area Teacher(s), Principal, Social Worker, Resource Teacher, Religious Leader, Sibling, etc.)
	Student
	Parent/Guardian
	General Education Teacher

Time Keeper: _____

Note Taker(s): _____

AGREED UPON DEVELOPMENT/BELIEF MODEL(S):

Academic:

Psychological:

Social/Emotional:

Cultural:

Religious:

Political:

Economical:

Race:

Family:

Abilities:

SB-ILP Goal Progress

If meeting for the first time, review prior academic progress and parent/guardian input. If this SB-ILP meeting is not the first SB-ILP meeting, review SB-ILP Goal Progress and determine if goals were met or not. If not met, consider if unmet goal needs to be revised and/or copied to this SB-ILP meeting's Goals section.

Student: _____

Time Frame: _____ date to _____ date

<u>As determined by 1st or last SB-ILP meeting</u>	<u>Compiled by TOR, with assistance from parent, if applicable</u>	<u>To be determined by individual Village members based on provided information and discussed at next SB-ILP meeting.</u>	
<u>Goal Title</u>	<u>Data, documents or other information pertaining to progress on SB-ILP Goal</u>	<u>Was goal met?</u>	<u>If goal was not met, are other resources needed and does this goal need to be continued or discontinued?</u>

SB-ILP SERVICES, DATA & DOCUMENT

MONTHLY TRACKING FORM

This form must be filled out by provider of services or person responsible for each day of the month in which service is provided to student* or data/documents are collected and submitted to Teacher of Record and parent by the 3rd business day of the following month after services rendered. TOR will record expected Goal and Goal information.

Student's Name:	IEP Year: <div style="text-align: center;"> ___/___/___ to ___/___/___ </div>	Year: Month:
Teacher of Record Name:	Parent Name:	
Teacher of Record Email:	Parent Email:	

Required SB-ILP Services, Data, Doc.	Minutes/Hours/ Data/Document	Frequency (Per Week, Per Month)	Goal for Month	Goal Met?
Reading Instruction				
Speech Therapy				
Occupational Therapy				
1:1 Assistant				
Social Worker				
Psychologist				
Psychiatrist				

Day	Service, Data, Document	Start Time	End Time	Total Time
1				__ hours __ minute
2				__ hours __ minute
3				__ hours __ minute
4				__ hours __ minute
5				__ hours __ minute
6				__ hours __ minute
7				__ hours __ minute
8				__ hours __ minute
9				__ hours __ minute
10				__ hours __ minute
11				__ hours __ minute
12				__ hours __ minute
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27				__ hours __ minute
28				__ hours __ minute
29				__ hours __ minute
30				__ hours __ minute
31				__ hours __ minute