

# INTEGRATED PRACTICE PROTOCOL

HOW THE SYSTEM WORKS FOR YOUR STUDENTS

## SOI CONTACT INFORMATION

### **SOI Systems**

39000 Bryant Lane

Springfield, OR 97478

Phone: (541) 746-5602

[www.soisystems.com](http://www.soisystems.com)

Fax: (541) 746-5708

Email: [soi@soisystems.com](mailto:soi@soisystems.com)

# INTEGRATED PRACTICE PROTOCOL

## IPP IS A SYSTEM THAT INCORPORATES:

- the expertise of a cognitive development expert
- the assistance of a sensory- integration specialist
- the support of a technician in focusing skill functions

This “team” is available to help with any student who presents learning problems.

The team deals with learning problems by providing procedures for:

- assessments (cognitive, sensory-motor, and focusing skills)
- diagnostic evaluations (in each of the areas listed)
- detailed treatment plans to address the student’s problem

This team is the IPP system—assessment procedures, identification evaluations, and directed training practices—all managed by a computer program.

# THERE ARE MANY STUDENTS WHO CAN BENEFIT FROM AN IPP CENTER:

- Students succeeding in school but not performing well enough to pursue long-range goals
- Students who have started learning but have fallen behind in group instruction
- A non-reader even after exposure to reading instruction
- Being identified as learning disabled due to falling behind more than 2 years of achievement
- Students considered “un-promotable” because they cannot qualify, or are not eligible for advancements
- College athletes ineligible to participate with inadequate grades



**The IPP system is successful because it addresses the cause(s) of a learning disability.**

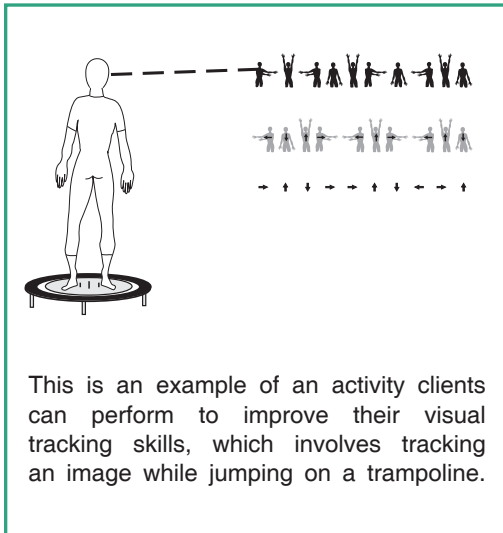
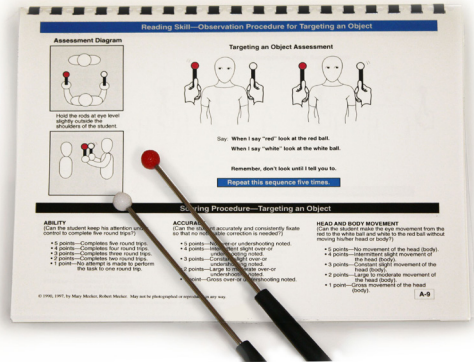
Contrast the IPP approach with tutoring. Tutoring is a remedy for inappropriate or ineffective teaching, because tutoring is, by definition, individualized teaching. Good tutoring may “teach around” a disability, but it probably will not address the learning problem.

# COGNITIVE PROBLEMS

Low learning performance may be cognitive in nature—the learner has not developed the cognitive abilities required for success in the instructional program. Learning abilities can be developed. The key to their development is focused experience. IPP offers a cognitive assessment to identify the weaknesses and focused training to develop those weak learning abilities.

## PERCEPTUAL PROBLEMS

A weak area may be perceptual in nature—the learner has not developed the perceptual skills that are necessary to assimilate instruction. Perceptual skills can be developed and/or strengthened. The key to their development is individual treatment. IPP offers individual perceptual assessments to diagnose perceptual problems and treatments to develop those perceptual skills that are weak.



This is an example of an activity clients can perform to improve their visual tracking skills, which involves tracking an image while jumping on a trampoline.

## SENSORY INTEGRATION PROBLEMS

Some difficulties are sensory-motor in nature—the learner has not integrated his or her sensory systems to the degree necessary for processing instructional information. Sensory integration can be developed and/or strengthened. The key to sensory integration is knowing which systems are not functioning properly. IPP offers assessment of sensory-motor problems and treatment for systems that are not fully integrated.

# CONTRASTING THE IPP APPROACH WITH SPECIAL EDUCATION

Society has displaced the term “learning disability” to include any student who has trouble containing and obtaining knowledge, as well as those with “organic” (affecting the organ of the body - the brain) issues. Keep in mind the term learning disability: the absence of the ability for knowledge containment.

Special education classroom methods are less demanding than the regular instructional classroom and “compensate” the education for the learner.

**IPP looks for the cause(s) of a learning disability and seeks to remedy the handicap.**

## **IPP IS EFFECTIVE.**

The success rate is over 90%.

## **IPP IS EFFICIENT.**

On average, clients are cured in less than 80 hours—about 16 weeks of prescribed therapy.

## **IPP IS ECONOMICAL.**

IPP is designed to work within various learning institutions. This makes IPP practical. Logistically, the service is where the clients are, so it is accessible. In terms of resources, the service is performed by in-house personnel—teachers, counselors, probation personnel, even volunteers—so it is affordable, especially in contrast to outside interventions.

## **FINALLY, IPP IS ACCOUNTABLE.**

Every IPP Center reports on a weekly basis to SOI Systems. This is to keep record of students’ progress.

# WHAT IS SUCCESS?

Each context of use has its own criterion of success.

- **In the school setting**, success means performing at or above grade level in the regular classroom.
- **In the juvenile justice system**, success means returning to school and continuing to graduation.
- **In the adult correction facility**, success means, at minimum, having the ability to obtain a GED.
- **In the employee retraining programs**, success means having the ability to acquire new skills that enable new employment.
- **In the psychiatric day care setting**, success means functioning appropriately in group classroom instruction on a regular basis.

SOME LEARNING DISABILITIES ARE NOT TREATABLE WITH IPP, BUT THESE INSTANCES ARE RARE. THEY ARE ALMOST ALWAYS ORGANIC. WE FIND THAT NEARLY ALL LEARNING DISABILITIES ARE TREATABLE.

**IPP IS SUCCESSFUL MORE THAN 90% OF THE TIME.**

**IPP HAS BEEN, AND IS BEING, USED IN ALL OF THESE SETTINGS WITH HIGH RATES OF SUCCESS.**

# THE IPP SYSTEM: HOW IT WORKS

Clients are referred to an IPP center because they are having difficulties learning. The clients may be students in school classrooms, industry training courses, literacy classes, or any other situation where they are failing to learn the material that is being presented.

IPP works the same in all these contexts because IPP is not tutoring. Tutoring is more intensive teaching. IPP is not teaching. It is learning therapy. IPP deals directly with the causes of the learning problems. Tutoring and special education try to “teach around” learning problems rather than deal with them directly.

The following describes the steps in the IPP process for dealing with learning problems.

## STEP ONE: ASSESSMENTS

When a client is referred to the IPP center, he or she is given a number of assessments. The purpose of these assessments is to find out why he or she is not learning. The assessments are not concerned with how much the student knows (achievement); the assessments are concerned with the abilities and functions that are necessary for learning.

These assessments are comparable to the type of assessments one receives in a doctor’s office or clinic—a clinical attempt to gather the information needed to diagnose the problems. In the case of doctors, it is medical problems, and in the case of IPP, it is learning problems.

## THERE ARE FOUR PRINCIPAL AREAS OF ASSESSMENT:

**Cognitive abilities.** The SOI Learning Abilities test assesses twenty-four different abilities (27 subtests) that affect learning. If a student shows a pronounced weakness in any of these abilities, we then have a strong indication as to why he or she is not learning. A cognitive learning disability is operationally defined as the lack of a specific learning ability. The cognitive assessment covers one possible source of learning problems.



**Sensory-motor functions.** The IPP test of sensory-motor functions tells us whether the student can integrate different perceptual functions. Without sensory-motor integration many of the perceptual inputs are garbled, scrambled, or confused. Since perception is the starting point in any learning process, the student will be dealing with incomplete or confused data. This assessment covers another possible source of learning problems.

**Focusing skill functions.** Almost all learning in our culture involves visual processing. If visual processing functions are not developed, the student will have problems processing data quickly enough to assimilate information in a timely and appropriate fashion. As a consequence, the student will probably be labeled as “slow” or “learning disabled”—suggesting that he or she is subnormal cognitively—whereas the root problem may be vision processing. IPP tests for focusing skill functions. This assessment covers another possible source of learning problems.

**Predominately figural non-readers.** Reading is a special case of learning. It is not just another subject. It is the rite of passage into the rest of the curriculum. Non-readers who have been exposed to reading instruction require special diagnosis. Among the various reasons for failure is a mismatch between the student’s learning strength and the method selected for teaching reading. Some students are predominately symbolic learners; they do well with a phonics approach to reading. Some students are predominately semantic learners; they will do well with a basal reader approach. Some students are predominately figural learners; they will not do well with either phonics or whole-word. The combination of the SOI assessment and some independent assessment of reading achievement is a key to another possible source of learning problems.

This is a summary of the assessments that the IPP system uses to determine the cause of learning problems. Once we have the information from these assessments, we can begin dealing with the learning problems. In particular, we can train cognitive abilities that are presently too weak to facilitate learning; we can enhance sensory-motor functions so that poor perceptual processing will no longer be an inhibitor to learning; we can develop focusing skill functions so the student is no

longer penalized in learning; and, for non-readers, we can match the student's predominate mode of learning with the appropriate method of reading instruction.

However, before we can begin to deal with the problems, the probable causes of the problems must be specifically identified and matched with plans of training.

## STEP TWO: IDENTIFICATION

This is the "expert" part of the IPP system. The expert views the results of each of the assessments and decides the probable cause or causes of the learning problem. Then the expert designs a plan for addressing the problem by working to eliminate its cause or causes.

The expert in the IPP system is a computer program. The results of the assessments are entered into the computer, the program evaluates the data, and then provides an individual plan for the student. The computer can assume the role of expert because it has been programmed to look at the data as experts do, evaluate the data as experts do, and then prescribe a training plan.

The process is simple: assessment data in; training plan out. The expertise underlying this process is not simple. It has been constructed over many years by a procedure of emulating what experts do and then having the experts review the results to see if they would have done it differently. By this method, we have been able to capture the critical configurations of data, the clusters of information, the diagnostic relationships between problem symptoms and basic dysfunctions, and the most effective courses of therapy. The sum of all of these is incorporated into a computer program that provides a direct path from assessment to identification to prescription to training.

For the user of the IPP system, this is the easiest part. The user enters the client's assessment data and gets a printed plan for helping the client.

## STEP THREE: TRAINING

The third step is the training of the learning problem. Since the causes of the learning problem may fall into any one or more of the four areas—cognitive, sensory-motor, focusing skill, or reading/learning style—individual plans are organized into four treatment centers. A plan is produced for each center.

Sometimes a client may need no training in one or more of the four areas. When that happens, the “training plan” for that center is empty—indicating that nothing needs to be done. The system individualizes training; it does not rely on a “one-method-fits-all-problems” approach.

The plan for each client is very specific. It shows the training procedures that should be used and the order in which they should be undertaken. The results of each training are recorded in a part of the program that holds the client’s history.

Training is administered by technicians—people trained in the specific area of training. They are technicians (in contrast to professionals). They do not need to be certified teachers. They do not need to be occupational therapists. They do not need to be vision specialists. They do not need to be professionals because they do not make any training plan decisions. The decisions are all handled by the IPP system.

However, the technicians do need to be well-trained in the specific training procedures prescribed by the IPP system. This training is circumscribed, but very focused. They are training experts in their well-defined area of training. They exercise judgment but make no decisions.

Sometimes the prescribed method of training is thwarted midcourse—for whatever reason, the client does not respond positively to the procedures. On the occasions when that does occur, the practitioner is led to alternate activities that are designed to get the client back on course.

On rare occasion, the alternate activities may not get the client back on course. At that point, the client training is referred to IPP consultants who review the case. The consultant's role is to first re-evaluate the identification and training for the client. Second, if the case indicates a general problem, the consultant designs modifications to the computer program to handle similar cases in the future without referral.

When all of the training has been done, the expectation is that the student will be able to return to the instructional situation and progress with much-improved performance. In almost all cases this expectation is fulfilled—overall, those who complete the program return, with success, to the instructional situation.

When this expectation is not fulfilled, the case is returned to the IPP center for re-evaluation. This is done because the IPP system is committed to 100% success. While the system may not achieve 100% success, it cannot be satisfied with anything less, so every failure—no matter how painful it may be to expose—is documented and analyzed to determine the most probable cause of failure.

If it is a cause that can be addressed, then procedures for assessment and training will be incorporated into the system so failure can be avoided in the future. If it is a cause that cannot be addressed, then, at the very least, procedures for its identification will be made so more realistic prognoses can be made in the future.

The system is not perfect, but, by expecting perfection, it will continually improve and successively approximate its goal.

# COGNITIVE ABILITIES

We assess and develop these twenty-six cognitive abilities.

	ABILITY	CURRICULUM AREA	CONSEQUENCE IF UNDERDEVELOPED
COMPREHENSION	VISUAL CLOSURE	Reading Readiness	Will not see the word completely; susceptible to reversals
	VISUAL CONCEPTUALIZATION	Reading Readiness	Difficulty with classification, will be inhibited in science
	CONSTANCY OF OBJECTS IN SPACE	Mathematics	Difficulty manipulating spatial relationships
	NOTATIONAL RELATIONS	Arithmetic/Mathematics	Difficulty with “discovery” method; relationships not seen
	NOTATIONAL PROGRESSIONS	Arithmetic/Mathematics	Poor arithmetic foundation; weak on arithmetic “facts”
	VOCABULARY	Reading & Language Arts	Will have “word holes” in sentences
	VERBAL RELATIONS (ANALOGIES)	Reading & Language Arts	Difficulty with “discovery method;” poor at analogies
	EXTENDED VERBAL COMPREHENSION	Reading & Language Arts	Inability to “track” long or involved sentences and instructions
MEMORY	MEMORY FOR VISUAL DETAILS	Reading & Language Arts	Weak in memory for details
	VISUAL ATTENDING	Reading Readiness	Difficulty with spelling; may lose visual concentration
	VISUAL SEQUENCING	Reading Readiness	Will not be able to “hold” and process or sequence data
	AUDITORY SEQUENCING	Arithmetic	May have auditory discrimination problems
	AUDITORY ATTENDING	Arithmetic	Will not be able to “hold” information presented vocally
	INFERENTIAL MEMORY	Mathematics	Problems “holding” unconnected facts until implication found
	SEMANTIC AND VERBAL MEMORY	Reading & Language Arts	Difficulty seeing connections in reading material

## COGNITIVE ABILITIES (CONTINUED)

	ABILITY	CURRICULUM AREA	CONSEQUENCE IF UNDERDEVELOPED
<b>JUDGEMENT</b>	VISUAL DISCRIMINATION	Reading Readiness/Spelling	May mistake letters or omit small words in sentences
	JUDGING SIMILARITIES OF CONCEPTS	Reading Readiness	Problems with similarities & differences; low reading comprehension
	NOTATIONAL CONCEPTS	Arithmetic/Mathematics	Difficulty using “set” concepts; difficulty with “new math”
	NOTATIONAL PROCESSES	Arithmetic/Mathematics	Susceptible to “math anxiety;” unable to handle ambiguity
<b>PROBLEM SOLVING</b>	PSYCHO-MOTOR COORDINATION	Writing	May be slow at work requiring hand-eye coordination
	APPLICATION OF NUMERICAL FACTS	Arithmetic	Difficulty “seeing” arithmetic solutions
	SPEED OF WORD RECOGNITION	Reading	Will lose place while reading; skipping words or lines
	FORM REASONING AND LOGIC	Mathematics	Will have difficulty with “thought” problems
<b>CREATIVITY</b>	CREATIVITY WITH OBJECTS	Spatial/Graphic Arts	Will be inhibited in tasks without explicit instructions
	CREATIVITY WITH NOTATION RELATIONS	Mathematics/Programming	Difficulty assimilating new math concepts; “timid” exploring solutions
	CREATIVITY WITH WORDS AND IDEAS	Creative Writing	Slow or pedantic in writing; poor in composition

## PERCEPTUAL SKILLS

These eleven perceptual skills are specifically targeted for evaluation and development.

	SKILL	CONSEQUENCE IF UNDERDEVELOPED
SENSORY INTEGRATION	CROSSING MIDLINE OF BODY	Will have difficulty carrying out a sequence of movements in the proper order
	MENTALLY CROSSING MIDLINE	Will have difficulty carrying out a sequence of movements with automaticity
	BALANCE	Will have difficulty sitting still and/or focusing on instruction
	BODY IN SPACE	Will have difficulty with left/right distinctions, spatial relations, and visualization
	EYE-HAND COORDINATION	Will have difficulty with handwriting, drawing, and the capacity to learn
VISUAL PERCEPTION	NORMAL READING DISTANCE OBSERVATION	If a student has less than 20/40 vision, we recommend referral to an optometrist or vision therapist
	TARGETING AN OBJECT	Will have difficulty moving the eyes from one point to another; essential for good reading skills
	MOVING ACROSS THE PAGE	Will have difficulty with reading comprehension and attention span
	AIMING AT THE TARGET	Will have difficulty aligning the eyes inward when an object is near and outward when an object is distant
	SHIFTING BETWEEN SEAT WORK AND BOARD WORK	Will experience “blurring” when looking up at the blackboard
	TEAMING OBSERVATION	Will not see the whole page

## VISION / LEARNING INDICATORS IN SOI TEST

These SOI abilities are cognitive representations of visual functions.

	SOI FACTOR	DEFINITION	RELATION TO ACHIEVEMENT
<b>CFU</b>	COGNITION OF FIGURAL UNITS	Ability to scan horizontally	Visual requisite for reading and closing letters into words that are meaningful
<b>CMU</b>	COGNITION OF SEMANTIC UNITS	Ability to understand vocabulary and verbal ideas	Cognition of ideas when reading
<b>MSU-v</b>	MEMORY OF SYMBOLIC UNITS - VISUAL	Ability to attend to, concentrate on, and remember visual stimuli	Critical for attending, concentrating, and recalling information presented visually
<b>MSS-v</b>	MEMORY OF SYMBOLIC SYSTEMS - VISUAL	Ability to attend to, remember, and process visual sequences	Critical for reading where the person is required to hold ideas in mind and manipulate sequentially information
<b>EFU</b>	EVALUATION OF FIGURAL UNITS	Ability to distinguish small detail differences in figural materials; often called "visual discrimination"	Recognizing and working with small details. Especially critical for staying with reading over an extended period
<b>NFU</b>	CONVERGENT PRODUCTION OF FIGURAL UNITS	Ability to reproduce the integrity of visual details that require eye-hand coordination	Fine motor tasks that depend on writing or copying letters, numbers or words
<b>NST</b>	CONVERGENT PRODUCTION OF SYMBOLIC TRANSFORMATIONS	Ability to differentiate and recognize printed or written words	Speed of reading, finishing reading assignments
<b>CFT</b>	COGNITION OF FIGURAL TRANSFORMATIONS	Ability to see space perspectives	Geometry, algebra
<b>DMU</b>	DIVERGENT PRODUCTION OF SEMANTIC UNITS	Ability to write or speak creatively	Creative writing, marketing, teaching communication, high level jobs



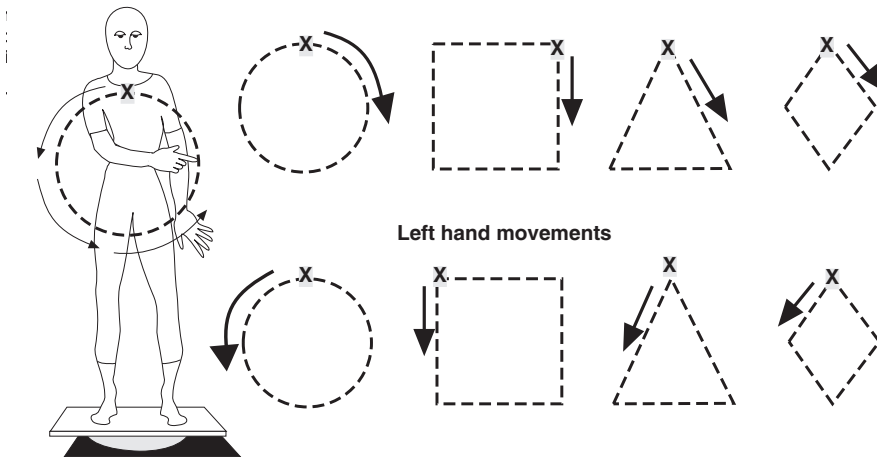
# SOI-IPP LABS FOR SCHOOLS/ CLINICS

The SOI-IPP program is individualized to improve the learning abilities of students who have fallen substantially behind in academic achievement.

SOI-IPP focuses on cognitive and perceptual skills that are assessed as deficient in a student profile.

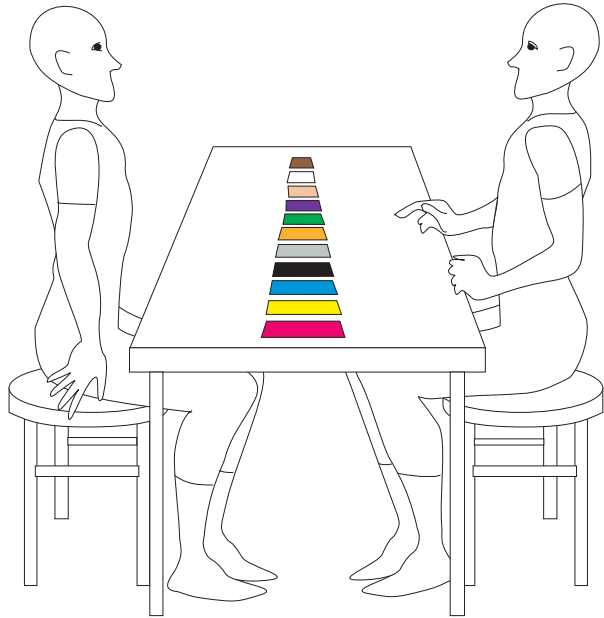
The IPP specialist assesses the student and the results of the assessment produce an individual training program for the student that requires two sessions per week in the lab or clinic. During this time, they complete a combination printed materials to improve cognitive abilities as well as physical exercises to improve their perceptual skills. Students who complete the program are prepared to benefit from classroom instruction.

A common misconception is that students who have fallen behind can participate in the SOI-IPP lab and return to class caught up in that grade level curriculum. The student is behind because skills were not in place for the instruction throughout his or her school career. Years may have been lost and the student is now playing "catch up." The goal of the IPP lab is to get the abilities in place to receive instruction, but the students need to be boot-strapped back into the curriculum.



## IPP AUDITORY

Poor auditory discrimination is another inhibitor to literacy training. This is especially true if the method of training is phonetically based. The IPP Auditory program provides a screening tool to determine if auditory processing is in place and then provides the training to improve the missing element. Students are encouraged when they see improvement in their ability to follow directions, remember instructions, and comprehend the material from a teacher's lecture. The auditory program used in its entirety is beneficial for any person struggling with auditory abilities.



## IPP AUDITORY KIT INCLUDES:

- Manual
- Student Cards
- Color Cards
- Recording Forms
- Audio CD
- Answer Key

## IPP KIT INCLUDES:

Accommodation Cards  
Basic, Intermediate and Advanced  
IPP Workbooks w/answer keys  
Training Manual  
Brock Strings  
CR Administration Manual  
CR Scoring Keys  
CR Test  
First Steps  
Fixator Rods  
FS Primary  
FS Print w/answer key  
Guilford Beginner's Reader  
IPP Manual (loose sheet version)  
IPP Recording Forms and Group  
IPP Form



IPP Test and Training Manual  
K-2 Group Manual  
L Administration Manual  
L Scoring Keys  
L Test  
Letter Chart Small  
Near Point Vision Card  
Red/Green Glasses  
Sample L Analysis w/wraparound  
Sample Educational Analysis w/wraparound  
Sample IPP Analysis w/wraparound  
Sample Career Analysis w/wraparound  
Visual Stimulus Cards  
Wristbands  
Writing Prep



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[www.soisystems.com](http://www.soisystems.com) [soi@soisystems.com](mailto:soi@soisystems.com)