Grand Rapids School District #318

Special Education Guide

September 2013

Special Education Guide

TEACHER ASSISTANCE TEAMS

A Teacher Assistance Team (TAT) is present in each building. The TAT is a general education function with the following purpose
1. System for supporting classroom teachers on a day-to-day basis within a building.
2. To assist Teachers in Prereferral interventions

PREREFERRAL INTERVENTIONS

Prereferral Interventions are required by the State of Minnesota (MN Statute 125A.56 (a))

> Before a pupil is referred for a special education assessment, the district must conduct and document at least two instructional strategies, alternatives, or interventions while the pupil is in the regular classroom. The pupil's teacher must provide the documentation. A special education assessment team may waive this requirement when they determine the pupil's need for the assessment is urgent. This section may not be used to deny a pupil's right to a special education assessment.
>
> Minn. Stat. § 125A.56(a).

1. Prereferral interventions are planned and systematic. They are documented on the District Intervention form. The general education teacher collects pre and post data to assist the team in determining the success of the interventions. Prereferral interventions run nonconsecutive for 4 weeks each.
2. Minnesota statute allows for waiving of interventions if the pupil's need for assessment is urgent. **However,** our District asks that the classroom teacher run interventions concurrent with the evaluation. Intervention data then can be used as part of the evaluation and need determination.
   A. The results are reported in the Evaluation Report.
3. Parent Notification: Parents must be notified that prereferral interventions are beginning, but permission is not needed. They should be informed that unsuccessful interventions might lead to a Special Education evaluation.

Observation requests:

Staff can request that District consultants observe students and make recommendations for interventions, evaluations, program planning, etc. If you would like to have a consultant observe a student, email the request to the appropriate consultant. It is best practice to inform the parent and get at least verbal permission for the observation.

Screening tools

Screening tools assist teams in determining whether to evaluate or to help guide the evaluation in the right direction. Below you will find a list of screening tools used by the Autism consultant to determine interventions and appropriate steps to an evaluation.

Autism
Observation by ASD consultant to gather information and assist in interventions
Modified Checklist for Autism in Toddlers (M-CHAT)
Pervasive Developmental Disorders Screening Test - II
Social Communication Questionnaire (Lifetime and Current)

EVALUATION

1. You have <u>30 school days</u> to complete an evaluation from the date of receipt of parent consent or the expiration of the 14-day response period for a reevaluation. The summary meeting is held within those 30 days.
2. Evaluations are conducted <u>at least</u> every 3 years, more often if needed or requested by home or school. The needs identified during the evaluation and documented in the report will drive the next 3 IEPs written for the student.

FORMS NEEDED FOR EVALUATION

1. Prereferral Interventions (for <u>initial</u> evaluations)
2. Referral Review and Assessment Determination (for ALL evaluations)
    A. Used to meet the State requirement that all developmental areas are reviewed and any areas of concern are evaluated
3. Evaluation/Reevaluation Plan Prior Written Notice
4. Parental Consent/Objection (is generated with the Plan in SpEd Forms)

*Once the Evaluation plan is completed and permission is received, case managers will notify, via e-mail, all involved in the evaluation.

For an Initial Evaluation: If prereferral interventions are unsuccessful, the <u>Child Study Team</u> receives the intervention forms. The CST is made up of a building's Special Education Teacher(s), building Principal, School Psychologist, and others as needed.
The CST:

1. Reviews the data and information from the prereferral interventions and discusses presenting concerns.
2. Completes the <u>Referral Review and Assessment Determination</u> form, indicating the area(s) to be evaluated.
    A. A copy of the completed form should be sent to the Third Party Billing Coordinator.
3. This is the time to review ALL areas of suspected disability and to determine which staff to include in the evaluation.

For a Reevaluation: The <u>Referral Review and Assessment Determination</u> form is completed at the CST meeting and a copy sent to Third Party Billing Coordinator. It is **critical** that <u>each disability</u> the student is eligible for is included in the reevaluation (i.e., DAPE, OT, HI, PI, VI and Speech/Language).

<u>Evaluation Plan:</u>

<u>For Initial Evaluations and Reevaluations:</u>
A meeting *must be offered* to parents and it is best practice to hold a meeting. If parents decline to meet, document the conversation and the team develops an evaluation plan to send home.
1. The evaluation plan MUST include all areas checked on the referral review.
2. An evaluation/reevaluation plan must include assessment tools for <u>all areas of current eligibility</u> and any areas of suspected disability.
3. The evaluation plan must include at least two different evaluators (this could include the nurse for speech evals).
4. An evaluation plan should **<u>NEVER</u>** be written without consulting the specialists currently providing services or in the area of suspected need.
    A. **Areas often missed include DAPE, OT, VI, PI and HI.**
    B. If an area of disability for the student is not included in a reevaluation, the <u>entire</u> evaluation process must be followed for all disability areas, not just the missed disability or service. This causes a lot of extra work for everyone.
5. <u>The timeline for completing an evaluation is 30 school days:</u>
    A. <u>Initial Evaluation:</u> 30 school days starts the date the District receives the signed Evaluation Plan
    B. <u>Revaluation:</u> 30 school days starts the date the District receives the signed Evaluation Plan OR the expiration of the 14-day response period if parents don't return the signed plan.

<u>Evaluations for OHD:</u>

Pre-referral process:
1. Process pre-referral through the schools pre-referral team. If known Attention Deficit Hyperactivity Disorder (ADHD) diagnosis is reported or there are concerns with attention or off-task behavior, have classroom teacher complete a "Pre-Referral Attention Deficit Teacher Checklist."

2. Pre-referral team determines and documents interventions.

3. If interventions are unsuccessful, a pre-referral team member will contact the Other Health Disability teacher and send copies of the completed Pre-Referral Attention Deficit Teacher Checklist form and the documented intervention form.

Referral Process:
1. Based on the information received from the Teacher Assistant Team, the Child Study Team will determine if a special education evaluation is necessary.

A. *The OHD teacher will assist the Child Stud Team with the decision making process.

2. If evaluation is necessary, the Child Study Team will complete the Referral Review Assessment Determination Form.

3. If student is being evaluated for Other Health Disabilities (OHD), medical information must be received <u>prior</u> to obtaining parent signature and beginning the assessment process. The OHD teacher will coordinate with an on-site case manager or school psychologist to obtain medical information.

A. If unable to obtain up-dated medical information for re-evaluations, please contact the Other Health Disability Teacher <u>and</u> the Special Education Director.

4. For OHD evaluations, the following areas will be included on the evaluation form: Sensory, Intellectual, Academic, Physical, and, if appropriate, Transition. The case manager will contact all team members and ask them to enter their information into the evaluation plan.

5. When parent signature is obtained, case manager will notify all team members when evaluation is due.

Evaluation Report:
1. OHD teacher or school psychologist will set up template for the report on Sped Forms.

2. Case manager will notify team members by email when they can enter their evaluation data.

3. When evaluation report is completed, case manager will contact core team members to coordinate a meeting date.

4. Case manager will be responsible for completing due process forms (signature page, staffing report form…).

5. If student qualifies for OHD services, special education services are provided by a building special education teacher based on the student's needs, i.e. academic (SLD/ DCD) or behavior (EBD).

6. OHD teacher will assist case managers in writing goals and objects for identified OHD students.

<u>District Specialists involved in consultations and/or categorical evaluations</u>

Below is a list of disability categories along with a listing of staff that may be involved in the evaluation or to contact for consultation.

1. **Autism Spectrum Disorders** (No specific license required current, but will be required July 1, 2015)
   A. Denise Burich, ASD Consultant
   B. Building psychologist
2. **Deaf/Hard of Hearing**
   A. Cindy Bishop
3. **Developmental Adapted Physical Education**
   A. Building DAPE teacher
4. **Deaf-Blind**
   A. Phyllis Hauck – VI
5. **Developmental Delay (Early Childhood Special Education)**
   A. Suzanne Ducharme, IEIC Coordinator
6. **Developmental Cognitive Disability**
   A. Building DCD Teacher
   B. Building Psychologist
7. **Emotional or Behavioral Disorder**
   A. Building EBD Teacher
   B. Building Psychologist
8. **Other Health Disability** (No specific license required)
   A. Cindy Bishop – District consultant
9. **Physical Impairment**
   A. Cindy Bishop – District consultant
10. **Severely Multiply Impaired (No specific license required)**
    A. Building Psychologist
11. **Specific Learning Disability**
    A. Building LD Teacher
    B. Building Psychologist
12. **Speech or Language Impairment**
    A. Building Speech Pathologist
13. **Traumatic Brain injury (No specific license required)**
    A. Denise Burich, TBI Consultant
14. **Visual Impairment**
    A. Phyllis Hauck – VI

Recommended Evaluation Tools for Evaluation
NOTE: Please consult your school psychologist if you have any questions regarding evaluation tools.

Below you will find each disability criteria along with recommended evaluation tools in each area. Required tools to assist in meeting eligibility requirements are asterisked. Remember this is not a finite list. **You are responsible for making sure your plans have the evaluation tools needed to address each of the State criteria components for the child's disability(ies) and to report Present Levels of Academic and Functional Performance (PLAAFP).**

**Refer to eligibility criteria checklist for the disability when developing the evaluation plan.

* All evaluations need to report present levels of performance, so assessment tools alone are not adequate. Present levels can be reported through classroom documentation/data, criterion referenced assessment, skill screening, etc. Record review and observation are required for most disability categories. Again, refer to the eligibility criteria checklist.

**Licensed staff in the area of disability is required for every evaluation. If you are not licensed in the area of disability contact the Special Education Director.

INITIAL EVALUATION
1. **Student must meet <u>entrance</u> criteria for the disability.**
2. An asterisk means that tool is required by our district for meeting INITIAL eligibility criteria; **however,** not all asterisked tests may be needed. Consult the specialist in that area or your school psychologist if you have questions.
3. No asterisk means that tool is optional for both initial and reevaluations.
4. Along with meeting entrance criteria, the initial evaluation also gathers data to report present levels of performance, determine special education needs related to the disability and to report accommodations for the IEP team to consider.

REEVALUATION
1. **The evaluation must show that the student demonstrates a continuing need** for special education services through collection of data/information to address each criteria component of the disability(ies) the student currently qualifies for.
2. The reevaluation gathers data to report present levels of performance, determine special education needs related to the disability and to report accommodations for the IEP team to consider.
    A. Be sure the <u>reevaluation</u> includes <u>each</u> disability category the student is currently eligible for and any new area of suspected need.
    B. Each component of current eligibility must be addressed
    C. If adding a <u>new disability area,</u> initial entrance criteria must be met for that new disability along with reevaluation of all current services.

D. For students in grade 7 and above, Transition must be evaluated (see Transition section for specific information). If a student enters 9th grade without a Transition evaluation or moves in without one, a Transition evaluation is required.

3. Transition and Functional Behavior Assessments can no longer be stand-alone evaluations.

Autism Spectrum Disorders (ASD)
For both Initial and Reevaluations, consult with your ASD consultant.

*Observation prior to evaluation can assist in determining appropriate interventions and in gathering data to be used as part of the evaluation.

Initial Evaluation Tools

Social/Emotional/Behavior:
*Autism Diagnostic Observation Schedule - 2 (ADOS) – for Initial Evaluations
*Childhood Autism Rating Scale II (CARS II) – For Young Children –
Or
*Gilliam Autism Rating Scale II (GARS II) – Elementary age
Or
*Gilliam Asperger Diagnostic Scale (GADS)
Or
*Asperger Syndrome Diagnostic Scale (ASDS)

Other:
Teacher Interview
*Developmental History- Parent Interview
*Observations - 2 Observations in two different settings on two different days
*Review of outside evaluations, as applicable
Additional informal checklists as requested by psychologist or ASD specialist

Health/Physical:
*Health Record Review

NOTE:
If this disability results in difficulties in other areas, such as communication, sensory or academics, then those areas may need to be included in the evaluation. The District consultant and your school psychologist will assist in determining if that is necessary.

Reevaluation for ASD

Social/Emotional/Behavior:
Childhood Autism Rating Scale II (CARS II) – For Young Children –
Or
Gilliam Autism Rating Scale II (GARS II) – Elementary age
Or
Gilliam Asperger Diagnostic Scale (GADS)
Or
Asperger Syndrome Diagnostic Scale (ASDS)
Underlying Characteristics Checklist
Review past evaluations and summarize findings on current report
Review Developmental History and summarize results

Other:
Observation -2 Observations in two different settings on two different days
Teacher Interview
Parent or Student Interview

Other:
Any other areas that were previously evaluated needs to be reviewed or evaluated.
Any other new area of concern may need to be evaluated.
Consult with your school psychologist and ASD consultant to determine evaluators needed in
each the social/emotional and functional areas.

Deaf-Blind (D/B)
Visual Impairment District consultant – Phyllis Hauck
D/HH District consultant(s) – Cindy Bishop

Documentation verifies that the student meets criteria for **both** disability areas:
Visual Impairment AND Deaf and Hard of Hearing
The evaluation tools vary depending on type and severity of loss. Contact the VI and DHH
teacher to be involved in the evaluation planning.

Deaf and Hard of Hearing (DHH)
D/HH District consultant(s) – Cindy Bishop

The evaluation tools vary depending on type and severity of hearing loss. Contact a DHH
teacher to be involved in the evaluation planning.

Developmental Adapted Physical Education (DAPE)
Please contact your building DAPE teacher for assistance if this is a suspected disability area.

To meet criteria:
*Need an Identified Disability that is <u>not</u> S/L or ECSE B-3.
AND
*The student needs to be unable to access the PE curriculum due to physical need **OR** because his/her development or achievement and independence in school, home and community settings is inadequate to allow success in regular PE.

Initial Evaluation Tools
Motor:
(If student has a physical need)
*Test of Gross Motor Development-Second Edition (ages 5 – 12) or
*Bruininks-Oseretsky Test of Motor Proficiency-Second Edition (BOT-2) (ages 4-21)

OR

*(2 or more sources of data from below)
Behavior Checklist – For behavior concerns
Criterion referenced measures
Parent and staff interview
Informal tests
Systematic observations
Social, emotional, and behavioral evaluations
Deficits in achievement related to the defined PE standards

Reevaluation

* Confirmation that the student still has a qualifying disability category.
*Present Levels of performance.
This can be done through any of the following:
Record Review – previous evaluation and current records
Systematic Observation
Formal evaluation tools
Developmental Cognitive Disability (DCD)
Consultants: Building DCD Teacher and School Psychologist

Initial Evaluation Tools

Intellectual:
*Wechsler Intelligence Scale for Children – 4th Edition (WISC-IV) **or**
*Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV) **or**
*Wechsler Nonverbal Scale of Ability (WNV)
*2 systematic observations to verify intellectual functioning

Record Review

Academic:
*Need to report present levels of performance through any of the following:
Woodcock Johnson – III - Tests of Academic Achievement
Peabody Individual Achievement Test (PIAT)
Work Samples
Observation(s)
State/District Assessment results
Brigance Inventory of Early Childhood
Basic Skills Checklist

Health/Physical:
*Health Record Review

Functional:
* Systematic Observation
*Adaptive Behavior Assessment System – II (ABAS-II) (Teacher and Parent Forms)
Record Review

Reevaluation

Promising practice in the field suggests:
1. Administration of a standardized intellectual test need not be completed in re-evaluations for students who fall in the severe-profound range.
2. Re-evaluation of intellectual ability should be administered in students who fall in the mild-moderate range if
   A. The only intellectual test was completed before eight years of age.
3. If a student in the mild/moderate range had assessments of intellectual functioning and adaptive behavior three years earlier, these tests would not have to be re-administered if the team determined the previous findings were still accurate.

Developmental Delay (DD) (Early Childhood Special Education)

Birth to Three (Part C)

Initial Evaluation Tools

Cognitive:
*Battelle Developmental Inventory II
*Bayley Scales of Infant Development 3
*Peabody Motor Scales

*HELP or Brigance
*Brigance Screening Tool
*Kent Inventory of Developmental Skills
*Child Development Inventory (CDI)

Communication(Speech and Language):
*Battelle Developmental Inventory
*Preschool Language Scale-4 (PLS-4)
*Receptive Expressive Emergent Language Test-3 (REEL-3)
*Child Development Inventory (CDI)
*Spontaneous Language Sample

Observation:
*Systematic Observations by **District ECSE Staff in natural environment**

Transition from Part C to Part B
1. Eligibility for Part B services may be determined concurrently with Part C evaluation if the child is over 2 years of age at the time of the initial evaluation.

2. Part B eligibility must e completed prior to the child's third birthday. If eligible, an IEP must be written prior to age three.

Age three to six (Part B)

Initial Evaluation Tools

Cognitive:
*Battelle Developmental Inventory II
*Developmental History Questionnaire
*Child Development Inventory (CDI)

Communication(Speech and Language):
*Battelle Developmental Inventory
*Preschool Language Scale-4 (PLS-4)
*Test of Early Language Development-3 (TELD-3)
*Receptive Expressive Emergent Language Test-3 (REEL-3)
*Clinical Evaluation of Language Fundamentals-Preschool (CELF-P)
*Photo Articulation Test-3 (PAT-3)
*Child Development Inventory (CDI)
*Spontaneous Language Sample

Physical: (DAPE, OT)

*Battelle Developmental Inventory
*Peabody Developmental motor Scales, 2nd edition (PMDS-2) – Gross and Fine Motor
*Sensory Processing Measure – OT
*Sensory Profile - OT
*Bayley Scales of Infant Development, 3rd edition
*Test of Gross Motor Function - DAPE
*Documentation of Medically diagnosed syndrome hindering normal development (if applicable)

Emotional, Social, Behavioral:
*Battelle Developmental Inventory

Functional:
*Battelle Developmental Inventory

Observation:
*Systematic Observations by **District ECSE Staff in natural environment**

On-Going Assessment:
*Hawaii Early Learning Profile
*Teaching Strategies Gold

Reevaluation
1. All <u>five</u> areas of development must be reviewed and evaluated with emphasis on the areas the child originally qualified under and an observation must be conducted.
2. The evaluation can include record review, formal assessment, report card screening, progress reports or any current documentation

NOTE: ECSE students must be dismissed or placed categorically prior to age 7.
1. By age 6.9 the team should meet to determine student needs and the course of action. An evaluation <u>IS REQUIRED</u> whether dismissing from SE or evaluating for possible categorical services.
2. If you have questions regarding dismissing or categorical evaluation plan for a student as they turn 7, contact your building school psychologist.

Questions regarding evaluations for children birth through preschool should be directed to the IEIC coordinator.

Emotional or Behavioral Disorders (EBD)
Consultants: Building EBD teacher and School psychologist

Initial Evaluation Tools

Intellectual:
*Woodcock Johnson – III – Cognitive Abilities Test 1-7 OR
*Wechsler Adult Intervention Scales 4th Edition (WAIS-IV) OR
*Wechsler Intelligence Scales for Children 4th Edition (WISC-IV)

Academic:
*Woodcock Johnson – III - Tests of Academic Achievement
Wechsler Individual Achievement Test - Abbreviated, Second Edition

Health/Physical:
*Health Record Review

Emotional, Social, Behavioral:
*Record Review
*Behavior Assessment for Children – II (BASC-II) (parent, teacher & self)
*3 Systematic observations in the classroom or other learning environment
*Interviews with Parent, Teacher and Student
*Mental Health Screening
*Functional Behavior Assessment

EBD for Pre-Kindergarten should consult with your Psychologist

Reevaluation

Intellectual – Review of records if previous given after age 8
Academic – Review of Records; Present levels of performance (if receiving academic services)
Health/Physical – Health Record Review
Emotional, Social, Behavioral
*BASC II
*3 observations
*FBA
*mental health screening
*Review Records

Consult with your Psychologist when you begin planning an evaluation.

Other Health Disabilities (OHD)
Consultants: No specialized degree required, any licensed SE teacher can evaluate and case manage. Cindy Bishop is the district consultant.

Initial Evaluation Tools

Intellectual:
*Wechsler Intelligence Scale for Children – 4th Edition (WISC-IV) **or**
*Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)

Academic:
*Woodcock Johnson – III - Tests of Academic Achievement

Health/Physical:
*Health Record Review
*Medical Documentation Form

Functional:
*Teacher Interview
*Parent Interview
* Systematic Classroom Observation(s)

Optional rating scales -
Elementary Organizational & Independent Work Skills Checklist
Secondary Organizational & Independent Work Skills Checklist

Reevaluation

Intellectual – Review of records if previous given after age 8
Academic – Review of Records; Present levels of performance (if receiving academic services)
Health/Physical – Health Record Review
Functional – Systematic Observation, Teacher Interview, Parent Interview

Note: Copy the original medical documentation form and attach the copy to the original evaluation. Staple the original medical documentation form to the current evaluation report

***Medical documentation is required before signature is obtained for initials.
****For reevaluation - medical documentation is requested, but not required for requalification

Physically Impaired (PI)
District Consultant: Cindy Bishop

Initial Evaluation Tools

Health/Physical:
*Health Record Review

*Medically Diagnosed Physical Impairment (reviewed for a reevaluation)

AND

Intellectual:
*Wechsler Intelligence Scale for Children – 4th Edition (WISC-IV) **or**
*Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)

Academic
Woodcock Johnson – IIII – Tests of Academic Achievement

Functional/Motor Skills
* 2 Systematic Observation(s) – 1 by PI consultant
*Organizational & Independent Work Skills/Motor Skills Checklist
*Parent/Caregiver Organizational & Independent Work Skills/Motor Skills Checklist

Reevaluation Tools

Intellectual – Review of records if previous given after age 8
Academic – Review of Records; Present levels of performance (if receiving academic services)
Health/Physical – Health Record Review
Functional or Motor – Obs by PI consultant; Organizational & Independent Work Skills/Motor Skills Checklist (optional as determined by Consultant)

Specific Learning Disability (SLD)
Consult your building LD Teacher for assistance
Use OLD MDE LD Manual for forms

Initial Evaluation Tools

Intellectual:
*Woodcock Johnson – III – Cognitive Abilities Test
OR
*Wechsler Intelligence Scales for Children – WISC IV
OR
*Wechsler Adult Intelligence Scales 4th Edition (WAIS-IV)
OR
Wechsler Nonverbal Intelligence Scale (WNV)

Academic:
*Woodcock Johnson – III – Test of Academic Achievement

*Systematic Observations of Academic performance in the regular classroom (in area of suspected disability)
*Home/Family Interview
*Information Processing Questionnaire(s) – Gen Ed Teacher(s) and student
*Record Review for History of Severe Underachievement

Health/Physical:
*Health Record Review

Reevaluation Tools

Intellectual: Review of previous evaluation if given after age 8
Academic: WJ Test of Academic Achievement; Systematic Observation; IP questionnaire – school
Health/Physical: Health Record Review

Speech or Language Impairment (S/L)
The evaluation plan must be completed by a S/L clinician.

Areas of qualifying:
Fluency Disorder
Voice Disorder
Articulation Disorder
Language Disorder

Severely Multiply Impaired (SMI)

Documentation in the evaluation report to verify qualification in two or more disability areas:
Deaf and Hard of Hearing
Physically Impaired
Developmental Cognitive Disability – severe/profound range
Visually Impaired
Emotional/Behavioral Disordered
Autism Spectrum Disorders

Reevaluation Tools
See specific disability information

Traumatic Brain Injury (TBI)
Consult Denise Burich before completing the evaluation plan

*It may not be necessary to evaluate the student in all areas

Tests/Procedures:
*Classroom Observations
*Physician's Documentation
*Review of Health Records
*TBI Checklist/Worksheet/Interview Form
*Additional Tests that will be helpful in determining placement and service needs (Wechsler, Woodcock, functional skills, communication)

Health/Physical:
1. Medical Documentation of TBI – Student must have a physician verified traumatic brain injury.
   A. This must be kept in student's file – to be reviewed for reevaluations
2. A student is eligible for special education and related services for TBI, if the following criteria is met:
   A. Documentation from a Physician of a Traumatic Brain Injury
   B. Functional Impairment attributable to TBI that adversely affects educational performance in one or more of the following areas: Intellectual or cognitive, academic, motor, communication, sensory, social, emotional or behavioral, functional skills or adaptive behavior
   C. The functional impairments are not primarily the result of previously existing disabilities or environmental, economic, or cultural differences
   D. Documentation of a functional impairment in one or more of the areas in item B, include at least one source from Group 1 and 1 source from Group 2
      i. **Group 1**
         Checklists
         Documented, systematic behavioral observations
         Interviews with parent, student, & other knowledgeable individuals
         Classroom or work samples
         Educational/medical history
      Group 2
         Criterion referenced measures
         Sociometric measures
         Personality or projective measures
         Standardized assessment measures
   E. The Severe Impairment is not correctable without Special Education Services
   F. This impairment is not due to a condition existing before the Traumatic Brain Injury

Reevaluation Tools

Health/Physical: Review of Medical Documentation of TBI;
Functional: Review previous information and gather new PLAAFP using same tests/procedures/ criteria

<u>Visual Impairment</u>
*Vision Specialist **<u>must</u>** be involved in planning the evaluation*

A licensed teacher of Blind/Visually Impaired must be involved in the planning of initial and re-evaluation of students, birth through graduation, with a medically documented vision loss. The evaluation team must meet with the Teacher B/VI prior to evaluating a B/VI student to determine the adaptations/accommodations necessary of protocols/testing materials to be used. This will assist the team in reporting valid and reliable evaluation results.

Intellectual:
Woodcock Johnson – III – Cognitive Abilities Test - Optional
Bayley Scales of Infant Development II – Mental Forms – Depends on age of child - Optional

**The vision consultant is available to assist in adaptations/accommodations if an intellectual assessment is appropriate.

Academic:
Woodcock Johnson – III – Tests of Academic Achievement - Optional

**The vision consultant is available to assist in adaptations/accommodations if a formal academic assessment is appropriate.

Sensory:
Functional Vision Evaluation
Learning Media Assessment
Braille Skills Inventory (if appropriate for student)
Assistive technology as related to visual impairment
Interpretation of medical documentation of visual impairment
Review of related medical records
Observation
Interviews with parent, student (if appropriate), regular and special ed. teachers and related service providers

Reevaluation Tools

Functional Vision Evaluation
Learning Media Assessment
Interpretation of medical documentation of visual impairment
Review of related medical records
Observation
Interviews with parent, student (if appropriate), regular and special ed. teachers and related
service providers

Recommended Tools for Transition Evaluation

1. A Transition evaluation in each of the 5 secondary transition areas is required for students
   being evaluated in grade 7 and up for both initial and reevaluations.
      a. Employment, Post-secondary Education and Training, Community Participation,
         Recreation and Leisure, Home and Daily Living
2. If a student enters our District without a Transition evaluation, a reevaluation needs to be
   completed to add Transition.

Grades 7 – 8
        *Enderle-Severson
        *Transition Planning Questionnaire

Grades 9-12
        *Enderle-Severson
        *Transition Planning Questionnaire

**Must have two separate assessment tools.

Evaluation Report

The Evaluation Report is a summary of ALL evaluation tools on the plan. Following the
Evaluation Report template in SpEd Forms will help to ensure compliance with state rules and
regulations.
1. **Present Levels of Performance:** Each area evaluated needs to have the student's present
   levels of performance reported. This is not just test scores. Additional sources of Present
   Levels of Performance could include; observations, work samples, curriculum-based
   measurements, informal procedures, and progress on current goals and objectives.
2. **Comprehensive Summary:** The summary at the end of the report addresses all areas
   evaluated (intellectual, academic, social/emotional/behavioral, communication, etc.) This

comprehensive summary draws information from multiple measures for each area evaluated and informs present levels.

3. **Special Education Needs:** The educational needs statements should address skills and/or behaviors that need improvement in order for the child to participate and progress in the general education curriculum. They must be related to the disability and must indicate a need for specialized instruction or direct services.
4. **Adaptations/Modifications:** An evaluation report must include: whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.

Eligibility

In the Criteria section of the Evaluation Report, address each criteria component in **all areas of disability** to verify the child has a disability and is in need of (or continues to need) Special Education and related services. DO NOT JUST CHECK THE BOXES in the eligibility section of the report. Briefly address how each component relates to the student, drawing the information from the evaluation/observation results.

To qualify for Special Education and Related Services the evaluation must show the student meets Minnesota eligibility criteria for one of the disability areas. Minnesota Department of Education disability criteria is available at http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/index.html

*If a student **does NOT** meet eligibility criteria for Special Education services, complete a Prior Written Notice documenting the evaluation results and the discussion at the meeting.

*If a student **DOES** meet eligibility criteria for Special Education services, an IEP will be written.
1. The next 3 IEPs are based on the needs determined during the evaluation and the adaptations identified during the evaluation should be considered.
2. The team has 14 days to write an IEP once eligibility is determined.
   A. An IEP **must** be written/revised after an evaluation. For a reevaluation, if you did not coordinate your reevaluation and IEP timelines and reviewed/revised the IEP shortly before conducting the evaluation, you still MUST review and revise the IEP based on the new evaluation results.
      a. HINT: It's worth taking the time in the fall to review your caseload timelines to help coordinate evaluations and IEP meetings. You save yourself time and work in the long run.

Evaluation Meeting

Evaluation Summary meetings are held within the 30-day evaluation timeline.
1. If parents do not show for a meeting, hold the summary meeting and then make contact with them to summarize the meeting and to let them know you will be sending the Evaluation Report to them.
2. Parent signature is required for an initial IEP. No services can be started without parent signature.

Individual Education Plan (IEP)

1. IEPs must be written/reviewed at least annually. The process should begin <u>one month before</u> the IEP is due.
2. <u>The IEP annual date is the date of the IEP Team meeting.</u> The next year's IEP meeting must be held **before** that date.
    A. Verify your caseload IEP due dates using the hard copy in the student's SE file, which is the legal copy. Do NOT rely on SpEd Forms for due process dates.
    B. The IEP meeting date and written date are the SAME date in most cases.
3. If it takes multiple meetings to complete the IEP, the annual date is the date of the FIRST IEP meeting.
4. The following are components of the IEP
    A. <u>Progress Reporting</u>
        a. Must be completed as often as Gen Ed. For Early Childhood Special Education (ECSE) that is two times per year. For grades K-2 that is 3 times per year and for grades 3-12, that is 4 times per year.
        b. The district requires all reports to be written reports.
        c. Progress must be reported for ALL goals and objectives.
    B. <u>Present Level of Academic and Functional Performance (PLAAFP)</u>
        a. The PLAAFP is a statement of the child's present academic achievement and functional performance. It also includes the strengths of the child, the concerns of the parents and the results of most recent evaluation, **including identified needs**.
        b. In addition the PLAAFP must include:
            1. Data on the student's present levels
            2. A statement of how the student's disability affects their involvement and progress in the general education curriculum.
            3. For students in grade 9, a statement of how the student's disability affects their involvement and progress in the five areas of transition.
            4. For preschool children, a statement of how the disability affects the child's participation in appropriate activities.
    C. <u>Goals/Objectives</u>

a. Include **measurable** annual goals (based on the identified needs in the most current evaluation) and at least two benchmarks or objectives per goal designed to:
   1. Meet the child's needs that result from the disability to enable the child to be involved in and make progress in the gen ed curriculum
   2. Meet each of the student's other educational needs that result from the student's disability
   3. For Transition age students the measurable post secondary goals will drive the annual goals and activities.

D. Transition Planning (for students in grade 9 - 12)
   a. Measurable Post Secondary Goal
      1. Based upon age appropriate transition assessment.
      2. Related to Post Secondary Education and Training, Employment and, where appropriate, Independent Living Skills.
      3. Goals represent what the student will do after leaving high school.
   b. Courses of Study
      1. List courses the student may take in the current and next year to assist them in reaching their postsecondary goals.
      2. Include regular education classes required for graduation and elective classes (list elective classes that will assist in meeting postsecondary goals).
      3. Do not delete the previous year's classes. By the time the student graduates, all 4 years will be in the IEP.
   c. Transition Services
      1. List activities that are needed to assist the student in accomplishing the measurable postsecondary goals.
      2. List the agency responsible for providing the transition service (only include agencies that have attended meetings with parent consent and agreed to provide a transition service). (i.e., voc rehab)
         i. If a participating agency (other than a school) fails to provide a transition service, the school must reconvene the IEP team to identify alternative strategies to meet the postsecondary goals.

E. Transfer of Rights
   a. Not later than one year **before** the student turns 18, the student must be informed that his/her rights will transfer to the student.
   b. Typically this is done during the IEP meeting when the student is or will turn 17.
   c. Information will be given to the student and parents that explains this transfer of rights.
   d. The date of notification MUST be filled out in the Transfer of Rights at Age of Majority section of the IEP.

F. Special Education and Related Services
   a. Each service to be provided to the student must be clearly stated. Complete all sections of the service grid in SpEd Forms, including provider.
G. Extended School Year (ESY)
   a. If a student is showing regression on an annual goal that requires more than the length of the break in instruction to recoup, data must be collected to determine if they will meet ESY guidelines.
   b. At the IEP meeting the team will: Discuss the student's need for ESY. The options on the IEP are Yes, No, Need more Information. You must check the appropriate box on the IEP.
      1. If ESY is being considered, the team must collect data on goals over school breaks and then ESY can be discussed at Spring conferences.
      2. If the Team determines ESY is appropriate contact the Special Education Director.
H. Program Modifications, Supports and Adaptations for Students and School Personnel
   a. For students, these can be provided in General and Special Education settings
   b. Each statement should include: What, When, Where and Who
   c. If the student is in need of paraprofessional support, list the duties of the para and the times/places/activities the student needs assistance.
   d. Assistive technology is to be considered for each student.
      1. If none is needed, write a statement that it was considered, but the team felt it was not needed.
   e. Program supports for school personnel to meet the needs of the student are listed as needed.
I. Least Restrictive Environment (LRE)
   a. Provide an explanation of why and to what extent, if any to which the child will not participate with nondisabled children in the regular class and in extracurricular and nonacademic activities.
   b. Include what the student will specifically be missing in gen ed (i.e., reading block, English class, math class).
   c. This is **not** an area to describe the services the student receives or his/her schedule.
J. State/District Assessment
   a. Complete all assessment sections.
      1. Will participate without accommodations.
      2. Will participate with the following accommodations.
   b. The accommodations for testing need to be accommodations related to the disability and used on a regular basis.

        c. Alternate Assessment: provide rationale - must meet MDE guidelines for the alternate assessment

  K. <u>Third Party Billing</u>

        a. If the student receives a billable service in the IEP, have parents sign the Third Party Billing form at <u>each</u> annual IEP meeting.

            1. The District can bill for: speech/language and hearing therapy, physical therapy, occupational therapy, mental health, nursing, evaluations, some personal care assistant (paraprofessional) services, and special transportation.

        b. TPB billing forms and a copy of the Referral Review and Assessment Determination form should be sent to the Third Party Billing Coordinator at the Administration Building.

        c. A documentation billing log will be sent to the provider if the child qualifies for third party billing.

Agreement to Amend the IEP

There are times a student's IEP needs to be amended before the annual IEP meeting. Areas that may need amending due to changes can include:

1. Goals or objectives
2. Special Education/Related/Support Services
3. Type of Setting or Site of service
4. Amount of Time Spent with Peers Without Disabilities
5. Amount of Special Education Service Time
6. Extended School Year (ESY) services

Amending an IEP:

1. Occurs after the annual IEP has been developed
2. Does not change the due date when the next annual IEP is due
3. May only be done without a meeting when the parent agrees to do so

The process to amend the IEP should include the following steps:

1. The parent and district agree in writing to amend the existing IEP without convening the entire IEP Team by signing the *Agreement to Amend the IEP* form;
2. The parent and IEP case manager then discuss the changes to be made to the IEP and the areas to be changed on the IEP are noted on the agreement form;
3. The case manager (after making sure the existing IEP has been archived in SpEd Forms), checks the "Amendment" checkbox on the Forms menu. When this box is checked:
    A. The following message is displayed: "Please ensure the original IEP is finalized before amending";

B. "Individualized Education Program" is renamed to "Amended Individualized Education Program";

C. An amendment date is added to the left hand corner of the IEP;

D. When the amended IEP is finalized the history is checked to ensure another IEP with the same amendment IEP does not exist. If finalization is successful then the amendment checkbox is cleared.

4. The case manager makes changes to the IEP as noted on the *Agreement to Amend the IEP* form. **Do not change the IEP meeting Date** as this date remains the day the IEP Team met to develop the IEP and serves as the date from which to calculate the annual IEP due date.

5. After the changes are made to the IEP, a copy of the *Agreement to Amend the IEP* form and the amended IEP are sent to the parent along with a copy of a completed *Prior Written Notice* informing the parent of the proposed changes to the IEP, and a copy of the *Parental Consent/Objection* form.

6. Once the signed *Parental Consent/Objection* form is returned or after the 14 calendar day waiting period for parents to respond, the case manager must:

A. Inform the entire IEP Team of the amendments made to the IEP; and

B. Implement the amended IEP.

Student moving into the District with an IEP

When a student enters our district, whether from in-State or out-of-State, check to see if the student's previous school used SpEd Forms. If they do, ask them to make you the case manager.

Within the first 30 days, review the Evaluation Report and IEP from the previous district. After review, contact the parent/guardian to notify of decision (see below). Upon student entering the district, provide special education services comparable to the IEP from the previous district.

The IEP Team will decide the following:

1. With Evaluation from previous district:

A. Accepted: Previous Evaluation is reviewed and **is** found to meet MN eligibility criteria (move to IEP and note evaluation was accepted in the prior written notice).

B. NOT Accepted: Previous Evaluation is reviewed and **is not** found to meet MN eligibility criteria.

   a. A new evaluation is conducted (this is considered an initial evaluation for out of state students).

   b. The prior written notice for evaluation needs to indicate that the previous evaluation is not accepted and does not meet Minnesota eligibility and the student will continue to receive comparable services in the IEP until the evaluation is completed.

2. With IEP from the previous district:

A. Accepted as is: Prior Written Notice is completed for our District to accept the previous evaluation and IEP and Parent signs Parental Consent/Denial. The process is complete.
B. IEP accepted with amending:
   a. Follow the section on Amending IEP's
   b. NOT Accepted: IEP Team writes a new IEP, with PWN and Consent forms.

Manifestation Determination

A manifestation determination meeting is held to determine if a student's conduct was caused by or had a direct and substantial relationship to the student's disability or if the conduct in question was the direct result of the district's failure to implement the IEP.
1. A team meeting must occur if the student is removed for more than 10 cumulative school days and/or any time a removal constitutes a change in placement. The IEP team must also determine whether the IEP is appropriate and revise it, if necessary.
2. Forms needed for a manifestation determination:
   A. Team Meeting Notice
   B. Manifestation Determination form
      a. This form is in Sped Forms, along with a Form Guidance document to assist you in completing the form.
   C. If the team determines the conduct was a manifestation of the student's disability, the following must occur:
      a. Conduct an FBA, unless the district had conducted a FBA before the behavior that resulted in the change of placement occurred, and implement a behavior intervention plan, modifying it as necessary to address the behavior.
      b. Return the student to the placement from which he/she was removed, unless the parent and the district agree to a change in placement as part of the modification of the behavior intervention plan. The student does not need to be returned to the former placement if he/she:
         1. Carried a weapon to school,
         2. Knowingly posses or used illegal drugs,
         3. Inflicted serious bodily injury upon another person while at school.
   D. Please read the form guidance for more information and definitions.

NOTE: If special transportation is a part of the IEP, suspension from the bus counts as a day of suspension.

Contact special education director in the event of a Manifestation Determination meeting.

Restrictive Procedures

Restrictive Procedures-the use of physical holding or seclusion in an emergency
<u>Physical holding</u> -"Physical holding" means physical intervention intended to hold a child immobile or limit a child's movement and where body contact is the only source of physical restraint and where immobilization is used to effectively gain control of a child in order to protect the child or other persons form injury.
<u>Seclusion </u>- "Seclusion" means confining a child alone in a room from which egress is barred.

1. Restrictive Procedures can only be use in an emergency
2. They should be <u>used only</u> by a licensed special education teacher, school social worker, school psychologist, other licensed education professional, paraprofessional under section 120B.363, or mental health professional under section 245.4871, subdivision 27, who has completed the training program under subdivision 5.
3. Must make reasonable efforts to notify parent of the use of the procedure on the <u>same day</u>. If you cannot, you have 2 days to send a notice of the use of the procedure.
4. Once a restricted Procedure is used, complete the Use of Restricted Procedures form in SpEd Forms, either Physical Hold or Seclusion, <u>that same day</u>.
5. Staff debriefing is to be held within 2 days of incident
   A. Includes one person NOT involved in the procedure
   B. Complete the Staff Debriefing form in SpEd Forms
6. **Send** the Use of Restricted Procedures form and Staff Debriefing form to the <u>Director of Special Education.</u>

If a restrictive procedure is used <u>twice in 30 days or if a pattern emerges</u> when restrictive procedures are not in the IEP, an IEP team meeting must be held.

At the IEP meeting:
1. conduct or review a functional behavioral analysis,
2. review data,
3. consider developing additional or revised positive behavioral interventions and supports,
4. consider actions to reduce the use of restrictive procedures,
5. and modify the individualized education plan or behavior intervention plan as appropriate.

The 30-day clock resets when a meeting is held.

MDE identified the following physical guidance as **NOT** restrictive holding.
When an adult:
1. Helps a child respond or complete a task;

2. Assists a child without restricting the child's movement;
3. Is needed to administer an authorized health-related service or procedure; or
4. Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.

A quiet/cool down room is <u>not</u> seclusion if:
1. It has activities and sensory items to calm and distract
2. A staff member is always present

"Herding" is OK. Guiding is OK. With small children, taking a hand and leading is OK as long as the child is not resisting—no dragging or pulling allowed.

NOTE: Staff has not had the required training for **<u>Prone Restraint</u>**. Prone restraints **<u>should NOT occur.</u>**

<u>Exit procedures</u>

<u>Exiting Special Education</u>
1. Students being dismissed from special education due to <u>no longer needing services </u>need an evaluation conducted before dismissal.
   A. Follow the reevaluation steps (Referral Review, Eval Plan, Eval Report) and in the evaluation report eligibility section address the evaluation results that indicate lack of continued need for services.
   B. When completing the Prior Written Notice, complete the statement areas to reflect the evaluation results and the team discussion.
   C. Complete the Parental Consent/Objection form and get parent signature.
2. Students being dismissed from special education due to <u>graduating with a regular diploma or aging out at age 21,</u> no evaluation is needed.
   A. Complete the Summary of Performance (SOP) sometime during the student's senior year.
   B. A Prior Written Notice and Parental Consent/Objection should be completed at the end of May. Complete the statement areas to reflect that the student is graduating or aging out and services will be discontinued.
3. Students being dismissed from special education due to<u> aging out of Early Childhood or not qualifying for Part B from Part C</u> need an evaluation conducted. This can be formal or No More Information Needed (based on current <u>data</u>).
   A. Complete the steps for a reevaluation
   B. Referral Review – Check the areas that align with current services; Check Assess
   C. Eval Plan – Check Either Additional Testing IS needed or IS NOT needed
   D. Eval Report
      a. In the evaluation report, report all data collected, including info from Home and gen ed classroom, District assessment data, observations, progress reports, discipline reports and any other information reviewed/

evaluated. In the <u>eligibility section</u>, address the evaluation results or current data that indicate lack of need for a categorical evaluation.

    E. A Prior Written Notice and Parental Consent/Objection form should be completed. Complete the statement areas to reflect the discussion the team had regarding the dismissal and the reason(s) for it.

4. Students being dismissed from special education due to a <u>15 day drop, pull to home school or dropping out of school</u>.

    A. Complete a Prior Written Notice. In the statement boxes, indicate what the situation is, the action being taken and <u>that we stand ready to provide services as long as the evaluation report is current.</u>

    B. Complete a Parental Consent/Objection

    C. Send both forms along with a Parental Rights Notice to the last known address. Keep a copy of the forms in the SE file and note in the communication log when they were sent.

5. <u>Students moving out of district</u>.

    A. When a request for records come send a copy of the following:

        a. Last evaluation

        b. Last periodic review

        c. Current IEP with PWN and Consent

    B. Indicate in the communication log that the student moved and records were requested and sent.

    C. The SE file is then placed with the other inactive files in the building and should follow the student to the next school(s).

6. Parent or Student (age 18 or older) <u>refusing Special Education services</u>:

    A. Give the parent/student the Revocation of Consent for Special Education Form to sign.

    B. Do this whether the request for discontinuing SE services is written or verbal.

    C. Send the Prior Written Notice Withdrawal of Consent to the Parent/Student for signature.

Special Education Files

1. Files are to be kept in a<u> locked</u> file cabinet/area.
2. Each file should have a File Access/Data Privacy log in the front.
3. Files are to be hand-delivered by the last teacher day of school to the special education administrative office.

    A. Complete a list of students on your caseload. Include all student names on current caseload as well as names for next year's caseload.

    B. Inactive files are also sent to the next school the student would be in by grade.

4. <u>Files for students who leave the district:</u>

A. When a Student leaves the district, a copy of the last set of Due Process forms are sent to the new school: Current IEP, last Evaluation, Progress Report, Prior Written Notice and Parental Consent.
B. The SE file is then placed in a manila envelope in the students cum file.
C. <u>As that student's class moves through the grades, the file follows:</u> from Early Childhood to Elementary School, Elementary School to Middle School, and Middle School to High School.

<u>Status Change</u>

<u>For all Students Entering, Exiting or changing status in Special Education, email special education secretary the changes.</u>

Any questions regarding due process can be directed to director of special education (327-5817).