

## IEP/LMN/Therapy Goals Repository

IRSF understands that every child with Rett syndrome is unique. Therefore, while we cannot specifically endorse a particular therapy, school program, or piece of equipment, we do wish to provide a place for parents and caregivers to exchange information on what has proven successful so others may benefit. Your child's own physician, therapist, or educator should participate in designing the right plan for her unique needs.

We have shared below examples of real Individualized Educational Plans (IEPs), Letters of Medical Necessity (LMN) and Therapy Goal Reports submitted to us by real parents of children with Rett syndrome. We hope these will help you work with your child's support team to create a successful school program, justify a piece of equipment or support service, and write productive therapy goals for your child.

If you would like to share an IEP, LMN or Therapy Goal on our website, follow these steps:

- The sample(s) does not have to be recent but the technique should be current
- You must remove all identifying information prior to sending to IRSF (use black marker)
- You can email a scanned copy to [admin@rettsyndrome.org](mailto:admin@rettsyndrome.org) or
- Mail a paper copy to IRSF 4600 Devitt Drive Cincinnati, OH 45246 Attn: Lisa Hayden
- Please contact Jennifer Endres at 508-362-2220 or [jendres@rettsyndrome.org](mailto:jendres@rettsyndrome.org) with questions or comments

Samples:

Individualized Educational Plan (IEP)

- Full Inclusion
- Partial Inclusion
- Self Contained
- Home School

Letters of Medical Necessity (LMN)

- Equipment
- Therapy or Service

Aquatherapy - Age 7

- Social Aid/ Paraprofessional
- Time Away from Work

#### Therapy Goals

- Physical Therapy
- Occupational Therapy
- Communication and Speech Therapy
- Aquatherapy
- Hippotherapy
- Music Therapy

PLEASE NOTE: While IRSF will use its best efforts to ensure that no personal information is contained in any of these documents, we must ask that all of you who submit documents agree to and abide by this privacy statement.

#### Document Repository Privacy Statement:

By your action of submitting your document or documents to the IRSF for use in the Document Repository, you are agreeing that you have removed any and all information which you consider to be personal information from each document. You agree that any identifying information which remains disclosed on the document is specifically no personal information. Please help the IRSF abide by this Privacy Statement, and use a heavy, black marker to mark over any personal information or delete such personal information prior to submitting to IRSF. Personal information would include, at a minimum, any individual names, addresses, birth dates, social security numbers, and school, district, county, hospital or agency names, telephone numbers or email addresses.