Create ISP Program (ISP DODDDDD DDDDDD DDDDDDD)

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1. DODDDDDD DDDDD DDDD DDDD, ISP DDDDDDDDD DDDD **New (**00000) 0000 00000000



2. ______ ___ ___ ___ ___ ___ **Program (______)** ___ ____



Select Program For ISP Program

AII A B C E	E F G H I J K	L M N O P Q R S	T U V W X Y Z
Filter			15 v Records
Program Name	Site Name	Program Type Cost Center Number	Program ID
Child Care Center	Care Home	School	01
Day Shift	Special School	School	01
Morning Shift	Special School	School	555

All A B C D E	F G H I J K	L M N O P Q R S	T U V W X Y Z
Filter			15 V Record
Last Name	 First Name 	🜲 Individual ID	Birth Date
Ahmed	Ashik		03/01/2010
Chowdhury	Niloy		05/01/2010
Cruz	Daniel		01/01/2010
Gabriel	John		03/02/2001
Grace	Angela		01/01/2015

Individual List for ISP Program



T-Notes Jump to ?		
ISP Program Description		
Schedule and Frequency		
Scoring Details		
Teaching Method(s)		
External Module Connection		
Other Details		
Files & Images		

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ISP 0000000 00000



ISP Program New 6

ISP Program Description			T-Notes	Jump to	?
Provider Program	Day Shift				
Individual Name	Niloy Chowdhury 🕄				
* ISP Program Name	Daily Activities - Niloy Chow	wdhury			
* Start Date	01/01/2020				
End Date	12/20/2020				
Target Completion Date	12/15/2020				
Location					
Long Term Objective	He will be able to do his da	ily activities independently.			
	About 2941 characters left		//		
Goal/Service	He will take care of himself	f and maintain personal hygiene.			
			10		
Reason for ISP Program	About 2940 characters left				
	For making individual indep	pendent and improving personal skills.			
			11		
	About 2935 characters left				
Criteria for Completion	Successful demonstration of	of each tasks.			
	About 2961 characters left				
Materials Required	Class materials.				
	About 2984 characters left				





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Scoring Details	Jump to ?
	Add Scoring Method

ISP Program Scoring Method

ISP Program Details	
Provider Program	Day Shift
Individual Name	Niloy Chowdhury 3
ISP Program Name	Daily Activities - Niloy Chowdhury
Scoring Details	
Scoring Method	⊖ Completion
	○ Count
	⊖ Custom
	Level of Independence
	DECL - Declined
	FULL - Full Physical Prompt
	PART - Partial Physical Prompt
	DEMO - Demonstration
	VRBL - Verbal Cue
	INDP - Independence
	⊖ Yes/No
Back	Define New Scoring Method

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ISP Prog	gram Details			
	Provider Program	Day Shift		
	Individual Name	Niloy Chowdhury 3		
	ISP Program Name	Daily Activities - Niloy Chowdhury		
* Numb	Scoring Method Name ber of Scoring Method Levels	Level of Performance 5 ~ Add		
#	Caption for Levels		Label Acronym	Non 😧 Reportable
1	Excellent		EXC	
2	Good		GD	
3	Need To Improve		NTI	
4	Need Teachers Help		NTH	
5	Not Applicable		N/A	

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Image: Image:

Scoring Details		Jump to
Scoring Method	Level of Independence	
	Declined	
	Full Physical Prompt	
	Partial Physical Prompt	
	Demonstration	
	Verbal Cue	
	Independence	
Default Score	Full Physical Prompt	
Task Scoring Comments	Required for all score	
Baseline Dates From	MM/DD/YYYY	
То	MM/DD/YYYY	
		Change Scoring Method

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7. _____ **Task(s) (____(__))** ____ **____ Add**

Task(s)	Jump to
	Add





Task

ISP Program Details	S	
Provider	Program	Day Shift (DEMO SITE (BD))
Individu	ual Name	Niloy Chowdhury 🕄
ISP Progra	am Name	Daily Activities
Scoring Details		
Scoring Method	Level of Ir	ndependence
	Declined	
	Full Physic	al Prompt
	Partial Phy	rsical Prompt
	Demonstra	ation
	Verbal Cue	
	Independe	nce

Task(s)

lask(s)	
* Task Name	Vocabulary
* Task Description	Learning and memorizing new words
	About 2966 characters left
Baseline Score For Declined	0
Baseline Score For Full Physical Prompt	0
Baseline Score For Partial Physical Prompt	0
Baseline Score For Demonstration	0
Baseline Score For Verbal Cue	0
Baseline Score For Independence	0
	*
Back	Add Another Continue

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Other Details			Jump to
Type of Service Provider			
ISP Program Author	Anita Hossain, Academic Supervisor	~	
Time Duration Format	Begin Time and End Time	~	
Are Begin Time and End Time or Time Duration required for data collection?	No	~	
Allow data collection with Time Overlap	Yes	~	
Location for data collection	Optional	~	
Editable Service Provider for data collection?	Yes	~	
Are Other Comments required for data collection?	No	~	
Enable Signature collection?	No	~	

10. _____ ___ **Save**, **Submit**, _____ **Approve**

• 000 ISP 00000000 00000 0000 Save 00000 00000 00000000

 DDC:
 DDC
 DDC

- ____ Admin (______) _____ ___ Approve (_____) _____



Save Submit Approve

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Time Overlap	
Location for data co	Once approved Scoring Method cannot be edited and additional Tasks cannot be added. Are you sure you want to approve this form?
Editable Service Prov	
data coll	No
Are Other Comments r	
for data collec	uon?



The form ISP-SQANY-JAY4NCPXUMULD has been Successfully Approved

Back to Form

Actions

Create New ISP Program

Enter data for this ISP Program